



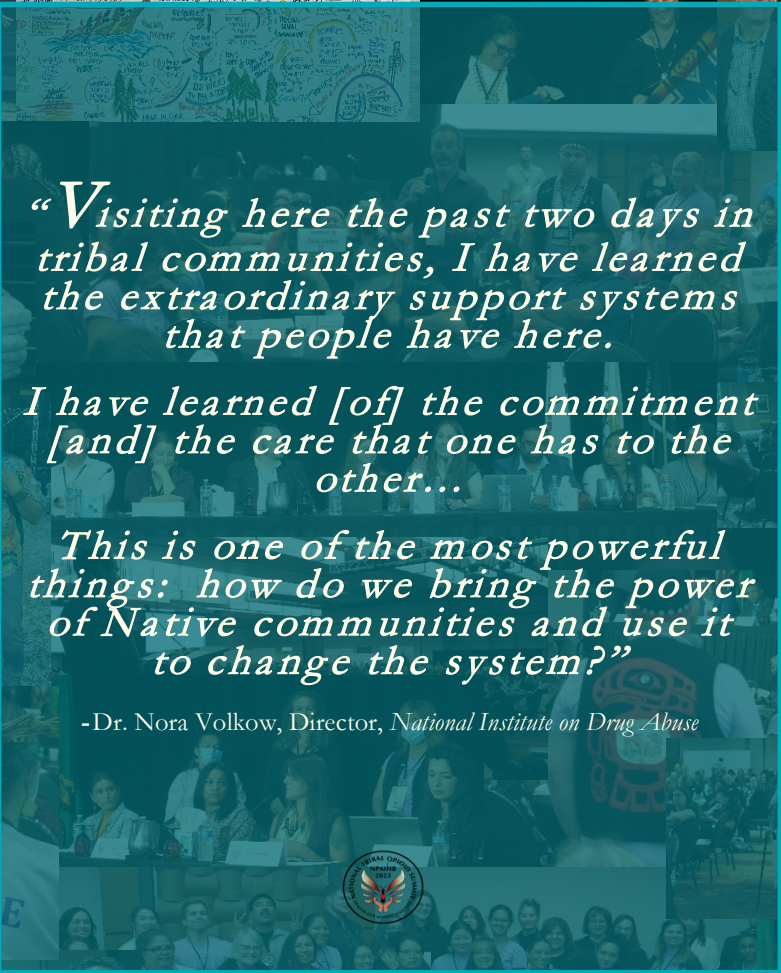
Summit Storyboards



The National Tribal Opioid Summit
Tulalip Resort & Casino | Tulalip, WA

August 22-24, 2023

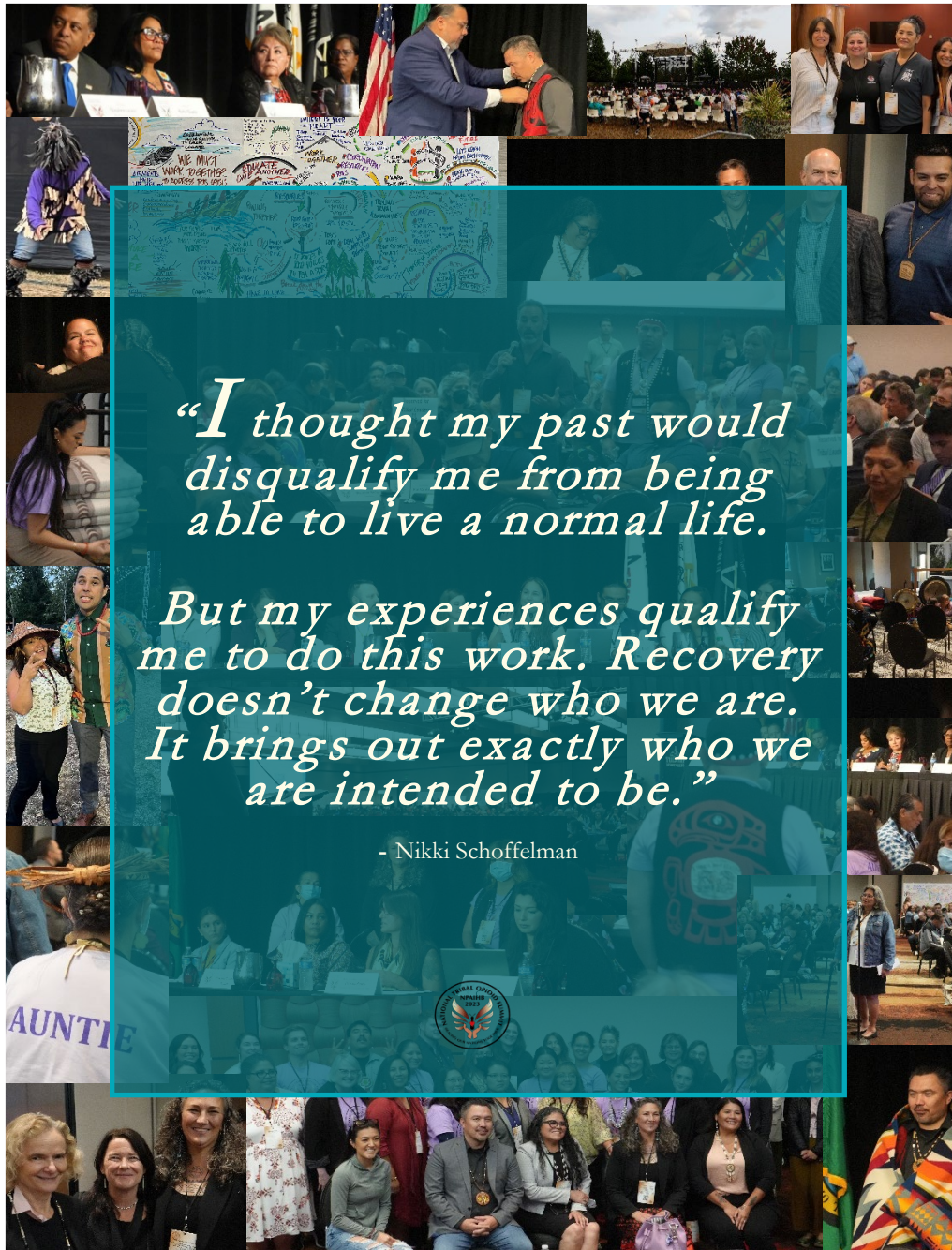






“Addiction is not a moral failing. It is a disease that requires support for recovery.”

- Representative Rick Larsen, *Washington State*



“I thought my past would disqualify me from being able to live a normal life.

But my experiences qualify me to do this work. Recovery doesn’t change who we are. It brings out exactly who we are intended to be.”

- Nikki Schoffelman

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Executive Summary

The opioid epidemic has had profoundly devastating impacts on tribal communities. Opioid overdose deaths among American Indian and Alaska Native (AI/AN) people have increased fivefold from 1999 to 2019.¹ The Center for Disease Control and Prevention (CDC) reported that in 2021, the opioid mortality rate for AI/AN increased by 33% over the prior year. While the number of overdose deaths due to opioid toxicity has increased over time across all races, there was a sharp rise during the COVID-19 pandemic. A recent study showed that during the COVID-19 pandemic, 1 in 22 deaths in 2021 were attributable to unintentional opioid toxicity.² During the same year, more AI/AN people died by overdose, than any other racial or ethnic group.³

Behind these statistics are families in pain and communities in grief.

In 2019, the Northwest Portland Area Indian Health Board (NPAIHB) along with our partner, the National Indian Health Board (NIHB) developed the [Tribal Opioid Response: National Strategic](#) to guide efforts to address the opioid crisis in tribal communities. In August 2023, the Tulalip Tribes, the Northwest Portland Area Indian Health Board (NPAIHB) and the National Indian Health Board (NIHB) hosted the **National Tribal Opioid Summit (NTOS Summit)**. The NTOS Summit brought together over 1,000 tribal leaders, frontline workers, and federal and state policymakers together to discuss the opioid crisis, prioritize policy recommendations, and share community-based best practices. The theme of NTOS Summit was, *Healing Our Nations Together*. Facing this epidemic involves collective power and wisdom. It won't be done alone. Or in isolation. We heal *together*.

NTOS Summit Overview & Design

Overview of Agenda

Day One focused on centering the voices of recovery and tribal communities grounded by a plenary session, *We Must Work Together to Address this Crisis*.

Day Two focused on effective solutions in Indian Country, culture as prevention and intervention, and a culture night hosted by the Tulalip Tribes. The opening plenary session, *What Worked for Us and Our Family in Recovery*, guided the day's discussions.

¹ Qeadan F, Madden EF, Mensah NA, et al [Epidemiological trends in opioid-only and opioid/polysubstance-related death rates among American Indian/Alaska Native populations from 1999 to 2019: a retrospective longitudinal ecological study](#) *BMJ Open* 2022;**12**:e053686. doi: 10.1136/bmjopen-2021-053686

² Tara Gomes, PhD1,2,3,4; Shaleesa Ledlie, MPH1,2,4; Mina Tadrous, PhD2,4; et al [Trends in Opioid Toxicity-Related Death in the US Before and After the Start of the COVID-19 Pandemic, 2011-2021](#). *JAMA Netw Open*. 2023;6(7):e2322303. doi:10.1001/jamanetworkopen.2023.22303

³ Spencer MR, Miniño AM, Warner M. [Drug overdose deaths in the United States, 2001–2021. NCHS Data Brief, no 457](#). Hyattsville, MD: National Center for Health Statistics. 2022. DOI: <https://dx.doi.org/10.15620/cdc:122556>.

Day Three focused on prioritizing policy recommendations and strategies for updating the [Tribal Opioid Response: National Strategic Agenda](#). The plenary session for the day was, *Considerations for Setting Policy Priorities*.

Session Design & Facilitation

The Summit was organized into four tracks:

- Culturally-Specific Prevention Initiatives
- Culturally-Specific Care, Treatment, and Support Services
- Tribal Data
- Law & Justice

An additional track created space for intergenerational connection and healing with elder knowledge keepers and behavioral health aide (BHA) students. NPAIHB also organized a Wellness Team and Auntie Society who helped participants receive care and support with emotions and that surfaced during the Summit.

NTOS Summit Recommendations

One of the goals of the NTOS Summit was for tribes to share resources and recommendations. The NPAIHB developed the [National Tribal Opioid Summit Resource Hub](#) to serve as a central location for post NTOS Summit follow-up. Current resources include:

- 2023 NTOS Policy Federal Policy Recommendations
- American Indian Health Commission (AIHC) Template for Tribal Resolution on Opioid Emergency Declaration
- Bios of all NTOS Summit Panelists & Speakers

NTOS Summit Storyboards

What are Storyboards?

During the NTOS Summit, artists were present at all sessions to visually capture the discussions, insights, and recommendations shared throughout the week. The resulting storyboards tell the story of the NTOS Summit. They highlight the loss, the grief, *and* the resilience of our communities. They share bold visions. And deep hope. They remind us of the oral traditions which root many of our societies, where essential teachings are often a confluence of the past, the present, and the future.

