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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• 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](https://mn.gov/governor/newsroom/?id=1055-283256)