

OFFICE OF NATIONAL DRUG CONTROL POLICY
PLAN OF ACTIONS
FOR TRIBAL CONSULTATION AND COLLABORATION

Plan submitted pursuant to

Presidential Memorandum dated January 26, 2021

I. Introduction and Background

The Office of National Drug Control Policy (ONDCP) is a component of the Executive Office of the President created by the *Anti-Drug Abuse Act of 1988*. The mission of ONDCP is to reduce substance use disorder and its consequences by coordinating the nation's drug control policy through the development and oversight of the *National Drug Control Strategy* and Budget. The Strategy uses the latest evidence and research to promote public health and public safety approaches that address substance use disorder, reduce its associated consequences, and help Americans recover from substance use disorder. Meanwhile, the National Drug Control Budget aligns the funding resources for 18 Federal government agencies and departments with the goals of the *National Drug Control Strategy*. ONDCP also administers both the High Intensity Drug Trafficking Areas (HIDTA) and Drug-Free Communities (DFC) grant programs. Through the HIDTA program, ONDCP supports collaborative Federal, State, local, and Tribal law enforcement and public health efforts to address overdoses and disrupt drug production and trafficking. Through the DFC program, ONDCP supports community led efforts to reduce youth substance use across the nation.

Contained within this document is ONDCP's Plan of Actions in response to President Biden's Memorandum on Tribal Consultation executed January 26, 2021. The President's Memorandum requires all Federal agencies to provide effective Tribal consultation and collaboration in the carrying out of their roles and responsibilities.

II. ONDCP Strategic Goals

President Biden has made clear that addressing the overdose and addiction epidemic is an urgent priority for his administration. In March, the President signed into law the American Rescue Plan, which appropriated nearly \$4 billion to enable the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration to expand access to vital behavioral health services. Additionally, on April 9th President Biden released his first budget request to Congress, which calls for a historic investment of \$10.7 billion for addressing the overdose and addiction epidemic, an increase of \$3.9 billion over the 2021 enacted level. This new funding would support research, prevention, treatment, and recovery support services,

with targeted investments to support populations with unique needs, including Native Americans.

In the first year, the Biden-Harris Administration will work through ONDCP to coordinate with other White House components and the interagency to:

- Expand access to evidence-based treatment;
- Advance racial equity issues in our approach to drug policy;
- Enhance evidence-based harm reduction efforts;
- Support evidence-based prevention efforts to reduce youth substance use;
- Reduce the supply of illicit substances;
- Advance recovery-ready workplaces and expanding the addiction workforce; and
- Expand access to recovery support services.

The priorities provide guideposts to ensure that the Federal government promotes evidence-based public health and public safety interventions. To achieve these goals, and to the extent practicable and permitted by law, it is essential that federally recognized Indian tribes and ONDCP engage in regular and meaningful consultation. ONDCP considers consultation an enhanced form of communication that emphasizes trust, respect and shared responsibility.

III. Policy and Guiding Principles

Before any action is taken that will significantly affect tribes, it is the policy of ONDCP that consultation with tribes will occur to the extent practicable and permitted by law. In addition, ONDCP is seeking to build stable and enduring relationships with tribes and shall adhere to the following principles when formulating and implementing policies that have tribal implications:

1. Communicate with tribes on a government-to-government basis in recognition of their sovereignty.
2. Respect tribal self-government and sovereignty, honoring tribal treaty and other rights, and striving to meet the responsibilities that arise from the unique legal relationship between the Federal Government and Indian Tribal governments.
3. Consult with tribes when there is a critical event that may impact tribes, new or revised policies or programs are proposed.
4. Promote and develop innovative methods of involving tribes in policy development.
5. Assess, through consultation with Tribal leaders, the potential of proposed agency actions to significantly affect tribal rights.
6. Remove, to the extent possible, impediments to the agency working directly and effectively with tribes on activities that may affect tribal rights.
7. Coordinate, where possible, with other Federal agencies and in consultation with tribes, to minimize duplicative interactions with tribes or requests for information or actions from tribes.
8. Develop and maintain effective communication, coordination and cooperation with tribes, especially at the Tribal leadership level.
9. Provide timely notice to, and consult with Tribal governments prior to taking any

actions that have the potential to significantly affect protected tribal resources, rights or lands.

10. Honor the government-to-government relationship and promoting tribal self-determination by committing to improve communication and consultation.

