

WASHINGTON STATE TRIBAL



OPIOID FENTANYL SUMMIT

STRENGTHENING PATHWAYS TO
HEALING



2024

2nd WA Tribal Opioid and Fentanyl Summit

July 23, 24 and 25 2024

ABOUT THE AMERICAN INDIAN HEALTH COMMISSION

The American Indian Health Commission for Washington State (AIHC) is a tribal consortium formed in 1994 by leaders from the Washington State Tribes and Urban Indian Health Organizations (UIHOs). The Commission is governed by representatives from the twenty-nine Tribes and two UIHPs. For 30 years, the Commission has advanced tribal-state collaboration to improve the health status of American Indians/Alaska Natives (AI/AN). By providing a forum for identifying priorities and developing a unified voice, the work of the Commission focuses on advocacy, policy, and program development.



American Indian Health Commission for Washington State
“Improving Indian Health through Tribal-State Collaboration”

2nd WA Tribal Opioid and Fentanyl Summit

2024

SUMMARY

Tribal Opioid and Fentanyl Summit

The first WA Tribal Opioid and Fentanyl Summit was held in May of 2023. During this first summit, priorities were divided into four tracks: (1) Justice, (2) Treatment, Recovery, Harm Reduction and Prevention, (3) Housing and Homelessness, and (4) Community and Family. The purpose of these discussions was for Tribes and the State to come together as partners and develop plans and recommendations to address this crisis. From these priority areas, Tribal and State leaders and their staff developed action plans. Using existing workgroups and meetings, an effort was made to implement the workplans. One of the priorities identified at the first summit was the need to establish a Tribal Opioid and Fentanyl Taskforce to connect and organize the identified work to be done. In the 2024 Washington State budget, funding was included to implement such Taskforce and hold a second and third statewide summit.



The second WA Tribal Opioid and Fentanyl Summit was held on July 23rd, 24th, and 25th hosted by the Spokane Tribe and the Davenport Grand Hotel in Downtown Spokane WA and was titled “*Strengthening Pathways to Healing*”. Tribal Leaders requested a fifth priority track be added to the work done at the Summit, Community Response: Supporting Frontline Workers. There was also a request to utilize two traditional practices that were used at the National Tribal Opioid Summit held at the Tulalip Tribes in August of 2023: Wellness Services and the “Auntie Society”. These two practices were introduced to attendees at the start of the summit:

Our ancestors knew that connection, prayer, ceremony, ritual, meditation, mindfulness, and deep breathing can help us to get and stay grounded, especially in times of crisis. Support care and mindfulness space will be offered to participants who might need additional support during this time of sharing. You can choose from individual support, Acudetox, somatic body care and mindfulness space. We invite you to step aside, get grounded and receive support if needed. We have a number of people who have carved out time to be good relatives to people who are sharing their stories today and who may have trauma responses. They are here to be good relatives to you all; to help us stay grounded and offer support. We have also called the Auntie Society. Aunties are our guidance. They are the ones who take care of us, help guide us, protect & respect one another, because they love us! Respectfully, we honor their presence at the Washington Tribal Opioid Summit. As good relatives, Aunties will help keep time and support the session and participants as needed, and make sure the event proceeds respectfully in a good way for all. The Aunties will provide help during this time of sharing, Aunties will direct participants to care and mindfulness spaces where other good relatives will offer support. All the good relatives are here to listen, offer support, a shoulder to cry on, or to simply hold space. Somatic and sound bodywork, which is a body-centered form of therapy that explores the connection between the body and mind, examines how stress and trauma are trapped within and impact the body. These good relatives are here for you and are not required, if you are feeling like you need support, let an Auntie know and we will connect you.

Over 300 people registered for the Summit and at least 350 people attended for at least one day. There was representation from 28 of the 29 federally recognized Tribes in WA and the two Urban Indian Health Organizations as well as one Tribe from Idaho. Additionally, there were representatives from 6 Tribal consortia, 15 Washington State agencies, 4 federal agencies, and 11 other types of agencies/organizations. Attendees included elected Tribal leaders, health directors, substance use disorder professionals, mental health professionals, peer specialists, birth keepers/doulas, physicians, nurse practitioners, pharmacy, judges and other court personnel, chiefs of police and other law enforcement officers, firefighters/EMTs, policy advisors, legislators, hospital personnel, MCOs, housing and housing supports, attorneys, youth, Elders, people with lived/living experience and more.

Although the impact of the opioid and fentanyl public health crisis is heartbreaking, the Summit also highlighted the strength, courage, commitment, compassion, and innovation of the Tribes and Urban Indian Organizations.

