

proposed minutes

Opioid Advisory Commission (OAC) Meeting

10:00 a.m. • November 16, 2023

Legislative Conference Room • 3rd Floor Boji Tower Building

124 W. Allegan Street • Lansing, MI

Members Present:

Sheriff Daniel Abbott

Katharine Hude

Mona Makki

Scott Masi

Mario Nanos

Patrick Patterson

Dr. Sarah Stoddard

Members Excused:

Brad Casemore

Judge Linda Davis

Dr. Cara Poland

Kyle Rambo

Mr. Patrick Patterson served as Chair in Dr. Poland's absence.

Ms. Tara King serving as Program Coordinator to the Commission was in attendance.

Ms. Jennifer Dettloff serving as ex-officio to the Commission was in attendance.

I. Call to Order

The Chair called the meeting to order at 10:01 a.m.

II. Roll Call

The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

III. Approval of the October 12, 2023, Meeting Minutes

The Chair directed attention to the proposed minutes of the October 12, 2023, meeting and asked if there were any changes. **Dr. Stoddard moved, supported by Ms. Hude to approve the minutes of the October 12, 2023, meeting minutes. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed and the minutes were approved.**

IV. Public Comment

The Chair asked if there were any comments from the public. There was none.

V. OAC Key Items and Activities

The Chair directed attention to Ms. King to open discussion around key items and activities.

Ms. King provided materials for Commission discussion.

- General Updates

Ms. King directed attention to Ms. Amy Dolinky for a Health Equity Subcommittee update.

Ms. Dolinky reported the subcommittee is currently in stages of determining and developing strategies to include initial stages of a workplan with collecting resources and data.

Ms. King directed attention to Mr. Tom Adams for a Community Engagement Subcommittee update.

Mr. Adams reported the subcommittee is currently brainstorming the subcommittee's goals and objectives by narrowing down barriers to include aligning with legislative requirements, ensuring needs are met, ensuring there is equity and inclusion, breaking silos, creating unity in communities, and continuing efforts to reach out to the youth.

- Tribal Outreach and Inclusion

Ms. King provided materials for Commission discussion.

Ms. Hude recommends funds appropriated to tribal communities and noted the importance of knowing what dollars are appropriated from the State.

Mr. Patterson noted his agreement with Ms. Hude's comments and recommendations to support tribal communities.

- "Community Voices" Initiative
 - Michigan Opioid Settlement Funds: Community Impact Survey
 - Community Listening Sessions
 - Engagement Efforts/Community Drop-Ins/Partner Roundtables

The Commission recessed for break at 11:00 a.m.

The Chair called the meeting to order at 11:06 a.m. The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

Members Present:
Sheriff Daniel Abbott
Katharine Hude
Mona Makki
Scott Masi
Mario Nanos
Patrick Patterson
Dr. Sarah Stoddard

Members Excused:
Brad Casemore
Judge Linda Davis
Dr. Cara Poland
Kyle Rambo

The Chair directed attention to Ms. King to continue discussion.

The Commission recessed for break at 11:30 a.m.

The Chair called the meeting to order at 11:36 a.m. The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

Members Present:
Sheriff Daniel Abbott
Katharine Hude
Mona Makki
Scott Masi
Mario Nanos
Patrick Patterson
Dr. Sarah Stoddard

Members Excused:
Brad Casemore
Judge Linda Davis
Dr. Cara Poland
Kyle Rambo

The Chair directed attention to Ms. King to continue discussion.

- 2024 Annual Report

Ms. King reported a draft will be available for discussion in March.

Ms. Hude recommended by the end of February or first week in March.

The Commission supported Ms. Hude's recommendations.

Ms. King called on Dr. Poland joining the meeting virtually for further updates.

Dr. Poland reported her meeting with MDHHS was cancelled.

The Chair opened for additional public comment.

Ms. Anne King-Hudson from Recovering Advocates in Livingston with the PHIP for Region 6 expressed concerns surrounding where to establish RCO services in the range of services for substance abuse treatment.

Mr. Dominick Gladstone, team lead for community engagement, emphasized the importance for funding.

VI. Commission Member Comment

The Chair asked if there were any comments from Commission members.

Ms. Makki emphasized the importance for the communities' voices to be heard.

Ms. King noted summaries will be provided to Commission members from outreach via listening lessons, surveys, and community roundtables.

Mr. Nanos provided hand out for an event.

VII. Next Meeting Date: Thursday, December 14, 2023

The Chair announced the next meeting date for Thursday, December 14, 2023, at 10:00 a.m.

The Chair reminded Commission members a majority of seven (7) Commission members in attendance is required to conduct Commission business and instructed Commission members to let the clerk know if availability has changed.

VIII. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 11:59 a.m. with unanimous support.

Opioid Settlements FY23 Spend Plan Initiatives (\$39 million)

Prevention

FY23: \$4.5 million

- Adverse Childhood Experiences (ACEs) initiatives.
- Quick Response Teams.
- Community coalitions training.

Harm Reduction

FY23: \$8.5 million

- Naloxone Portal.
- Syringe Service Program operations.

Treatment

FY23: \$9.1 million

- Staffing incentives.
- Infrastructure grants.
- Expanding capacity to treat stimulant and polysubstance use.

Recovery

FY23: \$7.6 million

- Recovery Community Organizations.
- Recovery housing.
- Other recovery supports.

Prioritizing the Needs of Vulnerable Groups

FY23: \$9.3 million

- Medications for opioid use disorder in prisons and jails.
- Overdose surveillance system improvements, maintenance and rapid toxicology from medical examiners.
- High-touch, high-tech screening expansion for pregnant individuals.
- Rooming-In for infants born with Neonatal Abstinence Syndrome (NAS).
- Technical assistance to local governments on best practices.
- Projects related to opioids task force Racial Equity Workgroup.

First payments arrived December 2022.
Money distributed starting January 2023.

Opioid Settlements FY24 Spend Plan Initiatives (\$41.2 million)

Prevention \$2.3 million

- Quick Response Teams.
- Adverse Childhood Experiences (ACEs) initiatives.
- Overdose fatality reviews.
- Community coalitions trainings.
- Prevention request for proposal (RFP) for innovative services.

Treatment \$9.8 million

- Transportation support.
- Expanding capacity to treat stimulant and polysubstance use.
- Emergency Dept. MOUD access.
- Treatment RFP for high need locations.
- Continued infrastructure, workforce support.

Harm Reduction \$9 million

- Naloxone Portal.
- Syringe Service Program operations.

Recovery \$5.2 million

- Recovery housing.
- Recovery Community Organizations.
- Recovery RFP for additional supports.

Prioritizing Vulnerable Populations \$10.4 million

- Opioid Task Force Racial Equity Workgroup projects.
- MOUD in prisons/jails and criminal justice supports.
- Peer supports and programs for families engaged with Children's Services.
- Expansion of screenings for pregnant individuals and Rooming In for infants born with Neonatal Abstinence Syndrome (NAS).

