

Work Group	Description	Co-Chair / Leads	Agency/Partners
Public Safety and the Justice System	<ul style="list-style-type: none"> • Addressing complexity of jurisdiction on Tribal lands • Providing appropriate services in carceral settings, including detox and re-entry at both state and local levels • Linking people to care at release • Establishing Tribal warrant reciprocity • Expanding access to diversion programs and other supportive services – including re-entry programs • Increasing coordination with Tribal wellness courts • Supporting Tribal drug task forces, • Strengthening and integrating traditional judicial systems and cultural practices, • Including Tribal representatives on the Jails Standards Task Force • Enhancing collaboration between Tribal police and other law enforcement agencies. • Create clear, consistent process for jurisdictional transfer between counties and Tribes • Strengthen collaboration between different sectors including law enforcement and providers • Assess local laws to determine where they need to be strengthened or revised • Juvenile Justice, where does this fit. 	<p>Confirmed: Councilman Salazar</p> <p>Invite: Chief Sam White</p>	<p>Invite: WSP, AGO, WASPC, Prosecutors and defenders (Public defender groups, 2 Lived Experience Members Chief Judge Ron Whitner, Doucette (Lummi), Judge Anita Neal, AOC, US Attorney's office, Tessa and Tate London?</p>
Continuum of Care	<ul style="list-style-type: none"> • Improve and increase access to effective, compassionate, timely, and culturally grounded services across the continuum of care, including transportation and workforce development. 	<p>Chairman Hillaire</p>	<p>Tribal Providers, Amber Leaders/Gov's Office; HCA- OTA Staff, 2 Lived</p>

	<ul style="list-style-type: none"> • Access to prevention, treatment, harm reduction, and recovery support services. • Further integration of Indigenous culture and practices into prevention, treatment, harm reduction, and recovery support services, including funding mechanisms • Directly fund Tribes rather than through state and other agencies • Advocating for adjustments to regulatory and legislative efforts to update methadone dosing • Expanding residential care to accommodate children and families in services and care. • Identify Tribal-specific data and outcomes measures to improve best practices for AI/AN communities. • Coordination with housing committee on developing treatment related housing • Advocate at the federal level for timely and appropriate adjustments to MOUD dosing • Explore and enhance interstate compacts for treatment for opioid use disorder and other substance se disorders • Permanently authorizing telemedicine 		<p>Experience Members Opioid Response Coordinator; Agency Tribal Liaisons, Rep from State Opioid Response Executive Sponsors,</p>
<p>Housing and Wrap Around Services</p>	<ul style="list-style-type: none"> • Accessible and affordable housing is critical to the health of an individual, family, and community. For people who use drugs and those on a path of recovery, housing with supportive services can make all the difference. • Coordination with re-entry from justice system or treatment. • Improve access to housing supportive services including: education, food service, employment, healthcare, counseling/SUD treatment – connection to continuum of care 	<p>Councilwoman Tonasket</p>	<p>Commerce - Michelle Gladstone Wade Kirsten Jewell, DSHS, FCS Team HCA (Aren), DBHR Housing Team, HUD, OSPI, DCYF, DOC, find a care coordinator</p>

			UIHOs, 2 Lived Experience Members
Family and Community Services	<ul style="list-style-type: none"> • Educating families and communities at the same level as was done for the covid pandemic • Improve communications between State and Tribal entities through Taskforce, GTLSSC and GIHAC • Streamline/revise licensure requirements to increase workforce • Strengthen the continuum of care for those impacted by opioid and fentanyl use • Increase prevention through low and no-barrier activities for children and youth • Cross-sector collaboration to address trauma, being unhoused, etc. • Increase focus and funding on Tribal Prevention frameworks and systems: Positive Indian Parenting, Pulling Together for Wellness Framework, Healing of the Canoes, Reef Net, North Star, Tribal Canoe Journey, Pow-Wows and Potlatches to strengthen the family unit 	Vice Chair De Los Angeles - Invite	DOH (prevention funds) Tribal Opioid Fentanyl Prevention Campaign- Tribal Liaison Group, 2 Lived Experience Members, Native Owned Media Companies, UIHOs, Native serving providers OSPI- STEC opioid program Rebecca Purser HCA prevention and WSPS staff
Community Response	<ul style="list-style-type: none"> • Strengthening the Tribal-State-Local cross jurisdictional coordination to address the crisis • Declaring a public health emergency • Continuation of Operations Planning- Support frontline workers like childcare providers, bus drivers, case managers, Indian Child Welfare workers, teachers and other school staff, office staff in non-clinical settings, with education and tools for responding to a public health crisis • Trainings to help understand stigma and providing trauma informed care 	Councilman Kutz	AIHC, DOH – Emergency Response, Tribal Public Health Officers, Emergency Managers, and Law Enforcement, 2 Lived

			Experience Members
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Priorities to refer outside of the taskforce

- Addressing legislative veto – refer to Association of Washington Tribes
- Addressing missing and murdered Indigenous persons (MMIP) issues- Possibly need committee to address intersectionality of Opioid/Fentanyl, MMIWP and Human Trafficking

Committee Membership:

Up to 16 members, determine when to invite others to participate.

2 members of each workgroup will have lived experience

Each committee will also be staffed by the Tribal Opioid and Fentanyl Taskforce staff-

- AIHC Staff: Executive Director and Tribal Opioid Consultant,
- HCA Office of Tribal Affairs Staff: Tribal Behavioral Health Administrator and Tribal Opioid Response Coordinator,

Add WASAC

Workgroups will send recommendations to the Taskforce.

The work of the Taskforce is to:

Review the laws and policies relating to opioid and fentanyl use, illicit sale of opioids and fentanyl, jurisdictional authority, Tribal exclusionary authority, and any related impacts affecting American Indian and Alaska Native people, including coordination across other related systems.

Develop recommendations including legislative and executive policy changes and budget initiatives for the purpose of addressing priority areas identified at the first annual Washington State Tribal Opioid and Fentanyl Summit in May of 2023 in the overarching topic areas of justice; prevention, treatment, harm reduction, and recovery; housing and homelessness; and community and family as well as additional topic areas included in subsequent summits.

Submit a status report, with the assistance of the American Indian Health Commission, that includes any initial findings, recommendations, and progress updates to the governor and the appropriate committees of the legislature by June 30, 2025. The report shall include, but is not limited to, recommendations related to:

1. proposed new statutes or amendment of current statutes; and
2. proposed executive branch action items or regulatory changes; and
3. proposed funding and budget requests.

To the extent possible, the report may include fiscal analysis related to the cost of implementing specific recommendations.