IV. ONDCP Plan of Actions

Executive Order 13175 of November 6, 2000 (Consultation and Coordination with Indian Tribal Governments), charges all executive departments and agencies with engaging in regular, meaningful, and robust consultation with Tribal officials in the development of Federal policies that have Tribal implications. It also requires each agency to prepare and periodically update a detailed plan of action to implement the policies and directives of EO 13175. President Biden reaffirmed these principles through execution of his Memorandum on Tribal Consultation and Collaboration on January 26, 2021. The Memorandum requires ONDCP to develop and submit a plan of actions the agency will take to implement the policies and directives of EO 13175, after consultation with Tribal Nations and Tribal officials.

In accordance with the Memorandum, the Acting Director prepared a consultation letter that was mailed to the Tribal leaders of Federally recognized tribes. A Tribal Affairs e-mail account dedicated to communication with Tribal Nations and Tribal officials was also established. Finally, ONDCP hosted three consultations that engaged Tribal Nations and Tribal officials from: Alaska and Washington on Tuesday, March 23, 2021; Arizona, Colorado, New Mexico, and Utah on Wednesday, March 24, 2021; and Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin on Thursday, March 25, 2021. The insight from the consultation sessions helped identify ways to improve communications with Tribal governments and guided the development of the action plan. See Appendix A for an overview of the comments received from Tribal officials.

The following outlines ONDCP's plan of actions for developing a consultation and coordination policy that implements EO 13175. This plan will be an active and dynamic document. The ideas and initiatives are a starting point and will undergo continuing review and evaluation in order to improve consultation efforts and adapt to changing priorities within ONDCP and/or changing program authorities. The plan is designed to reflect the mission of ONDCP with respect to American Indians and Alaska Natives and to comply with Legislative and Executive Branch mandates. ONDCP plans to:

1. Provide a single point of contact within ONDCP for tribes. This central source for communication between the agency and Tribal nations will serve as the agency's liaison with Tribal nations and the Associations that serve them;
2. Identify agency policies and critical events which require Tribal consultation and participation;
3. Host a consultation to allow Tribal Nations and Tribal officials to provide input on specific issues or policy areas. These issues or areas for input will be tied to specific strategic priorities faced by the agency. Where possible, ONDCP will

- take advantage of national meetings sponsored by Federal Partners and Tribal Associations to engage with Tribal leaders in consultation.
4. Maintain the Tribal.Affairs@ondcp.eop.gov email address to enable and encourage ongoing input from Tribal governments and communities; regularly communicate with Tribal leaders and explore the ability to use video-conferencing, webinar, and related electronic means to facilitate communication and information-gathering.
 5. Utilize the ONDCP webpage as the primary portal for Tribal related information such as consultation meeting schedules, upcoming consultation events, meeting summaries and other related information.
 6. Publish outcomes from consultation activities and maintain a record of all consultations, evaluate whether the intended results were achieved, and report back to the tribes on the status or outcomes of consultation activities.
 7. Every two years, beginning on page four with the reporting deadline contained within the President's Memorandum on Tribal Consultation and continuing annually thereafter, publish a report on consultation.

Through these efforts, ONDCP hopes to better align, leverage, and coordinate Federal efforts and resources to effectuate comprehensive substance use services and programs for Native communities.

Appendix A

Consultation on Consultation – Comments received from Tribal Leaders

The ONDCP Tribal Consultation sessions were held on:

- Tuesday, March 23, 2021 for tribes in Alaska and Washington
- Wednesday, March 24, 2021 for tribes in Arizona, Colorado, New Mexico, and Utah
- Thursday, March 25, 2021 for tribes in Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin

The sessions focused on ways to engage through consultation as well as ONDCP priorities. The six topics discussed were as follows:

1. Strengthen ONDCP engagement with Tribal Governments to assess the impact of ONDCP activities on Tribal communities; assure that Tribal interests are considered before the activities are undertaken; and ensure we are responsive and engaging with Indian Country in a meaningful way.
2. Best ways to coordinate with tribes to determine the scope of substance use disorders and the impact of the pandemic on Tribal communities.
3. How to decrease barriers to treatment, increase support for native community Medications for Opioid Use Disorder (MOUD) (MAT) advocates, and encourage the use of culturally-specific practices in recovery support services.
4. Strengthen research for creating evidence-based, culturally-appropriate prevention curriculums and the expansion of prevention activities for Tribes to reduce the risk of substance use initiation.
5. Ways to address the impact of historical, intergenerational, and current trauma in Tribal communities on behavioral health outcomes related to drug misuse, addiction and overdose.
6. Ways to address law enforcement challenges such as containing the influx of illicit drugs in Tribal communities, ensuring timely response to overdose emergency calls, expanding naloxone trainings for police and first responders, and exploring partnerships between law enforcement and Tribal health entities.