Using the Storyboards to Support a Community-based Discussion

We wanted to share these storyboards as tool as you begin, renew, or continue your essential work on opioid use disorder (OUD) and substance use disorder (SUD) in your community. These storyboards are conversation starters. They reflect a collective moment which is open for (and welcomes) interpretation. The storyboards are flexible: you can use them in order or select one that resonates with your group. Really, they are a springboard for discussion and vision.

As you continue to move the conversation forward across Indian Country, we hope that you will share this tool with others, along with other practices that your community has developed. You are not alone in this work. Nor, is your community. *Let's share and learn together.*



Ideas to Get You Started

Questions to Get You Started

The following questions can be used with any of the NTOS Summit storyboards:

- Looking at the storyboard, what do you think?
- What do you feel?
- What would you add to this storyboard?
- Where do you notice connections and synergy? Where you see tension or disconnection?
- What ways does this storyboard energize you to be engaged in the work?
- If you had to create your own storyboard, what would it look like? Who would you want to create it with you?

Activity: Storyboarding a Group Vision

- Select a storyboard or storyboards
- Share the storyboard(s) with your group (either individual copies or post storyboard in a place where everyone can see)

- Give your group time to look at the storyboards
- Using either the questions above or your own, ask the group to respond to a question not just with words but with their own images.
- Depending on your group needs/dynamics, the group can collectively draw on one piece of paper. Or members could each have their own sheet of paper and assemble them together to see how everyone's' visions connect.

Activity: Storyboard Talking Circle

- Select a storyboard or storyboards
- Share the storyboard(s) with your group (either individual copies or post storyboard in a place where everyone can see)
- Give your group time to look at the storyboards
- Gather your group back together and run your circle in accordance with your community norms and needs but instead of a talking stick/object of power, you pass a marker
- Each person contributes their thoughts as both words and images to a collective piece of paper resulting in a shared space of reflection and understanding.



Plenary Sessions

Day I: We Must Work Together to Address this Crisis

Session Description

No Tribe is immune the opioid crisis. How are tribes, federal, states agencies coming together to learn from each other?

Panelists

Moderators

- **Governor Stephen Rose Lewis** | *Gila River Indian Community*

Topic Experts

- **Dr. Rahul Gupta** | Director, *Office of National Drug Control Policy (ONDCP)*
- **O’Nesha Cochran-Dumas** (Afro-Indigenous, Member of the Oglala Sioux Tribe) | Senior Director of Outreach and Program Development, *The Miracles Club* and Expert Consultant, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Roselyn Tso** (Navajo) | Director, *Indian Health Service (IHS)*
- **Dr. Miriam Delphin-Rittmon** | Assistant Secretary, *Substance Abuse Mental Health Services Administration (SAMHSA)*
- **Dr. Nora Volkow** | Director, *National Institute on Drug Abuse (NIDA)*
- **Representative Rick Larsen** | Washington-02, *U.S. House of Representatives*

Storyboard



Plenary I: We Must Work Together to Address this Crisis

Plenary Sessions

Day II: What Worked for Us and Our Family in Recovery

Session Description

Tribal leaders and citizens shared their own lived experience with substance dependency, grief, and sobriety.

Panelists

Moderator

- **Fawn Sharp** (Quinault Indian Nation) | *President, National Congress of American Indians (NCAI)*

Topic Experts

- **Kali Joseph** (Tulalip Tribes)
- **O’Nesha Cochran-Dumas** (Afro-Indigenous, Member of the Oglala Sioux Tribe)
- **Pamela Ready** (Puyallup Tribe)
- **Demi Ready** (Puyallup Tribe)
- **Maria Hillaire** (Lummi Nation)
- **Nikki Schoffelman** (Cheyenne River Sioux Tribe)

[illegible]



Plenary Sessions

Day III: Considerations for Setting Policy Priorities

Session Description

Policy discussion and recommendations for addressing the tribal opioid crisis; final recommendations can be found on the [NTOS Summit Resource Hub](#).

Panelists

Moderator

- **Vice Chair Loni Greninger** | Jamestown S’Klallam Tribe

Topic Experts

- **Chief Bill Smith** | Valdez Native Tribe and Chair, National Indian Health Board (NIHB)
- **Councilman Nickolaus Lewis** | Lummi Nation and Chair, Northwest Portland Area Indian Health Board (NPAIHB)



8.24.23

PLENARY 3

- we need to address tribal colonization
- A lot of these issues, there are no answers
- We need open dialogue
- it took us a long time to get here, it's going to take time for change

- in Alaska, it can take days to respond to human emergencies; the animal emergencies are responded to much quicker

- we need to break things down & simplify them



- if I didn't have TikTok or Snapchat, I'd never connect with my nieces & nephews!

- we need to hear from our youth
- during COVID, we told the government what WE were going to do - not the other way around

- we must get back to our ways to heal

we need to go back to our Gold Standard

to our

Gold Standard

these are our tribal ways

it's not just about funding

- We cannot just ban people with addictions from our tribe.

Spirituality needs to be included

- take care of our physical bodies - it impacts our spirit

- there **ARE** answers, I've written down 35+ things that are answers to what we need

Missing
& Murdered
Indigenous
women

• NPMW - support + awareness •

we are always
talking about things
we need
action

Start with what you're best at

• culture is healing

- We need to get our bodies moving - this plays an important role in recovery

- What about an Elder's Coach?
 - they need support too

- Focus Groups

- Transition Homes

Domestic Violence Programs



- if you go back to your tribe, and do nothing — this is unacceptable — bring back some kind of action

- declare this as a Public Health Emergency

- across our tribes
- nationally too
- adopt the actions and priorities from this summit

- step into your role

- build self-care into our workplaces

- talk to your staff, they're on the ground, running

- uphold lived experience - we can learn a lot from people in recovery

they are
our
hope

hear the
call:
fight to
protect
fight to heal

- build curriculum into our schools

- We cannot only rely on our Elders, hurt children in older bodies need help too

Lori Rock
lori@bigideaexpo.com

The collage is a visual representation of the summit's activities. It features:

- Speakers and Panels:** Several images of individuals at podiums or on stage, including a man in a blue suit and another in a red vest.
- Group Photos:** Large groups of people, some in traditional Indigenous clothing, posing for photos.
- Session Tracks:** Numerous photos of attendees in various session rooms, some listening, some interacting, and some wearing lanyards.
- Cultural Elements:** Images of people in traditional regalia, a large mural with Indigenous text and symbols, and a person wearing a vest with a red Indigenous design.
- Central Text:** The words 'Storyboards by Session Tracks' are prominently displayed in the center in a stylized, orange font.

Data Track

Session I: Tribal Data Sovereignty in Federal and State Data – Are You Able to Access Opioid and Mental Health Data?

Session Description

This session discussed what tribal data sovereignty means and what can be done to respect and protect it in an “evidence-based” world. Tribal access, control, and/or ownership of opioid and mental health data in federal and state systems is essential to tribal data sovereignty and should be recognized by federal and state agencies.

Panelists

Moderators:

- **Chief Beverly Cook** | *St. Regis Mohawk Tribe*
- **Cynthia Begay (Hopi/Navajo/Mexican)** | Senior Epidemiologist, *Kauffman and Associates, Inc. (KAI)*

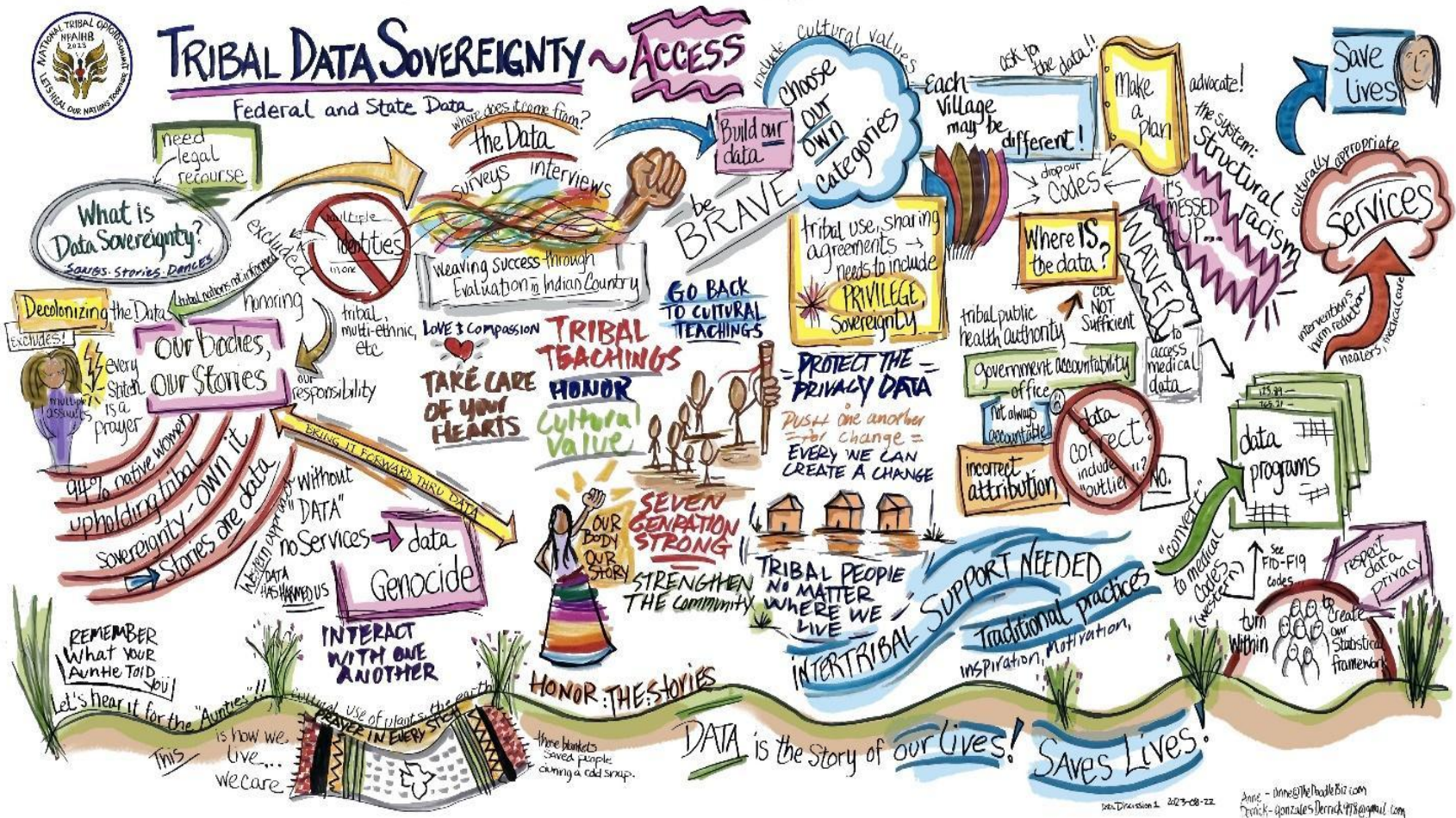
Topic Experts:

- **Dr. Rebecca St. Germaine** (Citizen of the Wisconsin Lac Courte Oreilles Band of Lake Superior Ojibwe Nation) | Evaluator, *Great Lakes Inter-Tribal Council (GLITC)*
- **Abigail Echo-Hawk** (Citizen of the Pawnee Nation of Oklahoma) | Director, *Urban Indian Health Institute (UIHI)* and Vice President, *Seattle Indian Health Board (SIHB)*

Policy Leads:

- **Karol Dixon** (Deg Hit'an Athabascan) | Director of Government Affairs/Health Policy, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Buck Ellingson** | Health Policy Analyst, *California Rural Indian Health Board (CRIHB)*

Storyboard



Tribal Data Sovereignty in Federal & State Data

Data Track

Session II: Barriers and Solutions to Tribal and Community Data Collection

Session Description

This session addressed common barriers, solutions, and resources that have helped tribes collect opioid and mental health community data.

