



**2023 National Tribal Opioid Summit (NTOS) Policy Recommendations**

**Recommendations for the Federal Government**

<b>WHITE HOUSE</b>	
<ul style="list-style-type: none"> <li>• Ensure tribal practices, including traditional medicine are reimbursable by third-party payers.</li> <li>• Direct OMB to develop a funding matrix that includes existing funding for programming, where funding is from, what’s available, and how tribes have used the funding.</li> </ul>	
<b>DEPT. OF HEALTH AND HUMAN SERVICES</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Increased support and funding for housing-- expanding funding for “Housing First” in tribal communities;</li> <li>• Enact legislation that offers educational and workforce development opportunities for people with opioid use disorder, independent of past criminal activity</li> <li>• For any funding requests make sure its based on strength/resiliency, not deficits, pilot or demonstration projects and ensure flexibility to include polysubstance abuse</li> <li>• Support Purdue Pharma “Project Tango” legislation that bars pharma companies from profiting off OUD Treatment drugs;</li> <li>• Enact legislation that addresses increased reciprocity among states for dual state providers;</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition of tribal based practices as evidence-based care through tribal evaluations of efficacy not federal/state evaluations for grant opportunities.</li> <li>• Support for housing-- explore 105(l) lease innovations and other creative financing options for housing</li> <li>• work with tribes/tribal providers to develop a standard cultural competency training series for non-Native providers working with AI/AN people</li> <li>• Recruit and retain providers by offering increased benefits and competitive salary. Increase federal funding for behavioral health and SUD workforce (including harm reduction) to support competitive wages and identify incentives (e.g., sabbaticals, bonuses) to retain providers</li> </ul>

	<ul style="list-style-type: none"> <li>• consult with tribes on collection of race, ethnicity and tribal affiliation data to honor tribal data sovereignty.</li> <li>• Provide federal resources (i.e., EIS officers, CSTE fellows) to support Tribes, TECs, and UIHOs working with IHS to conduct linkage projects to address racial misclassification on a broader scale</li> <li>• acknowledge and honor the status of Tribes and Tribal Epidemiology Centers as Public Health Authorities by immediately making available all HHS data directly to Tribes - as sovereign nations and public health authorities.</li> <li>• Develop data collection protocols that includes strengths-based focused on protective factors.</li> <li>• Increase expediency to access data housed by HHS-- provide a streamlined way for Tribes to receive data when data is stored within different agencies and departments.</li> <li>• Address racial misclassification in data—training for funeral homes</li> </ul>
<b>INDIAN HEALTH SERVICE</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Fund revitalization of Indigenous cultural practices and language, such as reconnection programs.</li> <li>• Increase funding for prevention services-- Harm reduction programs, peer support, syringe exchange programs</li> <li>• Facilities funding- Federal and state funding for medical facility construction, including dual-diagnosis facilities and detox for adults and youth.</li> <li>• Funding to address social determinants of health, including basic necessities like housing, food, and clothing, including CMS authorizing Medicaid reimbursement for Tribes to incorporate SDOH into healthcare services.</li> <li>• fund programs that offer movement – important to health and wellness inside and out; PE/gym memberships/reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate workforce programs based in culture prioritizing elders, people with disabilities, and with financial struggles</li> <li>• Include youth in decision making process, creating more opportunities to include youth in ceremonies to learn language and dances, mentorship</li> <li>• Coordinate with SAMHSA, CMS, and Tribal Leaders on developing a tribal prevention model based on the Icelandic Model</li> <li>• Increase access to Naloxone and naloxone administration education and training for first responders and community members, train the trainer program. Mandate that all emergency response personnel are equipped with Naloxone.</li> <li>• Coordinate with HHS, SAMHSA, CMS, HUD, and BIA to support and fund housing – expanding funding for “Housing</li> </ul>