Maximizing Impact \$4.5 million

- Incentives for local governments.
- Training & technical assistance for local governments.
- Evaluation.
- Overdose surveillance improvements/maintenance.
- Communications.
- Administration.

NGA Opioid Litigation Settlement Funds Summit

OVERVIEW

On July 27-28, 2023, the National Governors Association Center for Best Practices (NGA Center) convened the Opioid Litigation Settlement Funds Summit in Cleveland, Ohio, with representatives from 18 Governors' offices to engage in peer-to-peer discussions and share ideas on how to optimize the use of opioid settlement funds.

The Centers for Disease Control and Prevention estimates that nearly 110,000 Americans died from drug overdoses in 2022. Of these, an estimated 84,000 (76%) involved opioid drugs.¹

While most opioid overdoses are connected to illicit fentanyl use, the opioid overdose epidemic can trace its origins to the overprescribing of opioid drugs beginning in the 1990s. This resulted in thousands of lawsuits brought by states, localities, and patients and their families against opioid manufacturers and distributors as well as drug retailers.

To settle many of these lawsuits without admitting wrongdoing, more than \$50 billion is being made available to states and localities through various agreements. These settlements vary in amounts and distribution periods, with some being provided over as long as 18 years.² The largest of these to date was reached when a "national settlement agreement" was made in July 2021 for \$26 billion³ and was fully agreed to in January 2022.⁴ Under this agreement, at least 70% of funds awarded to states and localities must be spent on current and future "opioid remediation,"⁵ with a non-exhaustive list of approved uses in the master settlement agreement.⁶ The incentive for directing such a large percentage of funds was to avoid the diversion of funds from their intended purposes, as had occurred under the Master Tobacco Settlement Agreement. Although the opioid national settlement agreement has a default distribution of funds among states, localities and a statewide abatement fund, a state may change its distribution by statute or agreement; thus, the distribution of settlement funds among the states has a myriad of formats.

Funds under the national settlement agreement began to flow to states in 2022, so states are now contemplating how they can optimally use this large pool of funds and how they can ensure that funds are spent responsibly, both now and in future years. The NGA Center convened this Summit to give Governors' offices the opportunity to hear from experts and to share thoughts among peers about best practices, successes and challenges.

DISCUSSION

States are in different stages of receiving, disbursing and monitoring opioid litigation proceeds; however, discussion at the Summit elucidated overriding themes regarding where state leadership can help ensure effective use of the funds and the opportunities they could provide to address opioid use. Summit participants heard from national organizations and state representatives who have made progress in addressing these challenges.



Governors can use their executive authority, including via executive order, to use settlement funds immediately.

During the Summit, participants discussed many actions that were taken at the direction of Governors' offices to guide the use of settlement funds. This highlighted Governors' ability to use executive orders to, as permitted by law, direct executive branch agency actions. The availability of settlement funds allows Governors to take immediate action. For instance, in May 2023, Georgia Governor Brian Kemp issued an executive order establishing the Georgia Opioid Settlement Advisory Commission.⁷ This fulfilled the state's commitments under the national settlement agreement and a memorandum of understanding with local authorities to establish the necessary government participation mechanism to begin collection and disbursement of opioid settlement funds. Illinois Governor JB Pritzker issued a similar executive order in his state.⁸



Governors can bring together stakeholders and use their convening authority to discuss short- and long-term funding priorities.

Governors can use their powers of convening and raising awareness of long-term planning to ensure the funds are used productively. The 18-year disbursement timeframe of settlement funds presents a unique opportunity for some specific challenges. Governors can use their unique ability to convene the correct groups of stakeholders and community participants to ensure that a diversity of voices are at the table. Additionally, when state spending is attuned to state budgets that are usually on two-year timeframes, disbursements require a longer planning approach. During their term in office, Governors can establish a foundation of institutional memory and procedural consistency to counter inevitable staffing or stakeholder changeover.



Oversight of expenditures is needed.

The national settlement agreement advises that a majority of funds be dedicated to a statewide abatement fund,⁹ whose board oversees the expenditure of funds and can swiftly dedicate funds as needed. This oversight, independent of a political process, was deemed necessary to ensure an equitable distribution of funds at local levels. The fund could also be structured so its leadership reflects the interests of a number of constituencies with differing levels of expertise and lived and living experience.

In Rhode Island, Governor Dan McKee issued an executive order¹⁰ operationalizing the Governors' Overdose Task Force as a statewide alliance of peers, professionals, state agency partners, and community harm reduction and recovery partners, including

workgroups composed of state agency leaders, expert advisors and community partners.¹¹ The Task Force is responsible for making recommendations to the state's Opioid Settlement Advisory Committee (OSAC).¹² The OSAC reviews these recommendations, along with the priorities of community partners, and makes recommendations to the Secretary of the Executive Office of Health and Human Services for the Governor's annual budget request, which includes funding for executive branch agencies to address the overdose crisis. This process ensures a wide variety of voices in the fiscal planning process so that funds are dedicated to a range of entities to help address the state's priorities to respond to the overdose epidemic.



Ongoing state and local coordination and discussion are key.

To ensure funds are being spent effectively, states and localities must work together. Program information should be shared, and spending decisions coordinated. Discussions should be held at all levels – state, county, municipality and community – to determine where funds would be most impactful in a particular location. These discussions need to be more than one-time events to ascertain what is most effective, what programs and initiatives are working, and where support or connections with other communities is needed or could benefit others in the state. It will be helpful to states and localities to provide ongoing technical assistance to community groups as they implement new programs or seek data.

Virginia's "Gold Standard"¹³ policy provides a financial incentive for cities and counties to use the portions of the settlement they receive directly (30% of the total settlement) for 100% abatement purposes that align with the statutory requirements for awards of funds allocated for them from the Commonwealth's Opioid Abatement Fund. While these requirements are stricter than the settlement terms, the strong financial incentive helps ensure the Commonwealth and localities streamline their resources and focus primarily on abatement efforts including shared goals to treat, prevent or reduce opioid use. Virginia Governor Glenn Youngkin has established initiatives to complement the use of these funds, including "Right Help, Right Now," a behavioral health plan that includes use of opioid abatement funds to reduce youth fentanyl poisonings¹⁴ and an executive order to implement a comprehensive plan to address fentanyl use, which includes actions in prevention, treatment, public safety and data collection.¹⁵



Ensure funding of evidence-based and innovative practices.

Using funds for programs with records of efficacy fosters public acceptance that the funds are being spent efficiently. It may also serve as an impetus to encourage wider adoption of evidence-based practices that have not previously received public funds or been adopted within a community, as has been the case for the use of some harm reduction measures to prevent infectious diseases.¹⁶ This does not mean, however, that innovative interventions should be overlooked. The involvement of community-level groups will likely be a springboard for interventions whose wider adoption might be further explored.