The Summit began with a welcome from the Spokane Tribe and a blessing followed by a video from Attorney General Bob Ferguson with a brief update on the Opioid Abatement Settlement funds. This was followed by an overview of the priorities from the first summit and work accomplished since then. Despite no framework to support the priorities from the previous summit, many issues were addressed, including several key pieces of state legislation and funding for resources, programs, and expansion of Tribal and Urban Indian Health Program operated behavioral facilities – including inpatient and outpatient services. More details were prepared to be shared during the breakout sessions on Day 2 of the Summit. Chief Judge Leona Colegrove from the Quinault Nation did a presentation on the Quinault Wellness Court.

Presentations for the first day were rounded out with a Lived Experience Panel of three people in recovery and two moms. Two of the people in recovery were currently receiving services at the Healing Lodge of the Seven Nations. The panel's purpose was to ground attendees in the experiences of people trying to receive treatment and move to recovery. The panel was asked to answer the following questions:

- Can you please introduce yourself and tell us a little bit about who you are?
- Everyone's path and journey to recovery is different, can you please share your story? Was there a turning point (or turning points) you remember?
- If you could offer words of hope to someone who is struggling and/or is on their recovery journey, what would you say?

Panelists were honest and vulnerable in their answers. Their stories highlighted systemic barriers, and the difficulties caused by stigma throughout systems of care.

The lived experience panel was followed by a cleansing ceremony, provided by the Spokane Tribe and Danica Brown, Choctaw Nation, to help attendees emotionally impacted by the stories shared by the panelists. The Wellness Rooms remained open to provide quiet and healing.

Day Two of the Summit opened with a welcome and blessing from the Spokane Tribe followed by a panel presentation from the Department of Commerce. There were five breakout sessions ((1) Justice, (2) Treatment, Recovery, Harm Reduction and Prevention, (3) Housing and Homelessness, and (4) Community and Family, and (5) Community Response: Supporting Frontline Workers) offered three times to allow for attendees to participate in up to three sessions. Each breakout session shared the priorities identified at the 2023 Summit, progress on those priorities since then, and then engaged the attendees in discussion to determine with priorities should continue and to identify new priorities for the Tribal Opioid and Fentanyl Task Force to work on. After lunch there was a plenary panel with the Lummi and Tulalip Tribes discussing their innovative and housing programs. The day concluded with a culture night from the Spokane Tribe.

Day Three of the Summit opened with a welcome and a blessing from the Spokane Tribe followed by the first WA Tribal Opioid Task Force meeting during which the co-chairs were elected and the Task Force

meeting cadence determined. Following the Task Force meeting, the Commission presented a high-level summary of the priorities identified in Day Two of the Summit. In preparation for the roundtable with Governor Inslee, a Tribal caucus was held to prepare for presenting priorities and requests to the Governor. Tribal leaders met with Governor Inslee and State agency leaders to present the top priorities identified during the Summit with requests for addressing them. Following the roundtable were closing remarks by Tribal leaders, the retiring of the colors, and a closing blessing.



Below are the lists of Tribes, agencies, and others in attendance; the Summit agenda; links to the Commission's website with Summit documents, and summaries of the priorities identified during the 2024 Summit.

ATTENDANCE SUMMARY

Tribes in Attendance

- Confederate Tribes of Chehalis
- Confederate Tribes of Colville
- Confederate Tribes of Yakama Nation
- Cowlitz Tribe
- Hoh Tribe
- Jamestown S’Klallam Tribe
- Kalispel Tribe
- Kootenai Tribe
- Lower Elwha Klallam
- Lummi Nation
- Muckleshoot Tribe
- Nez Perce Tribe
- Nisqually Tribe
- Nooksack Tribe
- Port Gamble S’Klallam Tribe
- Puyallup Tribe
- Quileute Tribe
- Quinault Nation
- Samish Indian Community
- Shoalwater Bay Tribe
- Skokomish Tribe
- Snoqualmie Tribe
- Spokane Tribe
- Squaxin Island Tribe
- Stillaguamish Tribe
- Suquamish Tribe
- Swinomish Indian Tribal Community
- Tulalip Tribes
- Upper Skagit Tribe

Urban Indian Health Programs in Attendance:

- NATIVE Project
- Seattle Indian Health Board

Native serving Providers/Tribal Consortiums in Attendance:

- Affiliated Tribes of the Northwest Indians
- American Indian Community Center
- American Indian Health Commission
- The Healing Lodge of the Seven Nations
- Northwest Indian Treatment Center
- Northwest Portland Area Indian Health Board