<ul style="list-style-type: none"> <li>• Increase federal funding for tuition waivers and loan repayment for behavioral health, medical providers, and other health care providers in American Indian/Alaska Native communities including junior licensed behavioral health providers (I.e. pre-clinical licensure)</li> <li>• Funding for Tribal data analytics outside of TECs</li> <li>• Funding for Tribal treatment centers that law enforcement have immediate access to as a pre-arrest intervention, including after hours and mobile crisis units;</li> </ul>	<p>First” in tribal communities; explore 105(l) lease innovations and other creative financing options for housing</p> <ul style="list-style-type: none"> <li>• Recruit and retain providers by offering increased benefits and competitive salary. Increase federal funding for behavioral health and SUD workforce (including harm reduction) to support competitive wages and identify incentives (e.g., sabbaticals, bonuses) to retain providers;</li> <li>• Approve Behavioral Health Aide (BHA) certification for the lower 48; prioritize BHA funding in CHAP expansion annual budget formulation process; Allow area certification boards to certify their own community health aide providers, including BHAs</li> <li>• Diversify treatment options and ensure all options are covered/affordable.</li> <li>• ensure that Tribes have access to their own behavioral health data stored in the IHS National Data Warehouse</li> <li>• ensure that Tribal Epidemiology Centers have access to behavioral health data through the Epi Data Mart if Tribes in their area support access</li> </ul>
<b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Fund revitalization of Indigenous cultural practices and language, such as reconnection programs.</li> <li>• Fund tribally-controlled schools in every community with native language immersion</li> </ul>	<ul style="list-style-type: none"> <li>• Include youth in decision making process, creating more opportunities to include youth in ceremonies to learn language and dances, mentorship</li> </ul>
<b>ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
	<ul style="list-style-type: none"> <li>• Increase access to Naloxone and naloxone administration education and training for first responders and community members, train the trainer program through the strategic national stockpile</li> </ul>
<b>CENTERS FOR DISEASE CONTROL AND PREVENTION</b>	

Legislative/Appropriations	Administrative
<ul style="list-style-type: none"> <li>Funding for Tribal data analytics outside of TECs</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate quicker access to data on the federal and state levels-- provide a streamlined way for Tribes to receive data when data is stored within different state departments and federal agencies</li> <li>Address racial misclassification in data—training for funeral homes</li> <li>Oversample AI/ANs in state and federal surveys to address small numbers.</li> </ul>
<b>CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
	<ul style="list-style-type: none"> <li>Ensure tribal practices, including traditional medicine are reimbursable by third-party payers.</li> <li>Incorporate workforce programs based in culture prioritizing elders, people with disabilities, and with financial struggles</li> <li>Coordinate with IHS, SAMHSA and Tribal Leaders on the development of a tribal prevention model based on the Icelandic Model.</li> <li>Increased Medicaid/Medicare reimbursement for prevention services-- Harm reduction programs, peer support, syringe exchange programs</li> <li>Expand Medicaid and Medicare reimbursement for housing</li> <li>Implement and reimburse for mental health counselors providing services in transitional housing</li> <li>Authorize Medicaid and Medicare reimbursement for Tribes to incorporate social determinants of health into healthcare services.</li> <li>Authorize Medicaid and Medicare reimbursement for programs that offer movement;</li> <li>Remove placement assessment requirements for inpatient treatment</li> <li>Utilize the CMS Four Walls Exemption for tribal health programs to help patients use alternative pain management treatments, such as acupuncture</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure outreach specialist and community healers are encounter eligible providers to furnish services to inmates in jail;</li> <li>• Increase federal funding for behavioral health and SUD workforce (including harm reduction) to support competitive wages and identify incentives (e.g., sabbaticals, bonuses) to retain providers</li> </ul>
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**HEALTH RESOURCES & SERVICES ADMINISTRATION**

<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Facilities funding- Federal and state funding for medical facility construction, including dual-diagnosis facilities and detox for adults and youth.</li> <li>• Increase federal funding for behavioral health and SUD workforce (including harm reduction) to support competitive wages and identify incentives (e.g., sabbaticals, bonuses) to retain providers</li> <li>• Increase federal funding for tuition waivers and loan repayment for behavioral health, medical providers, and other health care providers in American Indian/Alaska Native communities including junior licensed behavioral health providers (I.e. pre-clinical licensure).</li> </ul>	