Panelists

Moderators

- **Dr. Kevin English** | Director of the Albuquerque Area Southwest Tribal Epidemiology Center, *Albuquerque Area Indian Health Board (AAIHB)*
- **Cynthia Begay** (Hopi/Navajo/Mexican) | Senior Epidemiologist, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Travis Martin** (Shoshone-Bannock) | Data Analyst, *Shoshone-Bannock Tribes*
- **Alyssa Yang** | Epidemiology and Surveillance Unit Project Director, *Northwest Portland Area Indian Health Board (NPAIHB)*

Policy Leads:

- **Karol Dixon** (Deg Hit'an Athabascan) | Director of Government Affairs/Health Policy, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Buck Ellingson** | Health Policy Analyst, *California Rural Indian Health Board (CRIHB)*



Barriers & Solutions Tribal and Community Data Collection

Data Track

Session III: Best Practices to Access, Own, and Protect Tribal and AI/AN Mental Health and Substance Use Disorder Data

Session Description

This panel focused on best practices in accessing, owning, and protecting tribal and American Indian/Alaska Native data and key factors supporting meaningful data collection and analysis, with tribal data sovereignty at its center.

Panelists

Moderators

- **Council Member Jennifer Webster** | *Oneida Nation*
- **Cynthia Begay** (Hopi/Navajo/Mexican) | Senior Epidemiologist, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Tim Collins** (Sault Ste. Marie Tribe of Chippewa Indians) | Senior Epidemiologist, *Alaska Native Tribal Health Consortium (ANTHC)*
- **Anli Tang** | Behavioral Health Epidemiologist, *Rocky Mountain Tribal Epidemiology Center (RMTEC)*
- **Virginia Hendricks** (Yurok) | Executive Director, *California Council of Urban Indian Health (CCUIH)*

Policy Leads

- **Karol Dixon** (Deg Hit'an Athabascan) | Director of Government Affairs/Health Policy, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Buck Ellingson** | Health Policy Analyst, *California Rural Indian Health Board (CRIHB)*

Storyboard



Best Practices to Access, Own, and Protect Tribal & AI/AN Mental Health and Substance Abuse Disorder Data

Data Track

Session IV: Tribal Data: Using Data for a Community Response

Session Description

This panel focused on data-driven community responses highlighting efforts in Washington, California, and New Mexico under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Tribal Opioid Response Grants (TOR). These grants are designed to address the opioid crisis in Tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication for the treatment of opioid use disorder (MOUD).

Panelists

Moderators:

- **Tim Collins** (Sault Ste. Marie Tribe of Chippewa Indians) | Senior Epidemiologist, *Alaska Native Tribal Health Consortium (ANTHC)*
- **Cynthia Begay** (Hopi/Navajo/Mexican) | Senior Epidemiologist, *Kauffman and Associates, Inc. (KAI)*

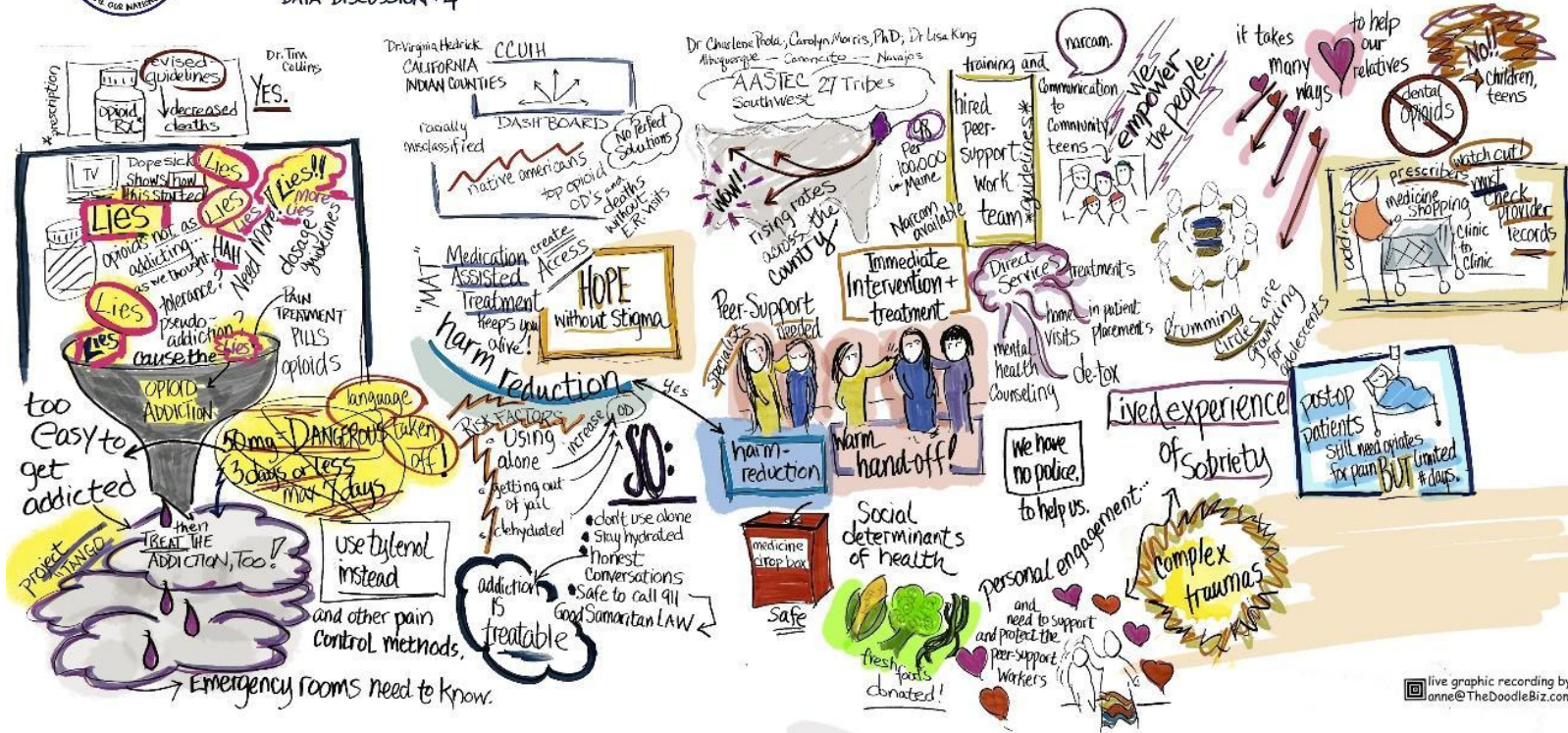
Topic Experts:

- **Dr. Gary Franklin** | Research Professor, *University of Washington*
- **Dr. Charlene Poola** (Navajo/Hopi-Tewa), Tribal Behavioral Health Director, *Albuquerque Area Southwest Tribal Epidemiology Center*
- **Carolyn Morris**, Clinical Psychologist, *Canoncito Band of Navajos Health Center, Inc.*
- **Lisa King** (Navajo), Licensed Substance Abuse Counselor, *Canoncito Band of Navajos Health Center, Inc.*
- Policy Leads:
- **Karol Dixon** (Deg Hit'an Athabaskan) | Director of Government Affairs/Health Policy, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Buck Ellingson** | Health Policy Analyst, *California Rural Indian Health Board (CRIHB)*