State Agencies/Partners in Attendance

- Attorney General’s Office
- Commerce
- Department of Children Youth and Families
- Department of Corrections
- Department of Health
- Department of Social and Health Services

2nd WA Tribal Opioid and Fentanyl Summit

- Governor's Office of Indian Affairs
- Health Care Authority
- Office of Independent Investigations
- Office of the Insurance Commissioner
- Office of the Governor
- State Board of Health
- Washington Health Benefit Exchange
- Washington State Legislature
- Washington State Patrol

Federal Partners

- HIDTA/ Drug Enforcement Agency
- Indian Health Services
- Region X HHS
- US Department of Justice

Other Partners

- Better Health Together ACH
- Casey Family Programs
- Desautel Hegge- For Our Native Lives Campaign
- Kauffman and Associates
- Southwest Accountable Community of Health
- Spokane Regional Health District
- Volunteers of America: Native and Strong Lifeline/Native Resources Hub
- Washington State University
- United Health Care
- CHAS Health
- Choice Regional Health Network

Summit Registration:

[2024 WASHINGTON STATE TRIBAL OPIOID FENTANYL SUMMIT Tickets, Tue, Jul 23, 2024 at 12:00 PM | Eventbrite](#)

Summit Webpage

[Washington State Second Tribal Opioid and Fentanyl Summit – AIHC \(aihc-wa.com\)](#)

SUMMIT AGENDA:



Goal #1- Develop priorities for the Tribal Opioid/Fentanyl Response Taskforce to address in the next year.

Goal #2- Share new resources available to support opioid/fentanyl response work.

Hosted By the Spokane Tribe

Agenda:

July 23, 2024, Day One

Time	Agenda Items	Lead by
Noon	Lunch Served, registration begins	Hotel Staff, AIHC
1:00 -1:30 pm	Welcome and Opening Prayer, Posting of Colors	Spokane Tribe
1:30 – 1:45 pm	Update on Settlement Funds from Attorney General Ferguson	Attorney General Ferguson via video message
1:40 - 2:30 pm	Review of 2023 Priorities and Accomplishments	Vicki Lowe, AIHC
2:30-3:00 pm	Quinault Wellness Court, Chief Judge Leona Colegrove	Chief Judge Colegrove, Quinault
3:00 - 5:00 pm	Lived Experience Testimony/Panel	Moderated by Councilwoman Tonasket
5:00 pm	Cleansing ceremony	Spokane Elders, Danica Brown
6:00 pm	Adjournment	
6:00 – 8:00 pm	Tribal Leader Prevention Campaign Videos- limited capacity	Lucilla Mendoza, WA Health Care Authority

July 24th, 2024, Day Two

Time	Agenda Items	Lead by
8:00- 9:00 am	Breakfast Served, registration continues	Hotel Staff, AIHC
9:00- 9:15 am	Welcome and Opening Prayer	Spokane Tribe

9:15-10:30 am	Department of Corrections Panel- Secretary, Cheryl Strange; Deputy Secretary, Sean Murphy; Facility Medical Director, Dr. Catherine Smith; SUD Specialist, David Musser; Budget/Strategy Senior Director, Trisha Newport; Fentanyl Task Force Lead, Matthew “Buddy” Anderson; K-9 Program Manager, Terrance Hartman with cell dog Wally	Secretary Strange and Deputy Secretary Murphy, Department of Corrections
10:30 - Noon	1 st Breakout- all 5 sessions - Housing, Justice, Community and Family Service, Prevention Treatment, Harm Reduction and Recovery AND Support for Front Line Workers	See descriptions on page 3
Noon- 1:00 pm	Lunch provided – Lunchtime presentation- Prevention Campaigns	Councilwoman Tonasket, Spokane Tribe; Candice Wilson, DOH
1:00 -2:30 pm	2 nd Breakout- all 5 sessions Housing, Justice, Community and Family Service, Prevention Treatment, Harm Reduction and Recovery AND Support for Front Line Workers	See descriptions on page 3
2:45 -3:45 pm	Presentation- Tribal Housing Programs	Chairman Hillaire, Lummi Nation Summer Hammons, Tulalip Tribes
4:00 -5:30 pm	3 rd Breakout- all 5 sessions Housing, Justice, Community and Family Service, Prevention Treatment, Harm Reduction and Recovery AND Support for Front Line Workers	See descriptions on page 3
6:30-8:30 pm	Culture Night presented by Spokane Tribe	Councilwoman Tonasket

