



**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  
Quinault 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