TRIBAL DATA ~ Using data for COMMUNITY RESPONSE

DATA DISCUSSION #4

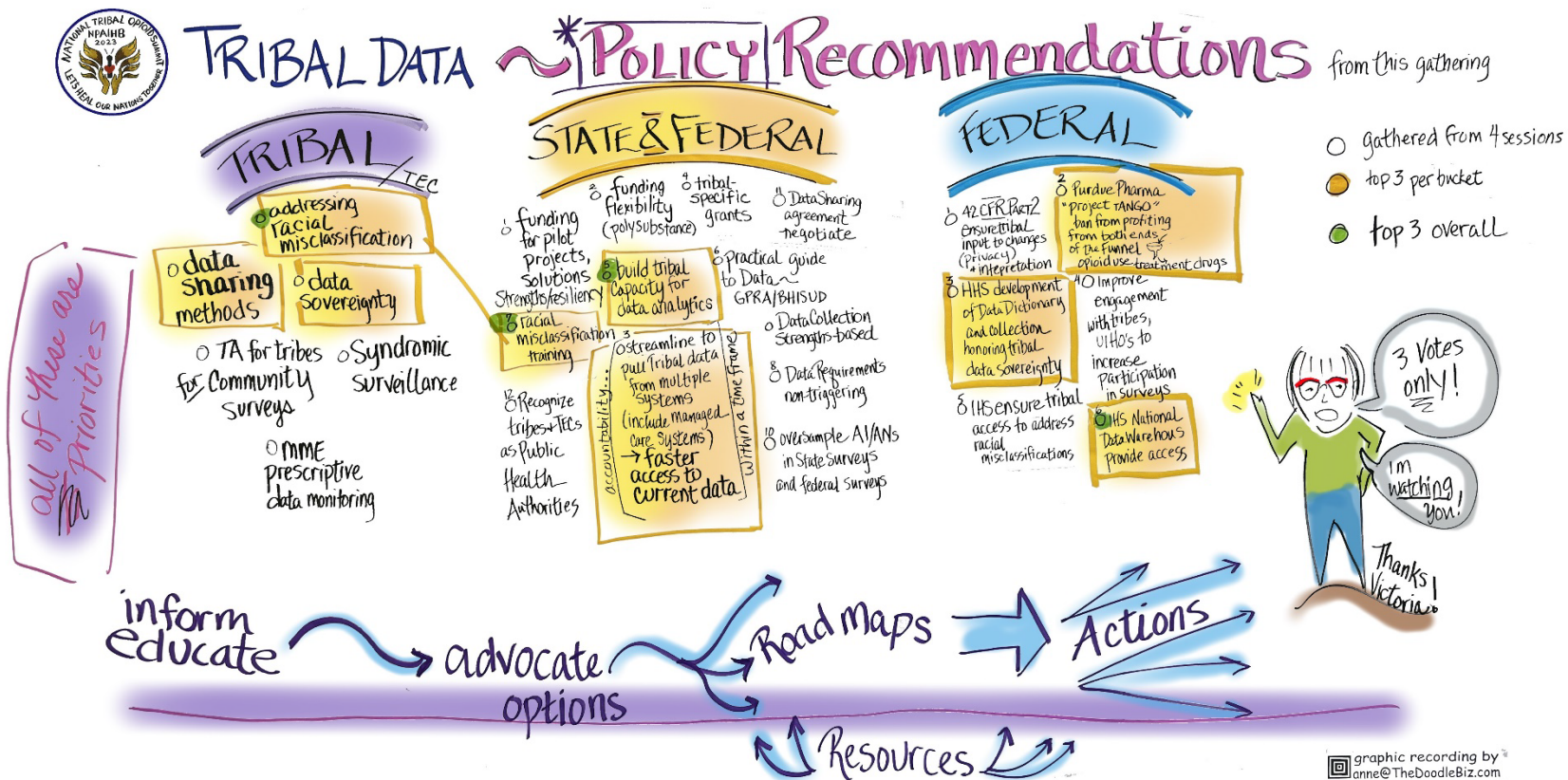


live graphic recording by
anne@TheDoodleBiz.com

Using Data for a Community Response

Summit Recommendations & Priorities: Data

Storyboard



Data Policy Recommendations

Care & Support Track

Session I: Trauma and Addictions: Intersections of Trauma, COVID-19, and Fentanyl

Session Description

This session focused on the intersection of the opioid crisis and the COVID-19 pandemic (a syndemic) on American Indians/Alaska Natives (AI/AN) communities and its enduring impact as a historical traumatic event. The pandemic disproportionately impacted AI/AN communities and placed an unprecedented strain on tribes, the Indian Health Service (IHS), and those at risk for or impacted by substance use disorder.

Panelists

Moderators

- **Second Vice President Rob Sanderson Jr.** | Central Council of the Tlingit and Haida Indian Tribes of Alaska
- **Josh Severns** (Little Shell/Gros Ventre/Yankton Dakota) | Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Dr. Karina Walters** (Choctaw Nation of Oklahoma) | Director, Tribal Health Research Office, *National Institutes of Health (NIHB)*
- **Dr. Nora Volkow** | Director, *National Institute on Drug Abuse (NIDA)*
- **Dr. Danica Brown** (Choctaw Nation of Oklahoma) | Director of Behavioral Health, *Northwest Portland Area Indian Health Board (NPAIHB)*

Policy Leads

- **Candice Jimenez** (Tribal Citizen of the Confederated Tribes of Warm Springs) | Health Policy Analyst, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Hannah Brennan** | Senior Policy Analyst, *National Indian Health Board (NIHB)*



Figure 3. Trauma & Addictions: Intersections of Trauma, COVID-19, and Fentanyl

Care & Support Track

Session II: Overview of Treatment Centers Across Indian Country & Services Provided

Session Description

Historically, there has been a lack of treatment facilities, providers, and treatment modalities that have been shown to be effective in working with American Indians/Alaska Natives (AI/AN). This panel provided an overview of tribal opioid treatment facilities, identified access issues and needs, and showcased successful tribal opioid treatment programs.

Panelists

Moderators

- **Michelle Baker** | Vice President of Behavioral Health Services, *Southcentral Foundation*
- **Josh Severns (Little Shell/Gros Ventre/Yankton Dakota)** | Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Zackary Grimes**
- **Dr. James Laidler** | Medical Director, *Great Circle Recovery*
- **Kelle Rowe** (Grande Ronde Tribe) | Executive Director of Health Services, *Great Circle Recovery*
- **Senator J.J. Wilbur** | kuts but soot, *Swinomish Tribe*
- **Dr. Bryce Parent** | Chief Medical Officer, *didg'wálic'*

Policy Leads

- **Candice Jimenez** (Tribal Citizen of the Confederated Tribes of Warm Springs) | Health Policy Analyst, *Northwest Portland Area Indian Health Board (NPAIHB)*



Overview of Treatment Centers Across Indian Country and Services Provided

Care & Support Track

Session III: Social Determinants of Health as an SUD Intervention

Session Description

This panel focused on addressing social determinants of health (SDH) in substance use prevention (SUD) and intervention programs. Incorporating interventions or support that addresses housing, food security, education, employment, etc. have been shown to reduce substance use, including prescription drug misuse.

Panelists

Moderators

- **Councilman Nickolaus Lewis** | Lummi Nation and Chair, Northwest Portland Area Indian Health Board (NPAIHB)
- **Josh Severns** (Little Shell/Gros Ventre/Yankton Dakota) | Title, *Kauffman and Associates, Inc. (KAI)*

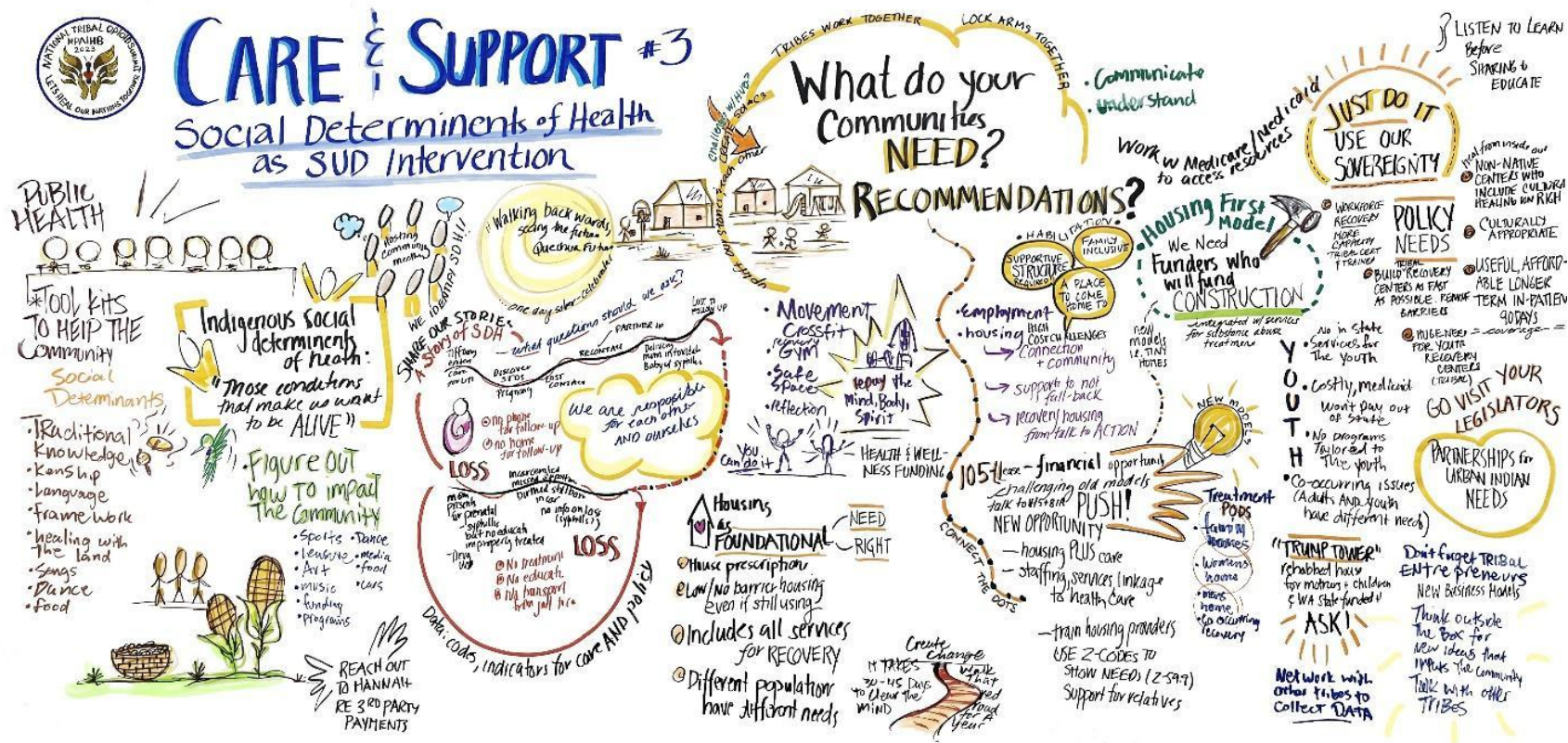
Topic Experts

- **Jessica Leston** (Tsimshian) | Director, National Clinical Programs, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Christina Oré** (Ayacucho-Huancavelica/Irish) | Acting Assistant Professor & Associate Director, *Seven Directions: A Center for Indigenous Public Health, University of Washington*
- **Clinton Alexander** (White Earth Nation) | Health Director, *White Earth Public Health Department*

Policy Leads

- **Candice Jimenez** (Tribal Citizen of the Confederated Tribes of Warm Springs) | Health Policy Analyst, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Hannah Brennan** | Senior Policy Analyst, *National Indian Health Board (NIHB)*

Social Determinants of Health as SUD Intervention



Social Determinants of Health as an SUD Intervention

Care & Support Track

Session IV: Workforce Development and Certification

Session Description

The pandemic increased the need for behavioral health providers with the increased rates of opioid overdoses, depression, and suicidality among American Indians/Alaska Natives (AI/AN). Telehealth has been a positive modality to increase access; however, more behavioral health care providers are needed. This panel focused on issues related to the behavioral health workforce, clinical supervision barriers, and certification and licensure. And, highlighted best practices in workforce development and support.

Panelists

Moderators

- **Councilman Lee Spoonhunter** | Northern Arapaho Tribe and Member, *National Indian Health Board (NIHB)*
- **Josh Severns** (Little Shell/Gros Ventre/Yankton Dakota) | Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Dolores Jimerson** (Seneca, Bear Clan) | Manager, Behavioral Health Training Center, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Clark Conover** | Supervisor, Division of Regional Operations, Bureau of Health Workforce, *US HHS Health Resources and Services Administration*

Policy Leads

- **Candice Jimenez** (Tribal Citizen of the Confederated Tribes of Warm Springs) | Health Policy Analyst, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Hannah Brennan** | Senior Policy Analyst, *National Indian Health Board (NIHB)*

Change is possible

SHOBTACE

MEDICINE WHEEL
BALANCE + HARMONY

A hand-drawn diagram illustrating the various tolls and impacts of the pandemic. At the center is a blue circle with the text "PANDEMIC TOOK A TOLL". Radiating from this central circle are several terms, each connected by a line: "BURN OUT" (top right), "WANT NOTHING" (right), "FARMING LOSS" (bottom right), "RENTAL COST" (bottom), "GAS" (bottom left), "SUGAR COCAINE" (left), and "BALANCE + HARMONY" (top left, enclosed in a wheel-like shape). To the far left, the word "RAIL" is partially visible, with only "RAL" being clearly legible. The drawing is done in a sketchy, hand-drawn style with markers or colored pencils.