During the administration of NGA Chair Utah Governor Spencer Cox, the Utah Opioid Response Blueprint¹⁷ was published by the Utah Opioid Task Force to provide guidance to jurisdictions, particularly jurisdictions lacking a local opioid response plan. The Blueprint, prepared by the Opioid Settlement Advisory Committee, recommends using evidence to guide spending as one of the core principles in determining opioid litigation settlement allocations.



Conduct asset mapping of existing funds.

Determining where funds should go relies upon knowing where funds are already being spent. It is also important that the mapping assess smaller population units to understand the needs of specific localities. For instance, in a number of states, there is an inequitable distribution of funds to rural areas. While opioid litigation proceeds may seem like a considerable sum, at current levels over an 18-year period, it breaks down into an amount that pales in comparison to annual Medicaid funding for opioid use disorder and is also less than current annual funding from the U.S. Department of Health and Human Services. Gauging where these assets are being used will allow states to use the settlement funds to identify and fill gaps or supplement ongoing program needs without supplanting existing funding.

The OneOhio plan, first announced by Ohio Governor Mike DeWine in March 2020, was created to provide a mechanism for the distribution of opioid settlement funds. The plan was agreed to by counties, cities and localities representing 85% of the state's population. Under the plan, most of the settlement funds are dedicated to the OneOhio Recovery Foundation. The Foundation will develop and oversee the funding of short- and long-term planning that local communities need for an effective response.¹⁸ Accordingly, the state is using the opioid settlement as a platform to assess where current funding is allocated and to plan for future funding needs.



Data systems need to be timely and accurate.

Data, particularly real-time data, is critical to the success of any opioid overdose response plan. They can show what interventions are promising but under-supported. Data may also serve to foster support for implementing interventions in locales that have not yet adopted them; this is particularly true for some harm reduction practices. Work at the local level to improve data collection may be necessary because data at the local level does not necessarily coincide with federal data sets that often assess larger populations. Data collection provides an opportunity for Governors to take a long-term view of reducing overdose deaths. Data can show the efficacy of strategies and can thus provide Governors with an opportunity to establish an agenda to address opioid use that survives a Governor's term in office.

North Carolina's Duke-Margolis Center for Health Policy has developed an Opioid Abatement Needs and Assessment Tool,¹⁹ an interactive data tool to develop and disseminate resources and tools to guide state, county and municipal investments of opioid settlement resources that are in support of sustainable, recovery-oriented systems of care responsive to community needs.



Ensure that programs are designed to address equity concerns.

Data show that overdose deaths have been increasing in Black and indigenous communities.²⁰ Funds should be dedicated to exploring and addressing the roots of these disparities, some of which are linked to social determinants of health.

There are also disparities in access to funds at the community level. Grassroots groups often have small staffs and may lack the ability to maneuver the bureaucratic

processes to acquire funds. States and localities should work with community groups to provide mechanisms for easier ways to apply for and obtain settlement funds.

It will also be necessary to monitor inequity issues over the course of the settlement period, as data may change during the years and decades of the settlement.



Physical infrastructure and workforce investments should be carefully fashioned.

Although funds can be used to address physical infrastructure needs, care must be taken to ensure that the resulting capital projects are used for a considerable length of time to address opioid use disorder. Some states have crafted agreements that require reimbursement or reversion of property rights if needs change and a capital project is no longer being used as originally planned. Also, as capital projects are developed, workforce and staffing considerations should be considered in localities throughout a state, especially in less populated areas.



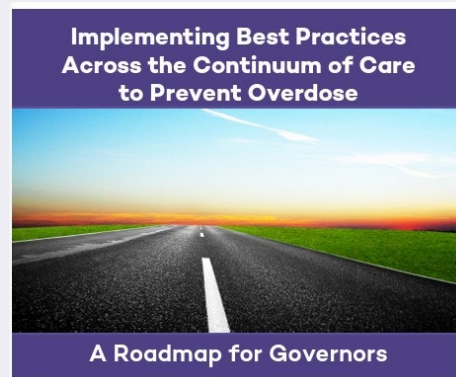
Have a process in place to resolve conflicts of interest.

Persons having responsibility over settlement funds may have other roles that could be an actual or perceived conflict of interest. In most states, existing conflict-of-interest laws will apply to commission or advisory board members. However, states should ensure that conflict-of-interest laws are robust, and that, in the interest of transparency and public confidence, individuals recuse themselves from decisions that may involve a conflict of interest.

To assist Governors in their efforts to address opioid overdoses and use their funds efficiently, NGA recently released the guide, “Implementing Best Practices Across the Continuum of Care to Prevent Overdose: A Roadmap for Governors.”²¹

The Roadmap presents Governors’ offices with actionable steps they can take to prevent overdoses and where needed funds could be devoted. The Roadmap is organized by four pillars along the substance use disorder continuum of care – Prevention, Harm Reduction, Treatment and Recovery – in addition to a fifth pillar, Foundations, which provides cross-cutting actions to help address any or all of the other pillars along the continuum. Each of the pillars in the Roadmap is organized by “routes,” which provide actionable policy recommendations for states; “destinations,” objectives associated with each recommendation along a route; “passengers,” key partners to involve in carrying out a recommendation and achieving the objectives at a destination; and “fuel,” the financial resources that may be available to support the work.

The Roadmap also suggests measures to evaluate the impact of the policy actions, as well as data resources and publications that provide more information. The resource also presents state spotlights to highlight states that are implementing best practices and embracing innovation.



CONCLUSION

There is considerable work ahead for Governors and states as opioid settlement funds continue to become available, in terms of both present planning to use the funds and planning for their investment and future use. Planning will be necessary to determine how to fund opioid abatement programs and initiatives sustainably after the settlement funds have been disbursed. This planning will likely need to be flexible given the ongoing bankruptcy issues involving Purdue Pharma²² and Mallinckrodt²³, as states may see their anticipated funding amounts decrease based on the outcomes of these cases. Accordingly, and notwithstanding the outcome of various bankruptcy proceedings, this fiscal planning will extend beyond any one Governor's term in office and needs to achieve widespread bipartisan support from legislatures, localities, communities and people affected by the overdose crisis.

This Summit highlighted the essential role Governors play in ensuring that opioid settlement funds are used to their fullest potential while not supplanting existing resources. Participants stressed the need for coordination and communication within and among all levels of implementation – Governors, state officials, localities, communities, community groups, and people with opioid use disorder or who have lost loved ones to an overdose. A Governor's power of convening is a strong tool, but this engagement must be ongoing to ensure that programs and funds are operating efficiently as the needs evolve. Parties also need to be transparent with each other; states stressed that cooperation among groups was best achieved when Governors' offices incentivized parties to act together.