July 25, 2024, Day Three

Time	Agenda Items	Lead By
8:00 – 9:00 am	Breakfast Served	Hotel Staff
8:45 – 9:00 am	Morning Opening	Spokane Tribe
9:00- 10:00 am	1 st Tribal Opioid and Fentanyl Response Taskforce Meeting	Rep. Debra Lekanoff Sen. Claudia Kauffman
10 am - 11 am	High Level Overview of Priorities from Day 2	Vicki Lowe, AIHC
11 am- 12:30 pm	Tribal Caucus, Prep for Roundtable	Chairman Abrahamson, Spokane Tribe
Noon - 1 pm	Lunch Served	Hotel Staff
1:30 - 3:30 pm	Roundtable with Governor Inslee	Governor Inslee, Washington State Chairman Abrahamson, Spokane Tribe
3:15 – 3:30 pm	Closing Remarks	Governor Inslee, Washington State Chairman Abrahamson, Spokane Tribe
3:30 pm	Retire Colors Closing prayer	Spokane Tribe

Second Washington State Tribal Opioid and Fentanyl Summit: Strengthening Pathways to Healing Breakout Sessions:

Each session will provide updates on these priorities, share innovative practices that have been put into place or strengthened, and hear from participants to identify new priorities for the coming year.

Wellness and the Justice System – Linkage and Accountability

Effective responses to the opioid and fentanyl public health crisis are complicated by the complexity of jurisdiction on Tribal lands, providing appropriate services in carceral settings, and linking people to care at release.

Housing Infrastructure That Wraps Around People

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.

Continuum of Care Across the Life Course (Prevention/Treatment/Harm reduction/Recovery)

All people deserve access to effective, compassionate, timely, and culturally grounded services wherever they are on the continuum of use to recovery. This includes access to prevention, treatment, harm reduction, and recovery support services.

Family and Community Services

The opioid and fentanyl public health crisis is impacting families and communities in addition to individuals. Therefore, identifying priorities and addressing them is important for reducing negative impacts and strengthening families and communities.

Community Preparedness: Supporting Community Response (Frontline workers)

This focus area is new for the 2024 Summit. Tribal leaders shared that they are hearing from people in their communities who are not specifically trained for responding to opioid and fentanyl use and its impacts but who are interacting with people who use and/or are impacted by opioid and fentanyl use. These frontline workers are people like childcare providers, bus drivers, case managers, Indian Child Welfare workers, teachers and other school staff, office staff in non-clinical settings, etc. This session will focus on identifying priorities going forward.

Access to services

- 1) Increase the number of facilities providing care across the continuum, especially in rural and remote areas
 - a) Withdrawal management
 - b) Residential treatment
 - c) Recovery supports
 - d) Harm reduction
 - e) All facilities for youth
- 2) Reduce barriers to accessing services across the continuum
 - a) Same day access to services
 - b) Reduce administrative burdens (insurance, assessments, etc.) to allow for immediate access to MOUD and other services to stabilize and protect individuals seeking these services first
- 3) Equitable access to services, especially residential services
 - a) Standardize criteria for accessing services - people are still being denied access to services if they don't meet various criteria which vary by facility and organization
 - b) Enforce ADA compliance – people with limited mobility, health conditions, as well as Elders and others are being denied access to services
- 4) Increase culturally relevant services across the continuum including prevention, treatment, harm reduction, and recovery
 - a) Change policy so that federal funds can support culturally grounded prevention services (traditional gatherings, activities, etc.)
 - b) Traditional healing practices and culturally grounded services across the continuum should be reimbursable
- 5) Increase funding for culturally grounded services across the continuum of care
- 6) Services across the continuum should include the family/support network
- 7) Improve alignment, reduce silos across the continuum of care
- 8) Increase residential facilities that take parents/caregivers and children
- 9) Consider and address impact of legislation allowing persons over 13 years of age to make decisions regarding the need for services
 - a) Balance the respect for autonomy and privacy with the fact that adolescents may be less capable of making decisions in their best interests, including when under the influence.
- 10) Establish Medicaid billing mechanism for Traditional Indian Medicine.

Education and Outreach

- 1) Expand outreach and education campaigns “As a mother, I had no idea what fentanyl was until my child was addicted”, “As a parent, I had no idea what “treatment” was going to be, what would happen, what are the consequences of decisions my child or I make on their well-

being, including risk of fatal overdose related to treatment”, “As service providers, we need to know what new drugs and drug combinations are on the street”

- a) Educate families and communities about opioids, fentanyl, and other drugs – including best practices for prevention, treatment, harm reduction, and recovery supports
- b) Educate families and communities about the services, choices, and consequences across the continuum of care
- c) Educate first responders and other frontline workers about opioids, fentanyl, and other drugs and options for services across the continuum of care
- d) “Blast out” information about new illicit substances hitting the streets

Networking and Identifying Solutions

- 1) Create a resource that connects all Tribal, Urban, and AIAN serving organizations providing services across the continuum of care that catalogs what services are available and where. Providers can be connected with each other, learn about different resources, and refer Tribal members to other Tribal services as needed.