HOPE

MANAGER STRATEGIES

- regular staff meetings
 - F2F & virtual work equipped @ home
 - address requirements together
- WE ARE A TEAM!

WISHLIST

- Credentialing made easier
4 Dual providers

- Interstate compacts
- licensure

- Recognition
Tribal ser
as eviden
All

- licenseable
Relational

- in for long term

- "you gotta love the people"

- few CULTURALLY CONNECTED PROVIDERS

- Flexibility for those with LIVED EXPERIENCE

WE HAVE IT RIGHT!
UNITED WE
CAN APPROACH
IHS, PAYORS, ETC.

CHALLENGES

- ✓ Reservation boundaries & cover urban pop
 - ✓ Shortages drive up wages
 - ✓ Housing
 - ✓ Retention
 - ✓ Case loads
 - ✓ Cross state credentialing
 - ✓ Secondary burnout
 - ✓ poor local school districts
- = PORTAL
- ⑥ you are here to support, not to save

YOUR EXPERIENCES

-
- A mind map with a central node 'funding is available' in blue. Eight branches radiate from the center, each with a green circular node and a text label. The branches are: 'ride share / van / fuel oil self' (top-left), 'A lot of holiday' (top), 'competitive benefits & pro pay' (top-right), 'fewer, but more in tense cases' (right), 'contracted services (1%)' (bottom-right), 'Grants to see people succeed' (bottom), 'SUCCESS - provider consistently show 'you up and believe in you' - some quotes' (bottom-left), and 'Encouraged to look after ourselves, our families' (left). The background is a light blue grid.
- ride share / van / fuel oil self
 - A lot of holiday
 - competitive benefits & pro pay
 - fewer, but more in tense cases
 - contracted services (1%)
 - Grants to see people succeed
 - SUCCESS - provider consistently show 'you up and believe in you' - some quotes
 - Encouraged to look after ourselves, our families
- funding is available

NATIONAL
WORKFORCE
DEVELOPMENT

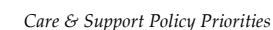
GET CONNECTED

- One-time application to be eligible for program \$
- Focus set aside for Indian country
- 125K for 3 year SUD training
- Nurse corps - pay 85% public health dept's all eligible

LOVE
CARE

Workforce Development & Certification

Storyboard



Prevention Track

Session I: Addressing Barriers to Opioid Overdose Prevention Efforts

Session Description

This session focused on Tribal Promising Practices to reduce opioid use disorder (OUD) and prevent opioid overdose as a necessary first step towards healing and wellbeing. Panelists discussed obstacles and barriers to primary and secondary opioid overdose prevention, implementation, and highlighted examples of best practices.

Panelists

Moderators

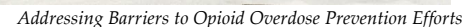
- **Lesley Sherman-Hunt** (Hoopa Tribe) | Chair, *California Area Indian Health Board (CRIHB)*
- **Monica Super** (Pitt River Tribe/Modoc) | *Kauffman and Associates, Inc.(KAI)*

Topic Experts

- **Dr. Maya Magarati** (Magar) | Research Scientist, *Seven Directions: A Center for Indigenous Public Health, University of Washington*
- **Dr. Myra Parker** (Mandan-Hidatsa-Cree) | Director, *Seven Directions: A Center for Indigenous Public Health, University of Washington*
- **Gene Tyon** (Oglala Lakota) | Director, *Oaye Luta Okolakiciye*

Policy Leads

- **Nathan Billy** (Choctaw Nation of Oklahoma) | Director of Behavioral Health Programs, *National Indian Health Board (NIHB)*
- **Sarah Sullivan** | Health Policy Director, *didg^wálič*



Prevention Track

Session II: Culture as Primary Prevention

Session Description

Cultural and Tribal Based-Practices, such as traditional teachings, healing ceremonies, and cultural practices play a central role in ending the opioid epidemic. This session focused on defining “culture” as prevention, the current science in incorporating culture into prevention work, and the importance of removing the barriers that impact American Indian/Alaska Native (AI/AN) communities from incorporating culture as a prevention method. Culture is Medicine.

Panelists

Moderators

- **Councilwoman Dr. Alison Ball** | *Confederated Tribes of the Colville Reservation*
- **Monica Super** (Pitt River Tribe/Modoc) | *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Vice Chair Loni Greninger** | *Jamestown S’Klallam Tribe*
- **Karin Dean** (Puyallup Tribe of Indians) | *Behavioral Health Program Coordinator, Northwest Portland Area Indian Health Board (NPAIHB)*
- **Dr. Danica Brown** (Choctaw Nation of Oklahoma) | *Director of Behavioral Health, Northwest Portland Area Indian Health Board (NPAIHB)*
- **Aren Sparck** (Cup’ik) | *Office of Tribal Affairs Administrator, Washington State Health Care Authority (WSHCA)*

Policy Leads

- **Nathan Billy** (Choctaw Nation of Oklahoma) | *Director of Behavioral Health Programs, National Indian Health Board (NIHB)*
- **Sarah Sullivan** | *Health Policy Director, didg^wálic*

CULTURE AS PRIMARY PREVENTION

Prevention

How do we adopt the Iceland model?

- so it's not another outside model
- curfews for youth
- 28 years of youth data tracking
- 500 alcohol reduction from 40% to 7%

Keep kids busy

- involve multiple organizations
- tribe
- city
- county

It's a challenge to find a universal translation (so that people don't just see this as another model)

- we have to "indigenize" the model - to work for us
- look forward, not to the past
- look to the data

Every Day A Ceremony

- road map
- curriculum
- training
- advisory council

KIDS DESERVE TO BE KIDS!

we are working to measure program outcomes to help justify funding

come together for our youth!

Culture doesn't have to be bifurcated (divided up)

- Investing our own time with our kids is one of the best prevention practices
- We don't have enough people who know our language + culture making decisions/policy

We never ONCE saw kids on their phones

We saw kids having fun... being children

As we talked about the Iceland Prevention model, we saw our own culture

We want to normalize prevention so much that kids don't even know it exists

I tell funders what my culture needs + allies help me translate it to their system

What do we define as Culture

it's healing

- We tend to operationalize it
- original instructions - from ancestors
- relational restructuring
- translating to language

- Don't get stuck in the drama + the trauma
- We don't pathologize everything
- From Youth Prevention to... We want youth to be happy

remember that we are saved

Canoe as a metaphor for life

How do we ignite the sacredness

- in ourselves
- in our children

Go to the people who know - they want to share

- our youth want to know they want the cultural connection

You can't let PERFECTION get in the way of PROGRESS

we need government to:

- Fully Fund the Tribes
- don't give us pennies on the dollar
- we need dollars on the dollar

- Accept tribal best practices
- the 3 Grandmother rule
- We have to ask the right questions in order to address our challenges
- Definitions are in people, not words

Even when we humans go through experiences, we all experience things differently

the land heals

taking off our shoes + stepping into the ocean... is different for everyone

Language matters - it hits differently in my language

People just want to come home

Healing of the Canoe (HOC) - best practice

The trees heal

The smoke is Mother Earth crying

our fiberglass canoe is called "The Tupperware Canoe" by the Elders

everyone who goes on the journey takes a UA - we are all clean

tele health has made huge impacts (for good) in our communities

Input for Policy:

- 1) Include Indigenous Knowledge in National Decisions
- 2) Full + Direct Funding is our right.
- 3) There must be equally rigorous investment in our culture
- 4) They (govt.) doesn't have the right to tell us if something worked.

equally rigorous to the impacts of the boarding school era + moving us off our lands

our kids need joy!

Lori Berk
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Culture as Primary Prevention

Prevention Track

Session III: Tribal-Based Practices

Session Description

Federal and state government agencies embrace the concepts of “evidence-based,” “research-based,” “science-based,” and “best-practices” as requirements for successful funding of awards. Tribes have advocated for other methods to evaluate TBP practices that allow for more flexibility than “evidence-based” standards because “evidence-based” standards impose a linear approach to funding requirements that are greatly at odds with the circular worldview held by most American Indian/Alaskan Native people. This session addressed barriers to funding, lessons learned, along with efforts to incorporate TBP into programming and treatment and recovery.

Panelists

Moderators

- **Chairman Anthony Hillaire** | *Lummi Nation*
- **Monica Super** (Pitt River Tribe/Modoc) | *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Chairman Steve Edwards** | *Swinomish Tribe*
- **Senator J.J. Wilbur** | *Swinomish Tribe*
- **Caroline Cruz** (Confederated Tribes of Warm Springs) | *Health and Human Services General Manager, Confederated Tribes of Warm Springs*
- **Clinton Alexander** (White Earth Nation) | *Health Director, White Earth Public Health Department*
- **Juli Skinner** (Ponca Tribe) | *Senior Director, Behavioral Health, Cherokee Nation*

Policy Leads

- **Nathan Billy** (Choctaw Nation of Oklahoma) | *Director of Behavioral Health Programs, National Indian Health Board (NIHB)*
- **Sarah Sullivan** | *Health Policy Director, didgʷálicʰ*

TRIBAL BASED PRACTICES

PREVENTION

- Sovereignty - leads our best practices
- 2003 - Evidence-based practice law passed in Oregon
- Culture replication is research data that is validated

The double-wall basket is representative of Recovery Support Services. It weaves our system of care together.

- Unconditional Positive Regard for:
 - individual
 - family
 - community
 - policy & marketing

8.23.23 I did it!

drum making is evidence based practice

- Overdose Fatality Review has protective, as well as well as risk factors.
- my grandpa told me "some day, your people are going to need you."
- We all have our stories, we need to keep sharing them

what is on your heart?

invest in our youth!

decolonizing of Indigenous minds by re-entering Indigenous values & cultural practices within research practice and an essential piece is an Indigenous Peoples struggle for self-determination

- Dennis Hissgun -

DO NO HARM and DO YOUR PART

- corruption is being allowed @ our gatherings - this is not who we are
- our tribal community is sharing funds to help each other

- How to protect our culture and tradition while opening to new ways to include others:
 - bring in the youth
 - Iceland project is built on listening to the youth
 - sports

- incentivize curriculum - in order to get this, complete this training
- incorporate our culture into our school curriculum - The Healing of the Canoe curriculum is working

- Our youth group created multiple programs for our community...
 - we were criticized for not including our Elders but we tried. They were not safe with us

Our culture is meaningful less if we don't have love and acceptance.

our youth

- I struggle with "evidence based"
 - we know what we need
 - community based is our approach
 - find out **WHY** our youth are doing these things

- healing happens when we are together

- I am on the school board:

- para-pro's from our tribe are in the classroom
- 40% of the school is from our tribe; we need to be represented
- we build rapport with kids in the school

- Where are recovering people living, when they come back home?
 - especially as that is where this problem began?
 - potential involvement

- I'd like tribes to be able to create our own laws without checking with outside "authorities"
 - we can implement many tribal-based practices without checking in (Oregon)

- tribes should consider having language in their codes that parallel state and federal language & federal laws

We have to disconnect to re connect

put it down
in Iceland the kids didn't want their phones back.