ACKNOWLEDGMENTS

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ENDNOTES

¹ “Vital Statistics Rapid Release - Provisional Drug Overdose Death Counts,” Centers for Disease Control and Prevention, August 16, 2023, accessed August 2023. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² See Opioid Settlement Tracker at <https://www.opioidsettlementtracker.com/globalsettlementtracker/#statuses> Note that on July 28, 2023, the Department of Justice asked the U.S. Supreme Court to stop Purdue Pharma’s bankruptcy organization plan, which would provide \$5.5-6 billion in opioid litigation settlement funds, from proceeding, as the plan contains a provision that would shield the owners of Purdue Pharma, the Sackler family, from further opioid-related lawsuits. Dietrich Knauth, “US asks Supreme Court to delay Purdue Pharma bankruptcy settlement,” Reuters, July 31, 2023, accessed August 2023. <https://www.reuters.com/legal/us-asks-supreme-court-delay-purdue-pharma-bankruptcy-settlement-2023-07-28/>

³ “Opioids,” National Association of Attorneys General, November 30, 2022, accessed August 2023. <https://www.naag.org/issues/opioids/>

⁴ Brian Mann, “4 U.S. companies will pay \$26 billion to settle claims they fueled the opioid crisis,” National Public Radio (NPR), February 25, 2022, accessed August 2023. <https://www.npr.org/2022/02/25/1082901958/opioid-settlement-johnson-26-billion>

⁵ The settlement agreement defines “opioid remediation” as, “Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic. “Distributor Settlement Agreement,” National Opioids Settlement, accessed August 2023. https://nationalopioidsettlement.com/wp-content/uploads/2022/03/Final_Distributor_Settlement_Agreement_3.25.22_Final.pdf

⁶ Pennsylvania Attorney General, EXHIBIT E - List of Opioid Remediation Uses, accessed August 2023. <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

⁷ “Executive Order of May 18, 2023, Order regarding the Georgia Opioid Settlement Advisory Commission,” the State of Georgia, <https://gov.georgia.gov/document/2023-executive-order/05182303/download>

⁸ “Executive Order 2022-19 of August 30, 2022, Order regarding the administration of settlement proceeds received from Illinois’ opioid litigation and creating the Illinois Opioid Remediation Advisory Board and the Office of Opioid Settlement Administration,” <https://www.illinois.gov/government/executive-orders/executive-order/executive-order-number-19.2022.html>

⁹ See Master Settlement Agreement, *supra* note 5, Section V. E at page 31.

¹⁰ “Executive Order 22-35 of November 2, 2022, Expansion of the Governor’s Overdose Task Force,” <https://governor.ri.gov/executive-orders/executive-order-22-35>

¹¹ “Task Force Work Groups,” Prevent Overdose RI, accessed August 2023. <https://preventoverdoseri.org/task-force-work-groups/>

¹² “Opioid Settlement Advisory Committee,” The Executive Office of Health and Human Services, accessed August 2023. <https://eoehhs.ri.gov/Opioid-Settlement-Advisory-Committee>

¹³ Virginia Government & The Opioid Abatement Authority, To incentivize cities and counties to use and report direct distributions from opioid settlements by meeting the OAA “gold standard,” October 24, 2022. <https://www.oaa.virginia.gov/media/governorvirginiagov/oaa/pdf/Policy-for-Gold-Standard-Incentive-to-Cities-and-Counties---Adopted-Oct-24,-2022.pdf>

¹⁴ Governor of Virginia, “Governor Glenn Youngkin Announces Transformational Behavioral Health Care Plan for Virginians,” December 14, 2022. <https://www.governor.virginia.gov/newsroom/news-releases/2022/december/name-947166-en.html>

¹⁵ “Executive Order 26 of May 9, 2023, Crushing the Fentanyl Epidemic: Strengthening Virginia’s Interdiction and Enforcement Response to Fentanyl Crisis,” Commonwealth of Virginia Office of the Governor, <https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-26---Crushing-the-Fentanyl-Epidemic-Strengthening-Virginia%27s-Interdiction-and-Enforcement-Response-to-Fentanyl-Crisis.pdf>

¹⁶ See Ruiz MS, O'Rourke A, Allen ST, Holtgrave DR, Metzger D, Benitez J, Brady KA, Chaulk CP, Wen LS. Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia. *J Acquir Immune Defic Syndr*. 2019 Dec 1;82 Suppl 2(2):S148-S154. doi: 10.1097/QAI.0000000000002176; Kishore S, Hayden M, Rich J. Lessons from Scott County - Progress or Paralysis on Harm Reduction? *N Engl J Med*. 2019 May 23;380(21):1988-1990. doi: 10.1056/NEJMp1901276. Epub 2019 May 1. PMID: 31042821; PMCID: PMC10347881.

¹⁷ Utah Opioid Task Force, Utah Opioid Crisis Response Blueprint, March 1, 2022. https://attorneygeneral.utah.gov/wp-content/uploads/2022/05/Utah-Opioid-Settlement-Blueprint-Release-3_1_22-1-1.pdf

¹⁸ "OneOhio Recovery Foundation," Recovery Ohio, accessed August 2023. <https://recoveryohio.gov/resources/all-resources/aa-oneohio>

¹⁹ "THS Data," Duke University Margolis Center for Health Policy, accessed August 2023. <https://duke.ths-data.community/>

²⁰ "Vital Signs – Drug Overdose Deaths Rise, Disparities Widen," Centers for Disease Control and Prevention, accessed August 2023. <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>

²¹ National Governors Association, "NGA Releases Roadmap For Tackling Drug Overdose Epidemic," August 15, 2023. <https://www.nga.org/news/press-releases/nga-releases-roadmap-for-tackling-drug-overdose-epidemic/>

²² Kruzel, John, and Andrew Chung. "US Supreme Court Halts Purdue Pharma Bankruptcy Settlement Pending Review." Reuters, August 12, 2023. <https://www.reuters.com/legal/us-supreme-court-scrutinize-purdue-pharma-bankruptcy-settlement-2023-08-10/>.

²³ "Mallinckrodt Second Bankruptcy Would Cut \$1 Billion from Opioid Settlement." Reuters, August 23, 2023. <https://www.reuters.com/business/healthcare-pharmaceuticals/us-drugmaker-mallinckrodt-plans-file-bankruptcy-protection-2023-08-23/>.

MICHIGAN
OPIOID
ADVISORY
COMMISSION



Community Voices Partner. Listen. Learn. listening sessions

on the use of state opioid settlement funds

Lifeboat Addiction Recovery Services

1601 E. Michigan Avenue
Lansing, MI 48912
lifeboataddictionrecovery.org
517-977-1772

Take the Michigan
Opioid Settlement Funds:
Community Impact Survey



Drop-Ins

10 am - 11:30 am

Monday, November 20, 2023

For those unable to attend,
virtual access is available at
12:00 pm, same-day.