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION**

<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Increased funding for prevention services-- Harm reduction programs, peer support, syringe exchange programs;</li> <li>• Increased support and funding for housing – expanding funding for “Housing First” in tribal communities; explore 105(l) lease innovations and other creative financing options for housing;</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate workforce programs based in culture prioritizing elders, people with disabilities, and with financial struggles;</li> <li>• Include youth in decision making process, creating more opportunities to include youth in ceremonies to learn language and dances, mentorship;</li> <li>• Coordinate with IHS, CMS, and Tribal Leaders to develop a tribal prevention model based on the Icelandic Model;</li> </ul>

<ul style="list-style-type: none"> <li>• Facilities funding- Federal and state funding for medical facility construction, including dual-diagnosis facilities and detox for adults and youth.</li> <li>• Increase federal funding for behavioral health and SUD workforce (including harm reduction) to support competitive wages and identify incentives (e.g., sabbaticals, bonuses) to retain providers;</li> <li>• Enact legislation that offers educational and workforce development opportunities for people with opioid use disorder, independent of past criminal activity;</li> <li>• Enact legislation that addresses increased reciprocity among states for dual state providers;</li> <li>• Increased funding to address social determinants of health, including basic necessities like housing, food, and clothing, including CMS authorizing Medicaid reimbursement for Tribes to incorporate SDOH into healthcare services;</li> <li>• fund programs that offer movement – important to health and wellness inside and out; PE/gym memberships/reimbursement;</li> <li>• Fund outreach specialist and community healers that can meet inmates while in jail to conduct traditional healing practices</li> <li>• Fund Tribal treatment centers that law enforcement have immediate access to as a pre-arrest intervention, including after hours and mobile crisis units;</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to Naloxone and naloxone administration education and training for first responders and community members, train the trainer program</li> <li>• Streamline creation of treatment programs throughout the continuum of care, including detox</li> <li>• Coordinate with Tribal Leaders to develop Tribal systems of care</li> <li>• Diversify treatment options and ensure all options are covered/affordable</li> <li>• For pregnant persons, SUD treatment including culturally respectful response, mobile treatment; individualized treatment is important</li> <li>• Coordinate with Tribal Leaders on the development of behavioral health and substance use disorder practical guide;</li> <li>• Conduct tribal consultation with tribes on the burdens of 42 CFR Part 2 on IHS and Tribal facilities and ensure tribal input on any changes to Part 2</li> </ul>
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**BUREAU OF INDIAN AFFAIRS**

<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Increased support and funding for housing – expanding funding for “Housing First” in tribal communities; explore 105(1) lease innovations and other creative financing options for housing;</li> <li>• Fund revitalization of Indigenous cultural practices and language, such as reconnection programs;</li> </ul>	

<ul style="list-style-type: none"> <li>• Fund tribally-controlled schools in every community with native language immersion</li> </ul>	
<b>DEPT. OF HOUSING AND URBAN DEVELOPMENT</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Increased support and funding for housing – expanding funding for “Housing First” in tribal communities; explore 105(l) lease innovations and other creative financing options for housing. (insert citation of NAHSDA reauthorization)</li> </ul>	
<b>DEPT. OF JUSTICE</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Federal Legislation - tribal courts need parity with U.S. and state courts (these courts can require disclosure of electronic stored communications under federal law).</li> <li>• Congress must pass H.R. 8387 The Parity for Tribal Law Enforcement Act (amends the Indian Law Reform Act)</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination with Tribal, federal, state, local law enforcement agencies on arrest, including cross-departmental cooperative agreements, jurisdictional issues, tribal warrant reciprocity, cross deputization agreements</li> <li>• Law enforcement training-focused on mental health (Tribal Law and Policy Group provides training), compassion, screening procedures;</li> <li>• Expanding culturally appropriate drug courts</li> </ul>
<b>U.S. DEPT. OF AGRICULTURE</b>	
<u>Appropriations/Legislative</u>	<u>Administrative</u>
<ul style="list-style-type: none"> <li>• Facilities funding- Federal and state funding for medical facility construction, including dual-diagnosis facilities and detox for adults and youth.</li> </ul>	