Policy Input

- Advocacy for Youth
- Fund Revitalization
- Don't overestimate what the government knows about us
 - they need Tribal Best Practice Education
- Defining "Evidence Based Practice"
 - we need to help implement the evaluation process
- Send Policy Makers more information

Loni Rock
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Prevention Track

Session IV: What is Evidence in Prevention?

Session Description

Culturally specific community-based approaches in prevention improve the health and well-being of community members and can be integrated into the assessment and evaluation of prevention programs. This session identified challenges and solutions to conducting research and evaluation of tribal prevention programs that meet federal and state funding requirements, are effective, and respect tribal sovereignty.

Panelists

Moderators

- **Council Member Sammy Mabe** | *Suquamish Tribe*
- **Monica Super** (Pitt River Tribe/Modoc) | *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Abigail Echo-Hawk** (Citizen of the Pawnee Nation of Oklahoma), Director, *Urban Indian Health Institute* and Vice President, *Seattle Indian Health Board*
- **Dr. Myra Parker** (Mandan-Hidatsa-Cree) | Director, *Seven Directions: A Center for Indigenous Public Health, University of Washington*
- **Dr. Karina Walters** (Choctaw Nation of Oklahoma) | Director, *Tribal Health Research Office, National Institutes of Health*

Policy Leads

- **Nathan Billy** (Choctaw Nation of Oklahoma) | Director of Behavioral Health Programs, *National Indian Health Board (NIHB)*
- **Sarah Sullivan** | Health Policy Director, *didg'wálic'*



WHAT IS EVIDENCE IN PREVENTION?

- Welcoming people into our homes when they need help



- Knowing where to harvest the best huckleberries

- bring back the older ways of doing things

- counting the number of beavers around the area - yearly



- blueberries teach us resilience



- What's YOUR blueberry?
- Who are the blueberries in your community?

they survive extreme temperatures & thrive

- We were doing everything right by Western standards, but we only saw a 3% improvement



- We re-walked the trail of Tears to discover our trail to health

- we reimagined the love on the trail, not just the trauma
- we remembered that laughter heals
- we created a Behavioral Health model based on this experience - it is evidence based



- Too many times we think that money will solve our problems - we have the tools

our youth

- bring our youth to events like this - they should be here - where are they?
 - each of you are mentors to our youth

- our people are on a journey right now

- every part of our program reflects our culture... our evidence isn't reflected in the numbers... it is people

- We carry the pain for every-one - this is why we use
- our evidence is from the heart



- Evidence Based Practice is the result of clinical-based research
 - 3 studies
 - each 3 to 5 years long

- We need to re-establish Indigenous research

- there is research (evidence based) on drumming (Seattle Indian Health Board) (National Indian Health Board)



- funding was provided for kayaks

- partner with insurance companies, we can help with value-added benefits (managed)

Policy Impacts

- 1) continued support for Indigenous knowledge production
- 2) ensure tribal practices check the box for evidence based practices
- 3) ... we will work on more of this tomorrow

- There is a federal mandate to incorporate indigenous practice into legislative procedures.

Lori Rock
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What is Evidence in Prevention?

Recommendations & Priorities: Prevention

Storyboard



PREVENTION TRACK POLICY PRIORITIES

2 Federal + State funding for tribal based practices as evidence-based practices

4 Creation and Funding of Tribal Prevention Model based on the Icelandic Model

3 Federal and State Funding for medical facility construction, including dual-diagnosis facilities

5 Streamline creation of treatment programs throughout the continuum of care, including detox

1 Indigenous knowledge, culture and practice as a standard of care and evaluation on the impact

6 Federal + State funding for outreach + education in tribal communities

7 Increase access to Naloxone and Naloxone administration training for first responders and community members

- LGBTQIA++ inclusion
- simple packet for us to bring back to our communities

- create a youth track
- include tribal medicine
- use data + science

- Native language immersion in our schools
- a culture of sobriety
- share process of pathways to funding

- we need a one-stop centralized resource accessible to all

Lori Rose
lori@bigidea20.com

Law & Justice Track

Session I: Legal Framework Impacting Opioid Users and Tribal Response

Session Description

This session focused on federal, state, and tribal jurisdictional issues and intersecting laws. It also focused on how justice and law enforcement systems address opioids and opioid users and highlighted some tribal justice and law enforcement programs.

Panelists

Moderators

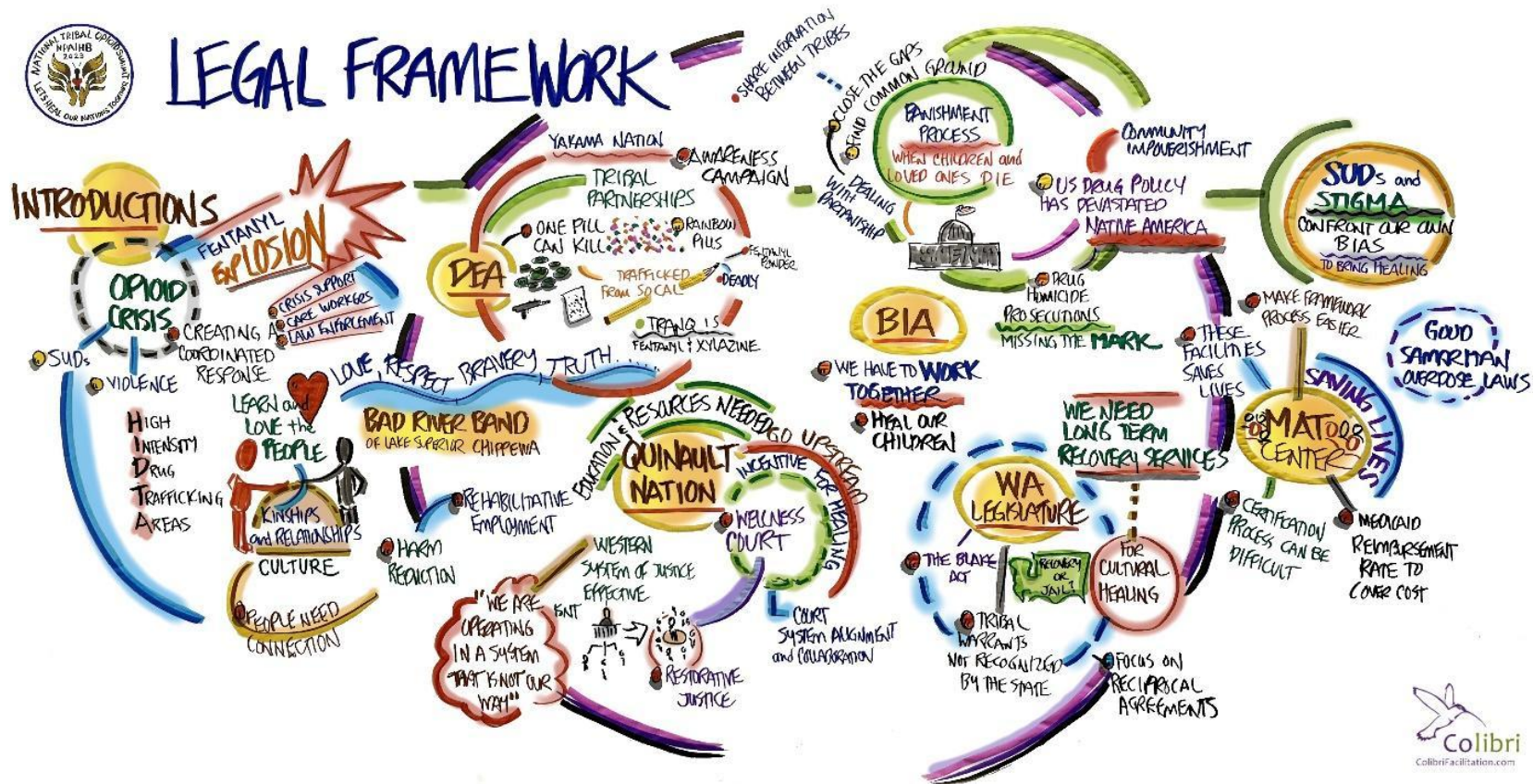
- **Chairwoman Teri Gobin** | *Tulalip Tribes*
- **Dr. Joni Buffalohead** (Sisseton-Wahpeton Oyate) | Senior Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Michael Mizer** | Drug Intelligence Officer, *Northwest High-Intensity Drug Trafficking Area (HIDTA)*
- **Will Janisch** | Drug Intelligence Officer, *Rocky Mountain High Intensity Drug Trafficking Area (HIDTA)*
- **Chris Sutter** | Chief of Police, *Tulalip Tribal Police*
- **Philomena Kebec** (Bad River Band of Lake Superior Chippewa) | Instructor, *University of Minnesota Duluth*
- **Ron Deist Jr.** | Resident Agent in Charge of the Sioux Falls Drug, *Drug Enforcement Administration (DEA)*
- **Hon. Chief Judge Leona Colegrove** | *Quinault Indian Nation*
- **Jerin Falcon** (Turtle Mountain Band of Chippewa Tribe) | Deputy Associate Director, *Bureau of Indian Affairs (BIA)*
- **Michael Mervos**
- **Brian Frederickson**

Policy Leads

- **Taylor Barrett** | Congressional Relations Coordinator, *National Indian Health Board (NIHB)*
- **Summer Hammons** (Tulalip Tribes) | Legislative Policy Analyst for Treaty Rights and Government Affairs Office, *Tulalip Tribes*



Legal Frameworks Impacting Opioid Users & Tribal Response

Law & Justice Track

Session II: Tribal Opioid Litigation Settlement

Session Description

This panel focused on the [settlements](#) reached to resolve opioid litigation with pharmacies and manufacturers brought by Tribes and Alaska tribal health organizations and updates on previous settlements. These settlements will provide over \$500 million for abatement of the opioids epidemic across Indian Country.

Panelists

Moderators

- **Jacqueline Platero** (Navajo) | Board Member, *National Indian Health Board (NIHB)*
- **Joni Buffalohead** (Ahe Apat Ikla) | Senior Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Geoffrey Strommer** | Partner, *Hobbs Straus Dean & Walker*
- **Andrea Medley** (Jaad ahl' K_iiganga) | Research Associate, *Johns Hopkins Center for Indigenous Health*

Policy Leads

- **Taylor Barrett** | Congressional Relations Coordinator, *National Indian Health Board (NIHB)*



Tribal Opioid Litigation Settlement

Law & Justice Track

Session III: Pregnant People and Drugs: Welcoming in the Womb

Session Description

Fear of criminal punishment deters many pregnant people from seeking help for related problems. This session addressed issues related to care, access to treatment, and some best practices for people who are pregnant and using substances.