Click [here](#) to view a list of the
virtual listening sessions for
November 2023.

OCTOBER 31, 2023

A Proclamation on National Native American Heritage Month, 2023

During National Native American Heritage Month, we recognize the invaluable contributions of Native peoples that have shaped our country and honor the hundreds of Tribal Nations who continue exercising their inherent sovereignty as vital members of the overlapping system of governments in the United States. We also recommit to supporting Tribal sovereignty; upholding the Federal Government's solemn trust and treaty responsibilities; and working in partnership with Tribal Nations to advance prosperity, dignity, and safety for all Native peoples.

Since time immemorial, Native communities have passed down rich cultures, knowledge, traditions, and ways of life. But throughout our history, Native peoples' cultures, identities, and governments were not always seen as a part of this Nation but as a threat to it. Native people were pressured to assimilate, banned from practicing their traditions and sacred ceremonies, and forced from their homes and ancestral homelands. This violence and devastation cost countless lives, tore families apart, and caused lasting damage to Tribal communities and institutions.

Despite centuries of violence and oppression, Native peoples remain resilient and proud. Today, Native Americans are essential to the fabric of the United States. They serve in the United States Armed Forces at higher rates than any other ethnic group. They continue to steward so many of our great lands. Their contributions to science, humanities, arts, public service, and more have brought prosperity for all of us. Their diverse cultures and communities continue to thrive and lead us forward.

Since the beginning of my Administration, I have been determined to help champion a new and better chapter in the story of our Nation-to-Nation relationships. I started by appointing Native Americans to lead in my Administration — including the first Native American Secretary of the

Interior Deb Haaland, dozens of Senate-confirmed Native American officials, and over 80 Native American appointees serving across my Administration and in the Federal courts. I restored the annual White House Tribal Nations Summit to advance communication between key members of my Administration and the leaders of hundreds of Tribal Nations. My Administration formally recognized Indigenous Knowledge as one of the many important bodies of knowledge that contributes to the scientific, technical, social, and economic advancements of the United States and our collective understanding of the natural world.

Together with leadership from Tribal Nations, we are making historic investments in Indian Country. Our American Rescue Plan invested \$32 billion in Tribal Nations — the largest one-time direct investment in Indian Country in American history. Our Bipartisan Infrastructure Law invested more than \$13 billion to rebuild infrastructure, the single largest investment in Indian Country infrastructure in history. Our Inflation Reduction Act also made the largest investment ever to combat the existential threat of climate change, including \$700 million dedicated to climate change response in Native communities. Last year, I signed a Presidential Memorandum that improves consultation between the Federal Government and Tribal Nations.

My Administration is also working to address the impacts of harmful Federal policies of the past while ensuring Native communities are safe and healthy. Through the Department of the Interior's Road to Healing initiative, Native language preservation, public safety initiatives, and bold new investments, we are supporting Native American families and their communities as they heal. We are also working to improve public health and safety for Native Americans. I signed an Executive Order that helps us respond more effectively to the epidemic of missing and murdered Indigenous peoples. Last year, when we reauthorized the Violence Against Women Act, I was proud to include historic provisions that reaffirm Tribal sovereignty and restore Tribal jurisdiction. My budget for Fiscal Year 2024 also requested a \$9.1 billion infusion for the Indian Health Service, and I have asked the Congress to make that funding a mandatory part of the Federal budget for the first time in our history.

We are also committed to partnering with Tribal Nations to protect and steward their sacred and ancestral lands and waters. Through Tribal co-

stewardship agreements, we work directly with Tribal Nations to make decisions about how to manage those lands that are most precious to them — recognizing and utilizing the invaluable knowledge they have from countless generations. I established new national monuments protecting lands sacred to Tribal Nations at Baaj Nwaavjo I'tah Kukveni in Arizona, the Camp Hale-Continental Divide in Colorado, and Avi Kwa Ame in Nevada. I also restored protections for the Northeast Canyons and Seamounts Marine National Monument in New England and Bears Ears and Grand Staircase-Escalante in Utah.

This month, we celebrate Native American history and culture. We are reminded that with hard work and a commitment to our founding ideals, we can address the wrongs of our past and become a more perfect Union — one that ensures liberty, justice, dignity, and equality for all.

NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2023 as National Native American Heritage Month. I urge all Americans, as well as their elected representatives at the Federal, State, and local levels, to observe this month with appropriate programs, ceremonies, and activities. Also, I urge all Americans to celebrate November 24, 2023, as Native American Heritage Day.

IN WITNESS WHEREOF, I have hereunto set my hand this thirty-first day of October, in the year of our Lord two thousand twenty-three, and of the Independence of the United States of America the two hundred and forty-eighth.

JOSEPH R. BIDEN JR.



A new kind of settlement.

New funds are now available to federally-recognized tribes, through the tribal opioid litigation settlements. These tribal settlement funds will provide opportunities to support ongoing opioid-related work led by tribal communities, including prevention, harm reduction, and treatment efforts.





Our goal is that the Tribal Principles and resources on this website are useful to tribes and Indigenous-serving organizations across the US in the spending of tribal opioid litigation settlement funds.

Our intention is for these Principles to include and reflect the needs of all American Indian and Alaska Native (AI/AN) Peoples who may benefit from these settlement funds, inclusive of diversity across different ages, sexes, gender identities, sexual orientations, religions, disabilities, geographic locations, socioeconomic circumstances, and health statuses.

For decades, tribes have been supporting community members who use opioids through efforts that are often underfunded, scarcely resourced and under-unacknowledged. New funds are now available through the tribal opioid litigation settlements. These tribal settlement funds will provide opportunities to support ongoing opioid-related work led by tribal communities, including prevention, harm reduction, and treatment efforts. The funds may also stimulate new programs, policies, services and research that will meet the needs of communities, families, and individuals affected by the opioid crisis.

“We are on a healing journey together: The path of the healing journey has been started and we are changing for the better.”

– Indigenous Advisory Committee Member

Culture first: Support cultural and traditional healing in your community.

[Read more](#)

Invest in reciprocal learning and partnerships across tribes.

[Read more](#)



Healing support for families: Invest in parent, caregiver and elder resources.

[Read more](#)

Sustain and enhance substance use services for youth.

[Read more](#)

Create opportunities for holistic well-being.

[Read more](#)



Culture first: Support cultural and traditional healing in your community.



Invest in reciprocal learning and partnerships across tribes.



Healing support for families: Invest in parent, caregiver and elder resources.



Sustain and enhance substance use services for youth.

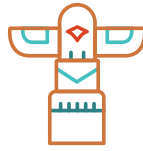


Create opportunities for holistic well-being.



WHO WE ARE

The materials on this website were developed through collaborative discussions with an expert **Indigenous Advisory Committee**, through a series of listening sessions with Indigenous and allied researchers, tribal leaders, service providers, and tribal community members throughout the United States, and from scholarship and practice experiences of our core **Tribal Principle Project Team** of Indigenous researchers.