2. Wellness and the Justice System

Key accomplishments since the 2023 Summit

- ✓ Tribal Warrants bill signed into Law
 - Authorize Washington state law enforcement officers to enforce warrants issued by the 29 federally recognized tribes in WA state, empowering them to transport people to tribal lands for prosecution.
- ✓ Establishment of WA Tribal Opioid and Fentanyl Taskforce
- ✓ Inclusion of legislators on Tribal Opioid and Fentanyl Taskforce to ensure Tribal input into legislation before it is introduced.

Resources

- ✓ HearMeWA –
 - ✓ a safe place for youth to report safety and well-being concerns to help prevent tragedies and violence.
- ✓ Tribal Warrants Workgroup to implement the new law

New and continuing priorities identified at the 2024 Summit



1. Pass legislation requiring state and county law enforcement and prosecutors to assist Tribal law enforcement with arrest and prosecution of non-tribal members committing crimes on Tribal land.
2. Advocate at the Federal level for Establishing the Authority of Tribes to Arrest and Prosecute Non-Tribal Members Committing Drug Offenses on Tribal Land.
3. Fund and Support the Development/Enhancement of Tribal Wellness Courts.
4. Pass Legislation Requiring County/State law Enforcement to Notify Tribe of Tribal Member Arrest So That Tribe Can Provide Support Services.
5. Educate State Agencies on Tribal Jurisdiction.
6. Future Events Should Bring Local Government and Law Enforcement to the Table. Many of the barriers and lack of coordination are happening at the local level.
7. Provide/Mandate Extensive Training to State and Local Law Enforcement on Tribal Sovereignty, Jurisdiction, Cross-Jurisdictional Coordination, and Cultural Considerations.
8. Improve the Transition from Jail to Treatment.
9. Increase Tribal Police Benefits/Salaries and Access to Police Training Academies for Tribal Law Enforcement.
10. Increase Ability for Tribal Providers to Provide Treatment Services/Assessments for Individuals Incarcerated in County Jails.
11. Restore Funding for Drug Taskforces and Require Washington State Patrol Representation on Taskforce.
12. Immediate Response/Action to Individuals Ready for Treatment is Needed.
13. Create Policies and/or Laws that Allow Individuals on Probation to Relocate.
14. Provide Sufficient and Flexible Funding For Tribes So They Do Not Have To Compete Against Each Other.
15. Provide Support Services for Family Members.
16. Increase Access to Treatment in Rural Areas.

17. Urban Indians Organizations Need More Funding.
18. Tribal Emergency Declarations and Exclusions Are Helpful Tools for Some Tribes.
19. Tribes Need More Tools to Respond to Drug Houses on Their Lands Including Nuisance Abatement.
20. Increase County Law Enforcement Response to Individuals Interfering with Cultural Practices.

Tribal leader shared, “We see county officers who will not come on Tribal land to enforce the law even though it’s fee land. When we go to make an arrest, they will not take that individual into custody. We have a lot of non-natives that come to reservation because they know they can get away with it. That cycle continues, and it gets worse for our native communities, and I want it to stop.” Another Tribal leader shared, “It’s frustrating to see a nonmember bring this stuff to our reservation and poison our people, and they just get a tap on the hand.”

Other Suggestions:

21. Request U.S. President to use financial incentives and/or sanctions on China and Mexico to stop participating in the production of chemicals used for processing fentanyl.
22. Consider broader adoption of OD Mapping. OD mapping pinpoints locations where Narcan has been administered to show hotspots. This would require getting buy-in from Tribal leadership because it is a state system.