Panelists

Moderators

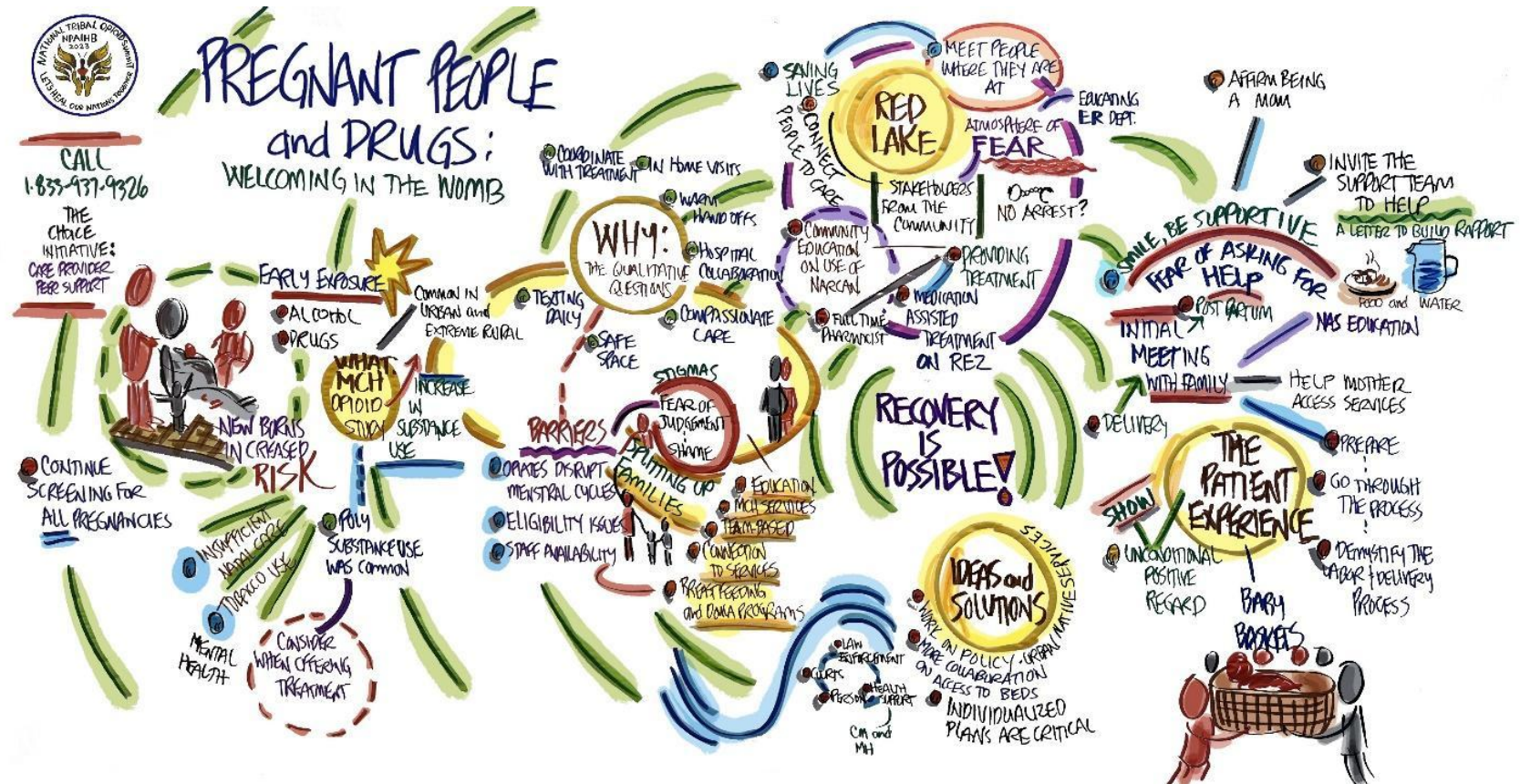
- **Vice Chair Misty Napeahi** | *Tulalip Tribes*
- **Joni Buffalohead (Ahe Apat Ikla)** | Senior Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Dawn Yazzie** (Navajo Nation) | Early Childhood Mental Health Consultant, *Navajo Nation*
- **Tam Lutz** (Lummi) | Research Project Director, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Dr. LaKota Scott** (Diné) | Naturopath

Policy Leads

- **Taylor Barrett** | Congressional Relations Coordinator, *National Indian Health Board (NIHB)*



Pregnant People & Drugs: Welcoming in the Womb

Law & Justice Track

Session IV: Pre-Arrest Interventions for Opioid Users

Session Description

There are opportunities to incorporate pre-arrest interventions by having law enforcement officers intercept upon first contact and make direct referrals to community programs, or partner with teams of social workers, social service clinicians, first responders, or other healthcare workers who can assist in assessment and referral after initial contact. This panel addressed key points in intervention and provide examples of multi-jurisdictional alternatives to law enforcement action.

Panelists

Moderators

Chief Bill Smith | *Valdez Native Tribe* and Chair, National Indian Health Board (NIHB)

Joni Buffalohead (Ahe Apat Ikla) | Senior Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts:

Cortney Yarholar (Sac & Fox Nation) | Chief Executive Officer, *Evergreen Training & Development*

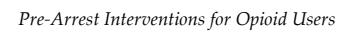
Former Chief Judge Chantel Cloud | *Southern Ute Indian Tribe*

O'Nesha Cochran-Dumas (Afro-Indigenous, Member of the Oglala Sioux Tribe) | Senior Director of Outreach and Program Development, *The Miracles Club* and Expert Consultant, *Northwest Portland Area Indian Health Board (NPAIHB)*

Dr. Margo Hill (Spokane Tribe) | Professor, *Eastern Washington University*

Policy Leads:

Taylor Barrett | Congressional Relations Coordinator, *National Indian Health Board (NIHB)*



Summit Recommendations & Priorities: Law & Justice

Storyboard



Law & Justice Recommendations

Intergenerational Connection & Healing Track

Session I: Story Weaving

Session Description

This session created space for intergenerational connection and healing with elder knowledge keepers and behavioral health aide (BHA) students

Panelists

Moderators

- **Chief Bill Smith** | *Valdez Native Tribe* and Chair, *National Indian Health Board (NIHB)*
- **Joni Buffalohead** (Ahe Apat Ikla) | Senior Consultant, *Kauffman and Associates, Inc. (KAI)*

Topic Experts

- **Cortney Yarholar** (Sac & Fox Nation) | Chief Executive Officer, *Evergreen Training & Development*
- **Former Chief Judge Chantel Cloud** | *Southern Ute Indian Tribe*
- **O’Nesha Cochran-Dumas** (Afro-Indigenous, Member of the Oglala Sioux Tribe) | Senior Director of Outreach and Program Development, *The Miracles Club* and Expert Consultant, *Northwest Portland Area Indian Health Board (NPAIHB)*
- **Dr. Margo Hill** (Spokane Tribe) | Professor, *Eastern Washington University*

Policy Lead

- **Taylor Barrett** | Congressional Relations Coordinator, *National Indian Health Board (NIHB)*

NATIONAL TRIBAL OPIOID SUMMIT 2023
LET'S HEAL OUR NATIONS TOGETHER

STORY WEAVING

- everyone stepped up
 - making sure people got vaccinated
 - people were taken care of
 - people had access to what they need
- there was more access to opioids
 - for good
 - for bad
- this was a crime against the community
- everything changed overnight
- these are very spiritual for the tribe

NO CEREMONIES

- when people died, no funerals
- tribal ceremonies became stronger
- When we talked about multiple in-home/tribal traumas the response was
 - We're not here to discuss those issues.
- When my daughter started crying about stairs...

isolation

- Stressful times
- multiple jobs
- Working quickly to figure things out
- we are not cookie-cutter organizations
- we started using modern technology
- challenges of being home all day
 - space
 - electricity use
- losing people unexpectedly
- our community felt abandoned by many
- Backyard Harvest delivered household needs and food during this time
- Our culture is our great strength, but this leaves very little for our youth to build success
- Games songs stories games prayer
- we're off balance but Natural Elements will ground us as a community
- COVID medications access
- Virtual meetings
- granddaughter got a job
- Community hotline
- Community Health Dept made Visits
 - Drew B... we saw him one week and the next he was gone
- go out & gather (You're always a part when you gather)
- HEALING THROUGH LOVE
- SEVEN Generation STRONG
- GET BACK TO IT

SECOND SESSION

HEART TO HEART CONVERSATIONS

REFLECTION OF NATIVE COUNTRIES

WE ARE A MINORITY among minorities

Creating Change Through Experiences

WE'RE ALL NATIVE PEOPLE

NATURE CONNECTS US AS NATIVE PEOPLE

WE SHAPE OUR COMMUNITY

YOU WORK for ALL Indians people

Gather Information for a Greater Impact

HONOR THE PAST live in the PRESENT Look Towards The future

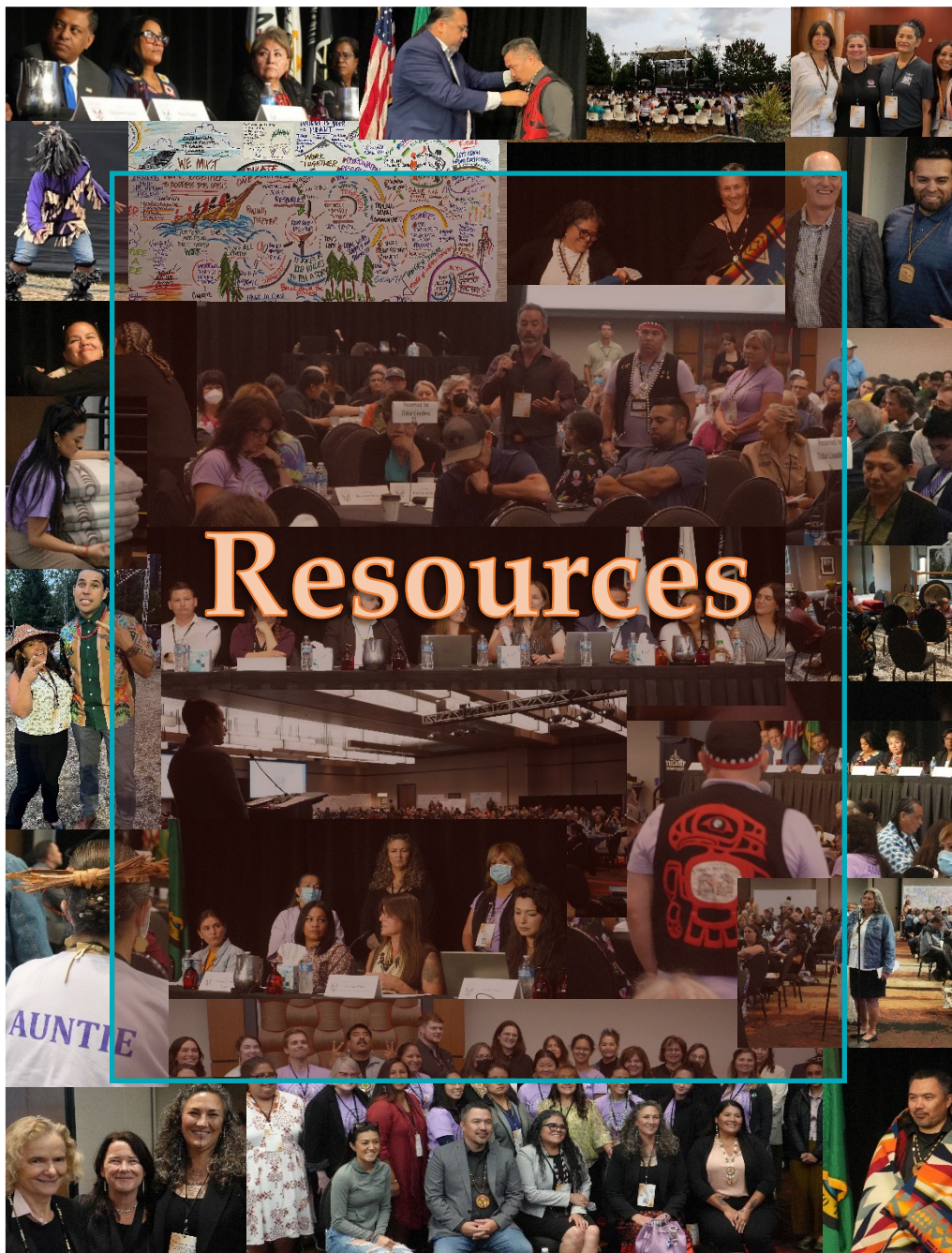
these words (of grief) are an important part of our story