PRINCIPLE 1

Culture first: Support cultural and traditional healing in your community.

American Indian, Alaska Native, and other Indigenous communities throughout the United States have endured centuries of colonization and historical trauma resulting from governmental policies such as land theft, forced relocation, and the boarding school system (Gameon & Skewes, 2021; Grandbois & Sanders, 2009; Yamane & Helm, 2022; Gonzalez, et al., 2022; Walters, et al., 2011). These attacks on Indigenous cultural practices, values, spirituality, and ways of knowing have disrupted our ways of taking care of ourselves and our communities (Grandbois & Sanders, 2009). Many Indigenous communities are on paths of rebuilding these cultural connections, which include a variety of cultural practices unique to each tribe (Yamane & Helm, 2022; Rowan, et al., 2014). These practices may include participating in ceremonies, practicing cultural and traditional artwork, engaging in traditional food gathering, connecting with the lands and waters, and hosting drumming groups, among others. Cultural and traditional practices have supported Indigenous communities in maintaining health even amidst collectively experienced trauma and harmful events (Bourke, et al., 2018; Gonzalez, et al., 2022), and continue to support communities through the opioid overdose crisis (ICAD, 2019). The opioid and overdose crises affect tribal community members physically, emotionally and spiritually, and we encourage investment in cultural reclamation and revitalization, the passing of traditions and ceremonies to the next generations, and honoring, recognizing and upholding Indigenous cultural, traditional, and experiential knowledge.

“Culture is the biggest tool on the path to loving yourself.”

– Indigenous Advisory Committee Member

Indigenous culture is medicine, treatment, and well-being (Bassett, et al., 2012). Yet, the legacy of colonization and resulting stigmas surrounding substance use mean that not all Indigenous peoples are able to engage with traditional and cultural ways. There is a need to ensure access to cultural practices, healing, and teachings among all Indigenous Peoples, including those who abstain from substance use, are using substances, or changing their patterns of substance use. We are all on a healing journey and deserve access to cultural teachings and traditional activities that will support wellbeing.

Guidelines for how the tribal opioid settlements can be spent have been created by the Tribal Settlement Trust Directors. These guidelines are called the [Approved Uses](#), which strongly emphasize the need for funding American Indian and Alaska Native cultural teachings and traditional activities; pages 18-20 of the Approved Uses document include a section dedicated to 'Tribal Abatement Strategies' (Section D). The Approved Uses document cites support for "culturally appropriate activities, practices, teachings or ceremonies" and includes five main sections: traditional activities associated with cultural identity and healing; culturally competent integrated treatment models; culturally grounded community prevention; peacekeeping and wellness courts; and community workforce development and training. Specific examples of these activities are provided within this [Tribal Abatement Strategies document](#), and while it is not an exhaustive list, it provides a variety of examples of potential cultural and traditional activities that a tribe may consider supporting. These include working with traditional healers, spiritual healers, and practitioners in healing, participating in sweat lodges, and investing in cultural and linguistic immersion programs.

How can tribes adopt this principle?

1. Use the Tribal Abatement Strategies to craft spending plans that include cultural and traditional activities for prevention, harm reduction and treatment services, programs and approaches for opioid use.

In the spirit of supporting cultural and traditional healing in tribal communities, funds can be allocated to activities such as: cultural practices that bring people families and communities together to learn about opioid prevention, harm reduction and treatment, to weave prevention, harm reduction and treatment messaging into cultural practices where appropriate, and to support individuals impacted by opioid use on their healing journeys. Specific examples drawn from existing literature, tribal programs and comments from listening sessions can be found [here](#).

2. Allocate funds toward researching and documenting wise practices.

We know that many tribal communities lack access to high quality data. Some communities have high-impact, culturally-grounded, substance-use related programming available in their community, but do not have this work documented or evaluated so that they can share with other communities.

3. Utilize different types of evidence when creating opioid-spending plans (e.g. cultural, experiential, academic, etc.) and build evidence-base with data sovereignty principles.

Given the lack of access to data, it is important that we use the evidence that we have and invest in building out our evidence-base. We can do this through investing in tribal public health research and surveillance, including evaluating promising practices centered in Indigenous ways of knowing. This work must be conducted with principles of data sovereignty in mind as data play a role in "advancing Indigenous innovation and self-determination" as described by the [CARE Principles for Indigenous Data Governance](#). In addition to academic research, we can also incorporate the cultural knowledge that tribal communities have, and the experiential knowledge we have gained through surviving throughout this opioid crisis.

Principle 2 >

Principle 2 >



PRINCIPLE 2

Invest in reciprocal learning and partnerships across tribes.

The 574 federally recognized tribes are receiving nearly \$1.5 billion over the next 15 years (amount and length of time varies between the different settlements). Ultimately, these dollars may not be enough to fund the breadth of work needed to address the ongoing opioid crisis in tribal communities. Yet, the settlements do offer a unique opportunity to begin planning, enhancing, or creating new services for community members who use opioids, across a variety of sectors and to learn across tribal contexts. We have heard the desire to learn from shared challenges addressing the opioid crisis and successful efforts to overcome them. There is flexibility in the Approved Uses, and there is a desire from tribes and tribal health organizations to work together.

“Collaboration, not competition.”

– Indigenous Advisory Committee Member

How can tribes adopt this principle?

1. Maximize funding opportunities.

Consider supplementing existing funding opportunities through combining settlement dollars with other funding initiatives (e.g. [Tiwahe Initiative](#), [Native Collective Research Effort to Enhance Wellness \(N CREW\) Program](#), Federal state and local granting agencies, philanthropies, etc.) and, where possible, partner with states to access opioid litigation funding that states have dedicated for tribes/Al/AN communities and organizations (e.g. see [example](#) in Washington state). The [Approved Uses](#) have much flexibility compared to other grant-funded sources (e.g. federal grants that might restrict purchasing of certain harm reduction supplies or innovative cultural supports), which means there are opportunities for communities to respond to their unique needs.

2. Create partnerships for shared work.

As tribes create plans to spend the opioid settlements, working with existing knowledge systems can support the planning process. Tribal epidemiology centers, for example, have access to [current data](#) which can support planning and programming across and within regions. Considering the lack of available inpatient treatment services in some tribal communities, several tribes have been discussing the potential of pooling funds to create shared services. This approach may also reduce issues surrounding confidentiality, where community members do not wish to access treatment services in their home community due to stigma but may feel more comfortable accessing services in a shared space between communities.

3. Learn more about programs and services that other tribes have created to fund and share messaging.

Programs such as [Didgwalic Wellness Center](#) in the Swinomish Tribe offers a variety of substance-use related services, with innovative billing practices in which “funding comes directly from providing services for fees. Fees are billed to clients directly or to third party payers such as private health plans, Medicare, or Medicaid”. This integrated approach is currently being implemented in several tribes in the Pacific Northwest. The Indian Country ECHO: [Substance Use Disorder ECHO Program](#) offers an online platform to learn more about what other tribes are doing with their substance use programs, and can serve as an opportunity to share more about the work that your tribe is leading.