”

3. Housing Infrastructure that wraps around people

Key accomplishments since the 2023 Summit

- ✓ Department of Commerce MOUs with Tribal governments
- ✓ Funding Investments for Tribal Housing Projects

New and continuing priorities identified at the 2024 Summit



1. More rental assistance grants
2. “Urban organizations need more recognition because we serve tribes off reservations and are usually caught in a catch 22 and forgotten about for their needs”
3. The medicate barrier for individuals leaving institutionalized settings
4. The new Governor’s Tribal Leaders Social Service Staff needs tribal leadership apprised of housings efforts and data will be housed and shared with tribal leaders regularly.
5. Make capital improvement funds available to prevent the closure of permanent supportive housing with capital improvements
6. Assess efforts of 29 tribes to gain insights to what they are developing and different flavors/ housing
7. Use Commerce Technical Advisory Committee (COMTAC) to engage tribes/ leaders to assist with:
 - a. Policy development
 - b. Inform and gain support for legislative asks
 - c. Use questionnaires to gather feedback from tribes

A council leader shared that almost half their Tribal members reside in the nearby city. He reported that it is difficult for urban Indian organizations to get funding from the State to help their Tribal members living in the city. “We need DOH and health organizations to recognize that they have to expand their view past the reservation and get funding out there to support Tribal members living in cities. We are bigger than reservations; we are all over the place. It hurts me to see urbans begging for support and competing with Tribes. That is heartbreaking to me.

3. Community and Family Services

Accomplishments since the 2023 Summit

- ✓ DCYF investments in Tribal Prevention models:
 - Positive Indian Parenting
 - Family Spirit
- ✓ DCYF new staff-Tribal Prevention Coordinator and Culturally Responsive Services Manager

Resources

- ✓ Positive Indian Parenting resources available through the Native Resources Hub
- ✓ \$3 million for Tribes/UIHOs to customize For Our Native Lives Campaign resources for their community

- ✓ \$2 million to Tribal School to develop culturally appropriate opioid/fentanyl education and prevention campaigns.

New and continuing priorities identified at the 2024 Summit



1. Extending family supports like extending WA paid FMLA to families supporting individuals in treatment or coming from in carceral settings. Family navigators are needed.
2. Supporting elders to work with youth, “Grannies against drugs” model, Vicki Kruger, Councilwoman Squaxin Island Tribe.
3. Provide compassionate care training for all elected officials.
4. Training on how to talk to legislators to share concerns.
5. Continue to work together on education materials through the Tribal-State Opioid and BH Education Campaigns. Partner with Unity. Ensure campaigns are reaching youth, Native media, Native artists, employ and pay Tribal organizations. Messaging for elders. Create one website that has all the campaigns. Education to parents of young kids about the danger of Fentanyl – PSAs – more commercials like during COVID. Focus on reducing stigma. Education for parents that use and encourage lock boxes and other preventative measures.
6. Create guidance and accountability for law enforcement responding to crisis in Tribal communities. Provide G2G training.
8. Information sharing about transition and recovery housing between Tribes.
9. Support schools in providing technical assistance in applying for Title 6 grant to support Native/Tribal youth within the State school system. Hold schools accountable for relinquishing their existing programs and addressing graduation rates.
10. Healing of the Canoe, Generational Clarity youth curriculum, and other cultural curriculum into ALL public schools.

11. Tribal Liaisons in ALL public schools.
12. Expand migrant education program to address culturally appropriate Native community.
13. Expand “Best Practice” lists for opioid prevention that includes programs that help with healing from historical trauma.
14. Engage parents, caregivers in prevention programming for youth.
15. Reach out to elders who use and let them know that we love them, and we value them. 0-18 30% of our population.
16. Focus on working with the youth – young people told us what to do and we just need to do it. Do not normalize the problem.
17. Address challenges with the implementation of HB 1227 that focuses on addressing fentanyl where we are seeing an increase in infant mortality.
18. Provide supports and education to foster care parents.
19. Make home visiting available to all Tribes, provide funding to implement. Remove income measure for eligibility requirements, this should be a core service. Not an entitlement program.
20. Continued support for the Pulling Together for Wellness and Generational Clarity.

5. Community Preparedness: Supporting Community Response and First Responders

New priorities identified at the 2024 Summit (this is a new focus area since the 2023 Summit)



- More training for front line staff (case workers, daycare, administrative, front desk, case managers, transport staff, peer support, recovery coach, and more) Ex: what do you do if you

drop someone off and then find a pill in the car seat? Protocols and policies of what to do, who to notify on care team or support team