Below please find the general takeaways for each topic along with specific comments.

1. *Strengthening ONDCP engagement with Tribal Governments to assess the impact of ONDCP activities on tribal communities; assuring that tribal interests are considered before the activities are undertaken*

General comments: Tribal leaders emphasized the importance of “constant and consistent” engagement and “quick and transparent” communication with native communities. They recommend the creation of a Tribal point of contact or a tribal affairs office and embracing a schedule with regular consultations, quarterly or semi-annually. They also stressed the importance of solving problems by working with Tribes as opposed to going through the state. Finally, they emphasized the importance of using both listening sessions and consultation sessions. Tribal leaders suggested ONDCP hold both national and regional listening sessions as a first step to formulate ideas and proposals for consultation. Consultations put forward proposals

to which Tribes can respond. Listening sessions enhance understanding between ONDCP and Tribal governments and serve to identify where strategic issues exist. ONDCP can use listening sessions to review broad sectoral and thematic strategies; share background, data, evidence, and narrative that will help guide decision making; discuss existing and future policy development; and define priorities and goals.

Specific comments:

- To honor the government-to-government relationship and tribal consultation requirements, elected officials on both sides must be engaged in meaningful discussions at the highest level to ensure that Federal actions are effective, responsive and timely.
- ONDCP must honor the government-to-government relationship and tribal consultation requirements across Federal agencies. For all tribal consultations, ensure that Federal representatives with decision-making authority are present when meeting with tribes and include the opportunity to meet in-person at AI/AN communities.
- Ensure there is frequent, consistent and transparent communication with leadership at all Federal agencies through tribal advisory committees (TACs). Not all TACs are the same. For example, SAMHSA has not held regular TTAC meetings, whereas other Federal agency TACs have been active.
- Support tribal self-determination by expanding tribal self-governance to all other Federal agencies. The Secretary's Tribal Advisory Committee (STAC) has been making this request for at least a decade. The White House and Federal agencies must partner to create the legislative pathway for self-governance model across all Federal agencies.
- Implement the SUD/LOUD work that has already been vetted and supported by tribes and tribal leaders nationally, regional or in states.
- To meaningfully engage with Tribal Governments, ONDCP must include Tribes at the onset of the policy development, not at the last moment "before the activities are undertaken."
- ONDCP should set regular meetings with Tribes to build upon the government-to-government relationship and include Tribal perspectives before taking action.
- ONDCP must also consider that Tribal communities are disproportionately burdened by substance use issues and that Tribal governments are often asked to do more with limited resources.
- Develop and implement a Tribal consultation policy that includes process, notice requirements, tribal impact statements, a dispute conflict resolution process, and more. The ONDCP may want to review and work with other Federal agencies who have Tribal consultation policies and regularly collaborate with Tribal Nations. A few recommendations would be the Indian Health Service, US Department of Health and Human Services, and the Bureau of Indian Affairs.
- ONDCP should hold consultations when any action may significantly or uniquely affect Indian Nations and in the development of Federal policies that have tribal implications. Tribal Nations should have the opportunity to say whether an action requires consultation
- ONDCP should be aware that Tribes may be affected not just by on reservation actions, but also by funding and personnel decisions related to Federal Indian programs and off-reservation actions.
- ONDCP should hold periodic consultations so that Tribal Nations can check in and evaluate how things are going.

- ONDCP should consider the timing of the consultations. Federal agencies should coordinate amongst themselves to ensure that multiple Tribal consultations are not scheduled at the same time. This will ensure that Tribes with limited staff and resources can fully participate in all consultations.
- ONDCP may want to consider holding consultations during Tribal gatherings like conferences, summits, meetings, and any other time in which a large number of Tribal representatives are gathering.
- Consultations should be held in a manner that allows for maximum participation. This means holding virtual consultations along with in-person consultations in multiple locations so that it is easy for Tribes to travel.

