

Tribal-State Partnership and Commitment



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Five Key Areas of Focus

- **Prevention**
 - Need for increased community engagement, grassroots advocacy, and culturally-based solutions
- **Interventions and Treatments**
 - Need for increased inter-tribal collaboration and culturally-based/spiritually-based interventions
- **Prenatal Exposure**
 - Need cultural supportive care, training hospital staff, midwives, doulas, and roles of the father
- **Prescription Monitoring Practices**
 - Lack of accurate data, ease of data sharing, and tribal-state collaboration to establish protocols
- **Tribal Law Enforcement and Public Safety**
 - P.L. 280 limitations, critical data sharing capability, Tribal PD inter-agency collaboration (sharing OD data)

- Recommendations Cont.

- Strengthen culture

- greater participation in ceremonies, language (revitalization and immersion initiatives), traditional foods, traditional health, sober community events

- Strengthen education

- youth mentoring, parent/youth culture education, revisit how state and federal Indian education funds are spent, develop better relationships with tribes

- Improve access to culturally-based services

- Access to traditional healers (funded), CD, mental health, suicide prevention, education, job training

Interventions and Treatments

- Barriers

- Lack of culturally-based treatment
 - Licensing issues – traditional healers denied and/or not recognized
 - Insurance coverage and funding
 - Funding issues for Medical Assisted Treatments (MATs)

- Recommendations

- Full continuum of treatment care that is culture based –
 - Address whole needs of patient, family, and community

Prenatal Exposure

- What's working well?
 - Nine specific tribal, urban community, and county models shared
 - Successful care coordination (within the tribe and with community partners)
 - Longer care window and expanded follow-up
- Barriers
 - Need for cultural supportive care
 - Education regarding doulas
 - Recognition of traditional birthing practices

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Prescription Monitoring Practices

- Barriers
 - Lack of relevant data to even understand the problem
 - Intergovernmental data sharing vacuum
 - Tension between public health and data privacy
 - Misalignment of incentives for doctors and hospital system
 - Medication Assisted Treatments – high prevalence
- Recommendations
 - Shift away from prescription-based treatment

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Tribal Law Enforcement and Public Safety

- Barriers

- Impeding tribal sovereignty and safety
 - PL 280 jurisdiction issues – tribal law enforcement has expanded resources and expertise
- Lack of treatment/bed space
 - No options to take/transport those with opiate/chemical use disorders in cases of civil commitments
- Sovereign information and investigation sharing
 - Need to communicate with other PD's in real time, nation to nation
- Ability to collect sovereign data
 - Inability to use agency numbers to track and report throughout criminal justice system
 - Courts, law enforcement, counties, state agencies all have separate systems to collect and compile information

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2016 Tribal-State Summit Report

- Summary Report Released March 9, 2017
- Report is available at:
 - Governor's Office Newsroom - <https://mn.gov/governor/newsroom/?id=1055-283256>
 - Download .pdf - http://mn.gov/gov-stat/pdf/2017_03_09_Opioid_Summit_Report.pdf



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