- Support for staff with lived experience, peer support
- Indigenous ways of being – how to support staff when their work might be “activating”/triggering; decolonize and indigenize
- Protocol for responding to someone in an induced psychosis
- Investing in research around best practices in the OTP settings and around the issues above
- Organizational policies (wellness time, wellness leave, cultural leave, cultural activities staff can participate in at the office like a twice a week beading circle, fitness policy, four-day work week; work load structure in clinic (70% client, 20% admin time, 10% self-care).
 - Required Narcan and first aid training for all staff, especially those who might respond to an overdose (also training around THERE IS NO SUCH THING AS A NARCAN OVERDOSE)
 - Required carry of Narcan for first responders
 - Required AED in response vehicles (explore the CPR machine that does compression and breaths for responders who are worried about exposure)
 - Train that everyone in the community is a responder – even bus drivers
- Support for the next generation – how to support the young people who have lost parents due to this crisis? Need to support them so they don’t carry this trauma forward
- County prosecutors won’t prosecute drug crimes that occur on the reservation
- Community incentives for completing Narcan training (ex: awesome hoodie)
- We need a policy or health alert from DOH that details the risks of second-hand exposure to residue of fentanyl. It is NOT a risk to caretakers, providers, first responders, etc. You can still help people.
- We need bereavement policies for state workers that allow for grieving beyond immediate relatives.
- Creating a living document around how people respond in these scenarios (maybe flow chart of standard operating procedures)
- Training for those who kids go to for mental health support even if they are not trained counselors
- ERs and clinics need to give overall assessments, not just “you’re an addict.” Let patients know what is going on with them and why, don’t just push detox or treatment when a patient has related issues. The patient still needs a medical assessment.
- Legislation: Revise this - Involuntary treatment assessments – law change now requires that decision to be made at the hospital, but the hospitals are overwhelmed, and patients are not required to stay at the overwhelmed hospital, so people leave.
- Adding social workers and mental health therapists in school districts. Traditional school counselors are only worried about students getting credits to graduate.
- Training and getting resources to librarians
- More funding for DCRs – can help relieve some of this stress on/traffic at the hospital

- Can support at schools, etc
- Classes created and taught by Native people for both Native and non-Native learners to educate others.
- Native trainings are both rigorous and inclusive (Ex: BHA)
- Community advocates (like legal requirement for DVSA)
- DVSA advocates can give framework for how navigation works and also know about a lot of resources
- Training and education needed around what is required within different programs that do/can provide behavioral health counseling
- There should be no limit on the number of times someone can call the 988 help line
- Increase wages for front line workers
- DOH needs to regularly update providers on the new dangers posed by fentanyl analogues
- Resources for families to guide them through property contamination if a substance is discovered in the home
- Campaigns that drive home the message that you can use as much Narcan as it takes

ROUNDTABLE WITH GOVERNOR INSLEE

July 25, 2024, 2:00 – 3:15 Spokane, WA

Tribal Leaders:

Chehalis – Rochelle Ferguson, Sheila Bray

Colville – Charlene Zacherle

Cowlitz – Steve Kutz

Hoh – Bernard Afterbuffalo

Jamestown –not present

Kalispel – not present

Lower Elwha – Lorinda Robideau

Lummi – Chairman Hillaire, Rosalee Revey-
Jacobs, Maureen Kinley

Makah – not present

Muckleshoot – not present

Nisqually – Ken Choke

Nooksack – Jesse Madero, Victoria Joe

Port Gamble- Chair Amber Caldera

Puyallup – not present

Quileute – James Salazar

Quinault – not present

Samish –

Sauk-Suiattle – not present

Shoalwater Bay –

Skokomish – Daylen Gonzales

Snoqualmie – Council Woman Jolene Williams

Spokane – Chairman Abrahamson, Monica
Tonasket

Squaxin – Chairman Kris Peters

Stillaguamish – Jill Malone

Suquamish – Chairman Leonard Forsman

Swinomish – Chairman Steve Edwards, Sarah
Sullivan

Tulalip – Summer Hammons, Diane Henry

Upper Skagit – not present

Yakama – not present

NATIVE Project – Heather Lemery

Seattle Indian Health Board- Andrew Guillen

Healing Lodge of 7 Nations – Andy Joseph Jr

GOV - Amber Leaders, Rob Duff

DOC - Cheryl Strange

DSHS - Mary Rose Pacheco

DOH – Kristen Peterson

Legislature - Rep. Debra Lekanoff, Sen.
Kauffman, Rep. Marcus Riccelli

GOIA – Craig Bill

DCYF – Ross Hunter

HCA – Charisse Fotinos, Lou McDermott

COM – Mike Fong

AGO- Asa Washines

Tribal Requests and Governor Inslee's Response –

Wellness/Justice

1. Refund and support local drug taskforce within tribal communities. Tribes are using their own discretionary funds to pay for participation in the NW Taskforce.
 - a. Gov will check this out. He will be proposing one more budget and will keep this in mind. Governor Inslee reminded everyone that this is going to be a tight budget year so he cannot make any promises.
2. Require state and county law enforcement and prosecutors to assist tribal law enforcement with arresting and prosecuting non-tribal members committing crimes on reservation land. These are jurisdictional issues. It's a matter of discretion for certain individuals.
 - a. Gov offered to use his moral persuasion with specific law enforcement who are refusing to work with tribes. He will get more specifics from Colville tribe with his staff. Other counties who have the same problem need to contact the Governor's staff. There needs to be the same level of commitment for tribal property as non-tribal property.
3. Immediate response and immediate action for individuals that are ready for treatment vs back out on the street, especially after a non-fatal drug poisoning. It may take legislation and support.
 - a. He does not believe we will get mandatory preventative treatment unless you can show immediate risk of harm. But we do need to address training in treatment options that are available and making sure we make those connections. Also, ensuring there is access to treatment resources available in the community. The Governor is open to more discussion.
 - b. Rep Lekanoff believes there is work to be done in legislature on this subject. The Governor feels there will be issues with the judicial branch (due process). This is a heavy lift.
 - c. Gov feels this is a big deal. He assured the Tribes they will do what they can to get people into treatment as they come off of Narcan.
4. Appropriate funding that goes straight to the tribal law enforcement departments for state grants and training.
 - a. Governor will try and make sure folks know about funding and have access.
5. Regarding the state's understanding of Public Law 280...Request the Gov to challenge Washington State Criminal Justice Training Commission (CJTC) to come up with what the state views as Public Law 280 so there is a clarification from the State. The Sheriff's, or their legal counsel, seem to have a different interpretation of concurrent jurisdiction and refusing jurisdiction.
 - a. Governor feels this is an important issue and must be resolved. He will try to figure this out.

Housing Infrastructure that Wraps Around People

1. Need resources and grants for a full spectrum of housing types, especially for those in recovery.
 - a. COM reported they are working on this and eager and excited about opportunities.

2. Ensure tribal housing authorities and urban tribal organizations have access to resources and funding.
3. Want funding that comes directly to tribes with less or no reporting requirements.
 - a. The Governor is sensitive to this issue. We should look for ways to minimize this. Some reporting is needed. His staff will work with tribes.
 - b. Department of Commerce reported they have signed the first MOU with the Chehalis Tribe with more to follow.
4. Need more housing vouchers and rental assistance.
 - a. There is no extra money in Olympia this next session and less if the Capital gains and Climate Commitment Act are eliminated.
5. What can be done to implement caps on rent increases.
 - a. Gov. pointed out that tribes can create rental caps within tribal community. But what about those off the reservation? There is a conversation happening now on this issue, and it will be back at the legislature next year.
6. Concern regarding the reversal of the homelessness case in Grants Pass Oregon. What does this mean for the State of Washington?
 - a. He does not feel it will change their approach because they have had success getting people housing rather than chasing from one street to another. They will continue this path.
 - b. Communities need to step up to the plate and show responsibility. Tribes can help with this. Governor Inslee suggested that Tribes push/advocate their county commissioners and city councils to stop being barriers to housing.

Continuum of Care

1. Capacity. We need to look at State to State Transfer.
2. Private insurance companies not accepting Medicaid, causing Tribes to send folks out of state, spending their own hard dollars.
3. Treatment options for those incarcerated because insurance shows as inactive.
 - a. This issue is a big deal. They will try to get Congress to solve this problem. Gov Inslee will continue an effort pushing them in that direction.

Family and Community

1. Tribal liaisons in all public schools.
2. Expand immigrant education program to address culturally appropriate native communities.
3. Expand best practices list for Opioid prevention that includes programs that help with healing from historical trauma.
4. Engage parents and caregivers in prevention programs for youth.
5. Reach out to elders who use and let them know they are loved and valued.
6. Focus on working with the youth. We need to listen to them

7. Address challenges with implementation of HB1227 that focuses on addressing fentanyl.
8. Provide support and education to foster care parents.
9. Make home visits available for all Tribes providing funding to implement and remove income measures for eligibility requirements.
10. Continue supporting the Pulling Together for Wellness framework and Generational Clarity.
11. Funding for Traditional and cultural practices. We need the legislature to approve the spending authority.

Community Preparedness

1. The “1 pill can kill you” campaign is mis-informational. We need to stop using that. It is any amount of fentanyl that can kill.
2. Need Legislative changes on the Involuntary Treatment Act.

Additional Requests

1. Support and advocacy for Federal Declarations of Emergency under the Stafford Act.
 - a. Gov Inslee would like to see how he can help and support because it can make a difference unlike in State law. If he can't, he will call.
2. Ensure Tribes are included in the transition of leadership.