2. *Understanding the best ways to coordinate with tribes on substance use problems, and the impact of pandemic on communities*

General comments: Tribal leaders pointed out that within the chronically underfunded Indian health system, deferral of care due to lack of funding and workforce shortages exacerbated Indian country's challenges during the pandemic. Tribal leaders encouraged the administration to send representatives to have in-person dialogue with leaders after the pandemic to demonstrate "commitment" and to learn about their challenges, on the ground. Others suggested supporting data sovereignty and encouraging mechanisms that give tribes full access to their data. One Tribal leader proposed that ONDCP designate a Tribal Liaison. Through this position, Tribes could report the number of clients with substance use disorders, the type of drugs being used, and when use increased for the client.

Specific comments:

- Legal mechanisms and administrative policies must be developed and implemented to assure that Tribes have full access to their data and full control over how it is shared.
- Tribes must be included in the design and use of non-tribal health information systems.
- Strengthen Data Sovereignty and reduce and eliminate barriers to information sharing by Making de-identified SUD Data Available to Tribal Epidemiology Centers including the Epi Data Mart (EDM). Much of the health-related data currently available is collected and managed by non-tribal entities, such as state and Federal government agencies.
- Investment is needed to assure Tribes have the information management technology, infrastructure, and workforce to exercise tribal data sovereignty.
- Tribes must be included in the design and use of non-tribal health information systems.
- Tribal Epidemiology Centers must be provided with access to SUD Data to fully understand substance use in tribal communities and to develop culturally-responsive programs.
- The best way to coordinate with Tribes is to request Tribes to designate points-of-contact for various topics.
- To improve communication with Tribes, discuss the scope of substance abuse disorders and the impact of the pandemic through existing communication channels and groups already working on these issues, such as the Indian Health Service (IHS), National Indian Health Board, SAMHSA and other similar entities. Discussion with Tribal leaders and advocates can be addressed through virtual listening sessions and other similar forums.

- ONDCP should avoid working in a bubble—there are many entities working to find solutions to these complex issues and ONDCP must coordinate with these existing mechanisms.

3. *Exploring how to decrease barriers to treatment, increase support for native community MOUD advocates, and encourage the use of culturally – specific practices in recovery support services*

General Comments: Tribal leaders noted that the lack of access to broadband and housing continues to promote isolation and increases helplessness and thoughts of suicide/self-harm. Many health centers are in rural areas, without access to specialists in addiction medicine. It is difficult to expand the treatment workforce in Tribal communities, which are often rural and without competitive wages. Telehealth services can help bridge this gap. As such, Tribal leaders recommend ONDCP support the use of telehealth by Tribal Health Centers. In addition, they recommend that the Federal government be more flexible with regard to how programs are implemented, allowing tribal nations to create treatment plans and increase recognition of traditional and cultural practices. They also suggested increased cross-government collaborations, especially with DOI, BIA, SAMHSA, and IHS to increase effectiveness in dealing with tribal issues and more culturally centered treatment facilities. Regarding culturally-specific practices in recovery support services, the Tribes have found that the addition of Wellbriety groups, Tribal member Peer Recovery Coaches, and the integration of Traditional Medicine Program and Tribal Culture Department to be beneficial.

Specific comments:

- Provide direct funding to tribal nations by creating tribal “set asides” for key Federal programs through inter-governmental agreements. Tribes in Washington would prefer direct funding from SAMHSA rather than through state block grants. In the interim, funding could be transferred from SAMSHA to IHS consistent with how funds have been transferred from other Federal agencies to IHS for COVID-19 funds. This would allow funding to be promptly transferred to most Washington Tribes through their Indian Self Determination and Education Assistance Act (ISDEAA) compacts and contracts.
- Acknowledge the role of stress and trauma across Tribal communities due to tack of our cultural gatherings, ceremonies and the ability to gather in normal ways. The pandemic has highlighted the importance of our cultural ways in our healing and well-being and how funding for traditional healing should be included in all Federal funding opportunities.
- Increase support for development of Tribal treatment facilities that support youth and adults. Facilities must be culturally centered and provide mental health services. There are not enough facilities in Washington State to meet the need, as a result beds are not available when clients decide they are ready for help.
- Increase broadband access in Indian country to support telehealth services. Wireless access promotes connection to family and peers which strengthens resiliency to avoid drugs and alcohol.
- Programming efforts must be culturally centered, Lummi Nation’s program focus is on treating the whole person especially their cultural and spiritual health. Cultural Therapy strengthens both the physical and mental health recovery.