State and local jurisdictions will also be receiving funds from the opioid settlements, and there may be opportunities for Tribal Communities to work in collaborative or in alignment with regional programs. For further information on investment of the opioid dollars outside of the context of Tribal communities, please see the programs funded with state and local dollars as well as the [Principles for the States](#).

[← Principle 1](#)

[Principle 3 →](#)

[← Principle 1](#)

[Principle 3 →](#)



[NEWSLETTER](#) [PRIVACY POLICY](#)





PRINCIPLE 3

Healing support for families: Invest in parent, caregiver and elder resources.

Parents and caregivers need tailored resources on opioid use prevention, harm reduction and treatment to support themselves and the young people in their lives. Indigenous families have experienced historic and ongoing disruption to family kinship systems, caregiving practices, and relationships through the imposition of harmful policies, such as dislocation from traditional territories, the boarding school system and racism within the child welfare system. In response to this disruption, there are widespread efforts within and across Indigenous communities to enhance traditional parenting practices, reconnect extended kinship networks, and learn about cultural child rearing practices. Such work must include support for family members that use opioids and their relatives, and should include information, tools and resources on healthy relationship building between relatives so that family members can both connect with and set boundaries with relatives that use opioids. Parenting and family support programs and initiatives, including parents, grandparents, and other relatives, are critical to healing intergenerational trauma, and the tribal opioid settlements can support the growth and creation of these programs.

“We are on a healing journey together: The path of the healing journey has been started and we are changing for the better.”

– Indigenous Advisory Committee Member

Many Elders and grandparents hold deep knowledge of the Indigenous communities they are from, and community members may turn to them for support and guidance. Elders may also serve as caregivers for their grandchildren in circumstances where parents require support (Eakins, 2022), including parental substance use which Indigenous parents may be further impacted by due to limited resources and punitive drug policies (Meinhofer, et al., 2020). It is essential that Elders and grandparents are included and supported when creating resources, services and programs related to opioid use, although there is currently limited information on education and programming specifically crafted for Elders.

The Seven Directions 'Tailoring Opioid Overdose Prevention for Diverse Groups within Tribal and Urban Indian Settings: A Toolkit for Providers and Community Organizations Serving American Indian/Alaska Native Communities' (p.36-38) includes communications considerations, provider planning strategies to ensure inclusive services, and provider implementation strategies to take into consideration when creating services specifically for Elders.

How can tribes adopt this principle?

1. Direct funds toward parent, caregiver and Elder resources centered on opioid use prevention, harm reduction and treatment.

Resources may include education, workshops, print resources and training. For more examples, please see this [list](#).

2. Support parenting and family support programs.

Given the impacts of intergenerational trauma and the impacts it has on opioid use amongst AI/AN people, Indigenous parents and caregivers need support to care for family members impacted by opioid use. To help alleviate these issues, we can support, invest in and create specific programming tailored toward supporting our future generations.

3. Create opioid-related education and training specifically for Elders.

As Elders may be sought out for information by community members, or may themselves be a caretaker for a family member, Elders need information about opioids to fulfill these roles. This may include bringing together Elders and youth, to co-learn together about life experiences, culture, language and technology.

[← Principle 2](#)

[Principle 4 →](#)

[← Principle 2](#)

[Principle 4 →](#)



[NEWSLETTER](#) [PRIVACY POLICY](#)





PRINCIPLE 4

Sustain and enhance substance use services for youth.

Indigenous youth deserve access to high-quality, accurate information about substance use that is strengths-based rather than fear-based, and reflective of their lived experiences. Indigenous youth experience higher rates of substance use than their non-Indigenous peers (SAMHSA, 2018). This calls for spending settlement funds on enhanced education, services, treatment, harm reduction, prevention, and supports made specifically for and by Indigenous youth. Abstinence-only messaging has historically been the primary content of substance use education for youth, though it is shown to be less effective than education that meets the lived realities of youth (Slemon et al., 2019). To create effective resources, youth perspectives need to be included within the work, and it is vital to invite Indigenous youth to the table when revising, creating and launching Indigenous youth-specific resources on substance use.

How can tribes adopt this principle?

1. Support creation and funding of culture-based youth programming.

To support substance use services for youth, tribal communities can create, support and enhance youth-centered cultural and traditional activities, which can include activities such as coming of age ceremonies, culturally-based youth programming (hunting, fishing, having conversations, teaching traditional language, etc.) and hosting culture camps, where youth can participate in these cultural activities.

2. Provide education, workshops and resources on youth substance use created specifically for AI/AN youth.

Youth need services that meet them where they are at, that allow for conversations about and tools for opioid prevention, harm reduction and treatment. The following list of youth-centered prevention, education, and treatment programs are examples to consider for creating or supplementing youth-specific programming in your community.

3. Offer youth-focused mental health services and programming.

Mental health, spiritual and emotional support for youth are a vital part of supporting Indigenous youth, especially for those who use substances. A great example of this work is the [Two Feathers Native American Family Services: A.C.O.R.N program](#). This program provides opportunities for Native American youth to learn about “cultural values and how they apply physically, mentally, spiritually, and culturally throughout our everyday lives”.

[Principle 5 >](#)

[< Principle 3](#)

[Principle 5 >](#)



[NEWSLETTER](#) [PRIVACY POLICY](#)



CENTER FOR
INDIGENOUS HEALTH





PRINCIPLE 5

Create opportunities for holistic well-being.

Many Indigenous Peoples consider health and well-being in holistic terms, encompassing the mind, physical body, emotions, spirit, and connections among all living and non-living things (Bourke, 2018). Addressing opioid use issues in Indigenous communities must incorporate holistic health and healing. This can include efforts to address the Indigenous social determinants of health, such as access to cultural activities, physical activity, housing, nutritious and culturally-based food, and employment opportunities that support community healing and connections. This also involves taking into consideration the impacts of racism, discrimination, assimilation and historical trauma as a result of colonization on Indigenous people and communities' health (Gameon & Skewes, 2021; Gonzelez, et al., 2022; Walters, et al., 2011). We know that the opioid crisis has impacts beyond the individual, and requires health services, social services, housing services, cultural supports, legal services, and more, to ensure that community members who use opioids and their family members are provided with the support they need.

“Address the whole person’s needs, not just one part.”

– Indigenous Advisory Committee

How can tribes adopt this principle?

1. When creating opioid use programming, education and resources, focus efforts across prevention, harm reduction and treatment.