## **Recommendation for TRIBAL Governments**

- Increased use of diverted prosecutions, deferred prosecutions for wellness courts
- Tribal Police Department partner with all levels of external law enforcement, e.g., city, sheriff, state, federal. Regional tribal law enforcement task force.
- Develop tribal systems of care in coordination with SAMHSA and IHS;
- Implement mental health counselors providing services in transitional housing;
- Develop behavioral health and substance use disorder practical guide;
- Develop tribal prevention model based on the Icelandic Model in coordination with SAMHSA, IHS, and CMS;
- Work on intertribal agreements and community “swaps” for housing to get folks out of the harmful environments and away from those who encourage substance use – distance from ‘same playground, same playmates’ in home community
- Operationalize our sovereignty to get things done – can’t wait on the government; Work together, learn from one another, and come together to push for change
- Utilize inter-tribal compacts that allows Tribal members to use other Tribes' facilities - work together to help our people.
- Implement outreach specialist and community healers that can meet inmates while in jail to conduct traditional healing practices
- Negotiate Data Sharing Agreement with state and federal agencies that clearly recognize tribal ownership and protection of data and tribal data sovereignty (TECs).



## Recommendations for STATE Governments

<u>Appropriations/Legislative</u>	<u>Agency</u>
<ul style="list-style-type: none"> <li>• State funding for medical facility construction, including dual-diagnosis facilities and detox for adults and youth;</li> <li>• Fund revitalization of Indigenous cultural practices and language, such as reconnection programs;</li> <li>• Fund tribally-controlled schools in every community with native language immersion;</li> <li>• Increased funding for prevention services-- Harm reduction programs, peer support, syringe exchange programs;</li> <li>• fund programs that offer movement – important to health and wellness inside and out; PE/gym memberships/reimbursement;</li> <li>• Fund outreach specialist and community healers that can meet inmates while in jail to conduct traditional healing practices;</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure tribal practices, including traditional medicine are reimbursable by third-party payers;</li> <li>• State funding matrix that includes existing funding for programming, where funding is from, what’s available, and how tribes have used the funding;</li> <li>• Increase access to Naloxone and naloxone administration education and training for first responders and community members, train the trainer program.</li> <li>• Mandate all emergency response personnel are equipped with Naloxone;</li> <li>• Streamline creation of treatment programs throughout the continuum of care, including detox;</li> <li>• Implement and reimburse for mental health counselors providing services in transitional housing;</li> <li>• Increased reciprocity among states for credentialing and licensing of out of state providers;</li> <li>• Remove placement assessment requirements for inpatient treatment;</li> <li>• Diversify treatment options and ensure all options are covered/affordable;</li> <li>• Utilize the CMS Four Walls Exemption for tribal health programs to help patients use alternative pain management treatments, such as acupuncture;</li> <li>• State agencies must acknowledge and honor the status of Tribes and Tribal Epidemiology Centers as Public Health Authorities by immediately making available all state data directly to Tribes - as sovereign nations and public health authorities;</li> <li>• State agencies should collect data that is strengths-based focused on protective factors;</li> <li>• Facilitate quicker access to data housed by the state by providing a streamline way for Tribes to receive data;</li> </ul>

	<ul style="list-style-type: none"><li>• Address racial misclassification in data—example from on area is provide training for funeral homes;</li><li>• Oversample AI/ANs in state surveys to address small numbers.</li><li>• Show providers in the county how they compare with levels of Morphine Milligram Equivalent's across counties;</li><li>• Mandate that Tribal Nations be given equal access to data as local health departments and co-ownership rights;</li><li>• Consult with Tribes to develop guidelines for healthcare professionals and medical examiners/coroners on collecting race/ethnicity data and addressing racial misclassification;</li><li>• Coordination with Tribal, federal and local law enforcement agencies on arrest, including cross-departmental cooperative agreements, jurisdictional issues, tribal warrant reciprocity, cross deputization agreements;</li><li>• Treatment centers that have immediate access that law enforcement can take individuals to as a pre-arrest intervention, including after hours and mobile crisis units;</li></ul>
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