- Increase the number or support development of tribal treatment facilities that support youth and adults. Facilities must be culturally-centered and provide mental health services. There are not enough facilities to meet the need, especially for youth.
- Support and expand Indian Country ECHO for telemedicine and tele-mentoring programs for SUD/ODD. This program has been instrumental in supporting providers caring for SUD/ODD patients.
- Fund and coordinate MAT care during incarceration and safe transitional housing that the individual, and their families, can live in following release. Family support is critical to recovery.
- Support programs that are culturally-centered, but also age and gender-specific. For example, stigma related to pregnant women with substance use disorder creates challenges to the care continuum, studies already show that pregnant women had a harder time accessing opioid treatment than non-pregnant women. In this example, consider the historical impacts of family separation across tribal communities at the direction of local, state and Federal government.
- Remove regulatory impediments to fully reach program potential.
- Foster the interoperability and streamlining opportunities afforded by the 477¹ program that also serve to remove silos so detrimental to effective programming on the ground.
- Apply culturally relevant programs, evaluations, and practice standards to ensure program success with Alaska Native and American Indian populations; placing both knowledge of trauma and protective factors as important components to achieve better outcomes across the program domains.
- Our participants and community members do not operate in programmatic silos, and thus funding that is provided from different agencies creates barriers for the provision of recovery services. Therefore, minimizing administrative burdens and allowing for flexibility across funding streams will decrease barriers to treatment
- HRSA, SAMHSA and other relevant agencies should coordinate to create a targeted Alaska Native and American Indian Behavioral Health workforce development program to increase the number of Native service providers that will support prevention activities.
- Expand access to services off-reservation and in border towns to provide culturally-responsive, holistic recovery support services close to home and community networks.
- ONDCP should also increase supportive and transition services aimed at long-term treatment and recovery, such as transitional housing for Navajo members undergoing or who have recently completed substance abuse treatment.
- Develop a group of Tribal advisors and experts to provide ongoing feedback. For instance, ONDCP could establish a Tribal Advisory Council to provide insights, establish a Traditional Healers Advisory Workgroup, turn to professional programmatic advisors, or develop an AI/AN client advisory group.
- Develop a student loan repayment program for Tribal treatment programs to recruit and maintain professional development for future workforce and provide more certified clinical staffing opportunities through staff development and training resources.

¹ The Tribal 477 Program is a critical program that builds capacity in Indian Country and Alaska Native villages by authorizing tribal governments and tribal organizations to integrate eligible employment, training, and related services programs that support workforce development and, thereby, reduce the high unemployment rates in tribal communities and with native population centers. See [Tribal 477 Programs | U.S. Department of the Interior \(doi.gov\)](https://www.doi.gov/tribal477)

- More resources are needed to build local wellness campuses that incorporate traditional healing practices and focus on treatment and recovery.
- Better alignment of Federal policies, HUD regulations require that those found using drugs are removed from subsidized housing. However, this policy increases homelessness, for persons with SUD.
- As a means of increasing support for Medications for Opioid Use Disorder (MOUD)(MAT) in recovery support service situations, the Sault Ste. Marie Tribe utilizes the Vivitrol injection program which is underutilized by clients who would rather be on Suboxone. Sublocade injections would work better for Tribal members, however the high cost makes this impossible.

4. *Strengthening research for creating evidence-based native prevention curricula and the expansion of culturally appropriate and awareness prevention activities for tribes to reduce the risk of substance use initiation*

General comments: Tribal leaders noted that the Federal government's definition of evidence-based is very specific and narrow which makes it hard to validate treatment using culture and traditions. They recommend that this be widened to include culturally based and supporting more tribal institutions to engage in this effort. They also suggest building on the work already created by tribes for SAMHSA for example the National Tribal Health Agenda which looked at the value added of cultural practices as well other work with different agencies.

Specific comments:

- Amplify Tribal Best Practices not just existing evidence-based treatment programs. Funding cultural based programs encourages evidence based and culturally appropriate prevention curriculums that address historical, intergenerational, and current trauma within Tribal Nations.
- Create tribal set-asides in SUD/ODU research and program evaluation funding opportunities.
- Fund tribally-based SUD/ODU programs, including the during the COVID-19 pandemic, which has served to highlight the gaps and areas that providers are stretched thin during a time of increased demand for behavioral health and SUD support.
- With the pandemic, ensure programs and funding support needs of all AI/AN who need SUD support. For example, pregnant persons using substances. The disruption of treatment services and financial hardship among many other factors put this vulnerable population more at risk.
- Address AI/AN national call center needs for Mental Health/SUD support.
- Address racial misclassification of AI/AN in data. Misclassification of AI/ANs in the data prevents tribes from getting an accurate picture of the burden or disparities in AI/AN communities. State health departments must work with the CDC, Tribal Epidemiology Centers and/or local tribes to address and resolve data misclassification issues.
- It is important to recognize that tribal communities have their own culturally-appropriate prevention curriculums that can implement prevention activities in ways that positively impact their communities. Therefore, rather than insisting on evidence-based practices, ONDCP should recognize and authorize practice-based evidence that can more closely track with tribal.
- Strengthen evidence-based research by involving members of Tribal communities.