typically we have 10 foods on the table, during this time, we had 28

STRENGTH THROUGH TOGETHERNESS

Individual Trauma Experiences

- Understanding
- Communication
- Empathy
- Sympathy



Resources

NTOS Federal Policy Recommendations

The **2023 NTOS Federal Policy Recommendations** which were developed from recommendations and feedback from the Summit can be found on the [National Tribal Opioid Resource Hub](#).

Presenter Bios

The bios of NTOS Presenters and Moderators can be found on the [National Tribal Opioid Resource Hub](#).

Recommendations & Reports from Other State, Regional & National Opioid Summits

- **2023 Washington State Tribal Opioid Fentanyl Summit** | May 22-23, 2022
Strengthening Pathways to Healing
Lummi Nation
[Summary Report](#)
- **2024 Washington State Tribal Opioid Fentanyl Summit** | July 23-25, 2024
Strengthening Pathways to Healing
Spokane, WA
[Agenda & Materials](#)
- **Region 10: Alaska, Idaho, Oregon, Washinton: Opioid Summit** | July 25-26, 2024
Breaking Barriers, Saving Lives: Empowering Individuals, Strengthening Families, Healing Communities & Embracing Recovery
Boise, ID
[Website](#)
[Archive of Past Summits](#)

Acronyms

American Indian and Alaska Native (AI/AN)

When referring to American Indian or Alaska Native persons, it is still appropriate to use the terms “American Indian” and “Alaska Native.” These terms denote the cultural and historical distinctions between persons belonging to the indigenous tribes of the continental United States (American Indians) and the indigenous tribes and villages of Alaska (Alaska Natives, i.e., Eskimos, Aleuts, and Indians). They also refer specifically to persons eligible for benefits and services funded or directly provided by the BIA. [Source](#)

Bureau of Indian Affairs (BIA)

The Bureau of Indian Affairs’ mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes and Alaska Natives. [Source](#)

Behavioral Health Aide (BHA)

Behavioral Health Aides (BHAs) work with their communities and community members to address mental health and substance abuse issues or concerns. BHAs integrate their sensitivity to cultural needs with specialized training in behavioral health topics. They coordinate prevention activities, help people when they’re in need and support community members after crises. [Source](#)

Centers for Disease Control and Prevention (CDC)

CDC is the nation’s leading science-based, data-driven, service organization that protects the public’s health. For more than 70 years, we’ve put science into action to help children stay healthy so they can grow and learn; to help families, businesses, and communities fight disease and stay strong; and to protect the public’s health. [Source](#)

Community Health Aide Provider (CHAP)

The Community Health Aide Program (CHAP) is a multidisciplinary system of mid-level behavioral, community, and dental health professionals working alongside licensed providers to offer patients increased access to quality care in rural Alaskan areas. In 2016, The Indian Health Service (IHS) consulted with Tribes on expanding the program, and in 2018, formed the [CHAP Tribal Advisory Group \(CHAP TAG\)](#) to expand CHAP to the lower 48 states. [Source](#)

Centers for Medicare & Medicaid Services (CMS)

CMS is the federal agency that provides health coverage to more than 160 million through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity and outcomes in the health care system. [Source](#)

High-intensity Drug Trafficking Area (HIDTA)

High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement

agencies operating in areas determined to be critical drug-trafficking regions of the United States. This grant program is administered by the [Office of National Drug Control Policy](#) (ONDCP). There are currently 33 HIDTAs, and HIDTA-designated counties are located in 50 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The DEA plays a very active role and has more than 1,500 authorized special agent positions dedicated to the program. At the local level, the HIDTAs are directed and guided by Executive Boards composed of an equal number of regional Federal and non-Federal (state, local, and tribal) law enforcement leaders. [Source](#)

U.S. Department of Health and Human Services (HHS)

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. [Source](#)

Indian Child Welfare Act (ICWA)

The purpose of the Indian Child Welfare Act (ICWA) is "...to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture..." (25 U.S.C. 1902). ICWA provides guidance to States regarding the handling of child abuse and neglect and adoption cases involving Native children and sets minimum standards for the handling of these cases. [Source](#)

Indian Health Service (IHS)

The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for American Indians and Alaska Natives. The IHS provides a comprehensive health service delivery system for approximately 2.2 million of the nation's estimated 3.7 million American Indians and Alaska Natives. Approximately 70 percent of American Indians and Alaska Natives live in urban areas, with 25 percent of them residing in counties served by urban Indian health programs authorized and funded through Public Law 94-437, Title V. [Source](#)

I/T/U: IHS, tribal, and urban Indian

The federal government provides health care for Indian people as part of its trust responsibility, through a network of tribal, federal, state, local, and nonprofit programs, as well as entities

composing the Indian Health System. This system has three major components, collectively referred to as the I/T/U:

- Indian Health Service
- Tribal Health Services
- Urban Indian Health Programs

[Source](#)

Medication-assisted Treatment (MAT)

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery. [Source](#)

Medication for the Treatment of Opioid Use Disorder (MOUD)

In 2016, 2.1 million people in the United States suffered from an opioid use disorder (OUD) related to prescription opioids and 262,000 had an OUD related to heroin. Common treatment options for OUD include medications for opioid use disorder (MOUD) (including methadone, buprenorphine, naltrexone) and counseling without medication. [Source](#)

National Institute of Drug Abuse (NIDA)

NIDA works to advance science on drug use and addiction and to apply that knowledge to improve individual and public health. [Source](#)

National Institutes of Health (NIH)

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency — making important discoveries that improve health and save lives. [Source](#)

National Congress of American Indians (NCAI)

Founded in 1944, the National Congress of American Indians (NCAI) is the oldest, largest and most representative American Indian and Alaska Native organization serving the Board interests of tribal governments and communities. [Source](#)

Office of Minority Health (OMH)

The Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) was created in 1986 as one of the most significant outcomes of the landmark 1985 Secretary's Task Force Report on Black and Minority Health. The mission of the Office of Minority Health is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. [Source](#)

Opioid Use Disorder (OUD)

Opioid use disorder has a significant impact on the quality of life. It is an epidemic in the United States. The persistent use of opioids should be diagnosed and treated promptly. [Source](#)

Substance Abuse Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. [Source](#)

Social Determinants of Health (SDOH)

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains:

- [Economic Stability](#)
- [Education Access and Quality](#)
- [Health Care Access and Quality](#)
- [Neighborhood and Built Environment](#)
- [Social and Community Context](#)

[Source](#)

Substance Use Disorder (SUD)

Substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD. [Source](#)

Tribal Based Practices (TBP)

Tribal Based Practices (TBP) are culturally focused programs, policies, or practices that is based on the philosophy that culture is prevention, treatment and a way of life. TBP's uses culture to reduce risk factors, reinforce resiliency and other protective factors in tribal communities. Also known as Culture-Based Intervention (CBI). [Source](#)

Tribally Operated Health Care Services

Titles I and V of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended), provide Tribes the option of exercising their right to self-determination by assuming control and management of programs previously administered by the federal government. Since 1992, the IHS has entered into agreements with tribes and tribal organizations to plan, conduct, and administer programs authorized under Section 102 of the Act. Today, over sixty percent of the IHS appropriation is administered by tribes, primarily through self-determination contracts or self-governance compacts. Titles I and V of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended), provide Tribes the option of exercising their right to self-determination by assuming control and management of programs previously administered by the federal government. Since 1992, the IHS has entered into agreements with tribes and tribal organizations to plan, conduct, and administer programs authorized under Section 102 of the Act. Today, over sixty percent of the IHS appropriation is administered by tribes, primarily through self-determination contracts or self-governance compacts. [Source](#)

Tribal Epidemiology Center (TEC)

The 12 Tribal Epidemiology Centers (TECs) offer epidemiologic and public health support to American Indian and Alaska Native (AIAN) communities, Tribes, Tribal Organizations, and urban Indian organizations (T/TO/UIOs). The TECs recently celebrated their 25th year working to improve public health capacity and the availability of valid and reliable data in AIAN populations. [Source](#)

Tribal Opioid Response program (TOR program)

The purpose of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Tribal Opioid Response Grant (TOR) is to address the opioid crisis in Tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication for the treatment of opioid use disorder (MOUD). [Source](#)

Urban Indian Health Care Services and Resource Centers (OUIHP)

The IHS Office of Urban Indian Health Programs (OUIHP) was established in 1976 to make health care services more accessible to Urban Indians. The IHS enters into limited, competing contracts and grants with 41 Urban Indian Organizations (UIOs) to provide health care and referral services for Urban Indians throughout the United States. UIOs provide access to culturally appropriate and quality health care services, which include full ambulatory care, limited ambulatory care, outreach and referral, and residential and outpatient substance abuse treatment programs. The OUIHP 4-in-1 grant program provides funding to UIOs to address four health program areas, including health promotion and disease prevention services, immunization services, alcohol and substance abuse related services, and mental health services. [Source](#)

Urban Indian Organizations (UIOs)

The Urban Indian Organizations (UIO) listed below have current Title V Indian Health Care Improvement Act contracts with the Indian Health Service. [See a list of IHS Service Areas.](#)
[Source](#)

Sponsors

National Indian
Health Board



Ohio Insurance Marketplace

Miae Christofferson









The National Tribal Opioid Summit