- Support Navajo traditional and cultural prevention methodologies that can be merged with western evidence-based prevention methodologies in order to adequately address Navajo youth substance users.
- Increase funding for additional research in tribal communities and other sectors as well as interventions among all age ranges can support new evidence-based curriculum and practices.

5. *Ways to address the impact of historical, intergenerational, and current trauma in Tribal communities on behavioral health outcomes related to drug misuse, addiction and overdose*

General comments: Tribal leaders proposed a two generational approach to correcting historical trauma by supporting work to heal parents and children at the same time in order to address ACEs. They recommend increased emphasis on culturally sensitivity training and strengthening research for cultural appropriate recovery practices. The leaders indicate that they are working as hard as possible to correct historically traumas and they need the government to work in tandem and to provide more funding.

Specific comments:

- Address trauma in elder populations related to boarding school experiences.
- Acknowledge and address the grief and loss associated with loss of culturally based practices in response to impact of institutional systems and boarding schools that have historically, and systemically left AI/AN communities underserved.
- Create programing and funding opportunities that address social determinants of health as they relate to drug misuse, addiction and overdose.
- Consider the role of indigenous determinants of health that include access to traditional foods that support overall mental and behavioral health.
- Consider the role of historical trauma, adverse childhood experiences (ACEs), epigenetics and boarding school impacts in AI/AN lived experience. Each of these is a factor that plays a role in addiction and addictive behavior.
- Incorporate Historical Trauma, Intergenerational Trauma and Trauma Informed Care practices. State Medicaid agencies should, in consultation with tribes and urban Indian health programs, provide written and verbal technical assistance to support the incorporation of cultural awareness and development of strategies to address historical trauma, intergenerational trauma and lateral violence in treatment planning for services covered by Medicaid.
- To address historic, intergenerational trauma: First, work and consult with SAMHSA and IHS on behavioral and mental health services, including the use of Native Healers. Second, targeted efforts to increase the number of professional licensed staff working in Tribal facilities to address the complex issues in the community that may lead to substance use disorder and to help with opioid prevention, intervention, medication and treatment for recovery.

6. *Exploring the ways to address law enforcement challenges such as disrupting the influx of illicit drugs into tribal communities, ensuring timely response to overdose emergency calls, expanding naloxone training for police and first responders, exploring partnerships between law enforcement and tribal health entities*

General comments: The Tribes noted a need to increase tribal law enforcement access to regional information sharing systems, particularly regarding drug trafficking. Tribal leaders recommend that the Federal government support more training for law enforcement and partnerships between law enforcement and tribal health entities. They also noted a lack of reentry programs for tribal members that go through the Federal justice system and then return to the reservation.

Specific comments:

- Address lack of detox services and issues finding detox services. Many AI/AN peoples and communities do not trust local detox facilities and try to detox on their own which can be extremely dangerous. This also is attributed to lack of providers and provider coordination with those experiencing incarceration (i.e. access to MAT services). Improve funding for tribal-led secure detox in AI/AN communities.
- Support tribal court systems in creating and maintaining alternative forms of sentencing. Work with communities, families and children in a holistic manner not just the individual.
- Institute harm reduction measures across law enforcement agencies in addition to training first responders on use of naloxone. Other important measures are the offering of syringe service programs, supervised injection facilities, and naloxone training/distribution to the community (not just first responders) and best practices across law enforcement agencies
- Expand resources for Tribal Courts as it relates to healing-to-wellness courts and probation and pre-trial services. The Court becomes a central point of intervention for many people, especially those the most at risk of going to jail or prison or losing their children.
- Substance Use Disorder case-managers could be a great help in doing Naloxone trainings with police and first responders. Additionally, case-managers could work closely with law enforcement (as liaisons) to help law enforcement staff link qualified clients into outpatient or residential treatment, or link to recovery supports like coaches/housing/other resources.