Having multiple approaches to meet people where they are with their needs regarding their opioid use will offer many pathways for support along their healing journey. The following resources offer a range of services and provide models that tribes might choose to invest in. Under the [Approved Uses](#), funding for transporting community members to treatment centers, investing in syringe service programs and education to prevent stigma are several activities in which a community may choose to invest in.

Some helpful examples can be found [here](#).

Senate Committee on Indian Affairs to Host Hearing on Fentanyl Crisis in Indian Country

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BY NATIVE NEWS ONLINE STAFF |

NOVEMBER 07, 2023

The Senate Committee on Indian Affairs on Wednesday, November 8, 2023 will hold a hearing on “.



On October 20, 2023, the Biden-Harris Administration sent Congress a list of emergency supplemental spending that includes a request for \$250 million to the Indian Health Service to fight the opioid/fentanyl crisis. This investment is proposed as part of a \$1.55 billion investment into Opioid Response grants through the Substance Abuse and Mental Health Services Administration (SAMHSA). Overall, the proposal represents a historic 16 percent set-aside of emergency opioid response funding for Tribes and Tribal organizations.

The Committee will hear directly from Tribal leaders and Native health experts to examine the impact of fentanyl in Native communities and learn about the promising tools Native communities have developed to address their own needs.

Panelists Include:

The Honorable Tony Hillaire, Chairman

Lummi Nation, Bellingham, Washington

The Honorable Jamie S. Azure, Chairman

Turtle Mountain Band of Chippewa Indians of North Dakota, Belcourt, North Dakota

The Honorable Bryce Kirk, Councilman

Assiniboine and Sioux Tribes of the Fort Peck Reservation, Poplar, Montana

Dr. A. Aukahi Austin Seabury, Ph.D., Executive Director & Licensed Clinical Psychologist

I Ola Lāhui, Inc., Honolulu, Hawaii

Mr. Eric M. Gettis, Senior Vice President of Behavioral Health

Southeast Alaska Regional Health Consortium, Juneau, Alaska

WHEN: Wednesday, November 8, 2023, 2:30 pm - EST

WHERE: Dirksen Senate Building, Room 628

LIVESTREAM: Live video of the event will be .



About The Author

Native News Online Staff

Native News Online is one of the most-read publications covering Indian Country and the news that matters to American Indians, Alaska Natives and other Indigenous people. Reach out to us at editor@nativenewsonline.net.

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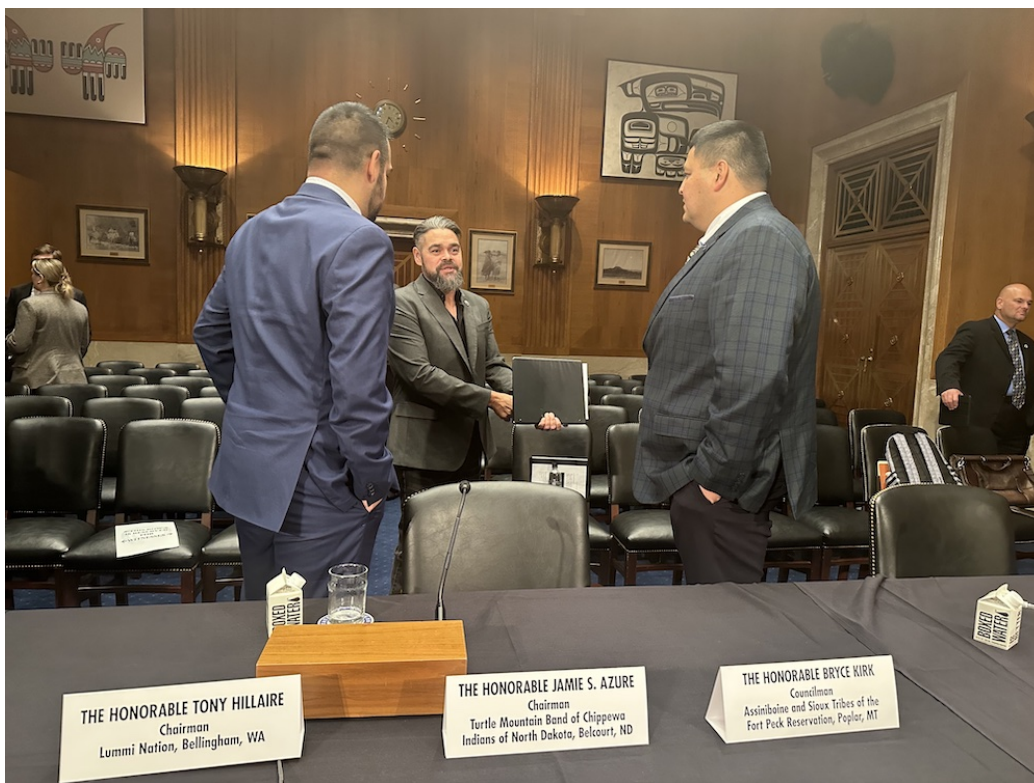


AROUND THE WEB



Tribal Leaders Push Senators to Fight Fentanyl

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At an oversight hearing on Wednesday, senators heard from tribal leaders and medical experts on the rising fentanyl crisis in Native communities. (Photo: Shravya Pant, MNS)

BY KUNJAL BASTOLA AND SHRAVYA PANT, MEDILL NEWS SERVICE |

NOVEMBER 09, 2023



WASHINGTON – Tribal leaders called on lawmakers to enhance tribal law enforcement authority and implement further behavioral health interventions to address the fentanyl crisis at a Senate oversight hearing on Wednesday.

The held by the Senate Indian Affairs Committee was the first on the issue in more than five years.
November 16, 2023

[This story on Medill News Service and is used with permission.]

In 2021, non-Hispanic American Indians and Alaska Natives experienced the highest rate of opioid overdose deaths among any racial or ethnic population. More than 1,300 Native lives were lost due to overdose that year.

“We are very close at losing a generation to an opioid, to a synthetic drug,” Jamie Azure, chairman of the Turtle Mountain Band of Chippewa Indians of North Dakota, said during his testimony. “We, as tribal leaders, refuse to allow a generation to be lost.”

Throughout the hearing, Indigenous leaders underscored the vulnerability of Native communities to illegal trafficking and the lack of federal support for tribal law enforcement.

Witnesses specifically pushed for the . Introduced in July, the bipartisan bill would amend the Indian Law Enforcement Act and authorize tribal officers to be considered federal law enforcement officers capable of enforcing federal law. Tribal leaders argued that such a provision would better enable them to regulate illegal drug trafficking plaguing their communities.

“Without the adequate tribal law enforcement resources, I almost feel like Indian country is being targeted,” Sen. Maria Cantwell (D-Wash.), who co-sponsored the Senate version of the bill, said during the hearing. “People know that you don’t have the law enforcement, that you don’t have the capabilities, and that’s where people are setting up shop.”

Leaders emphasized that tribal communities and their law enforcement agencies are attuned to their own needs, but need more support from federal agencies and the Bureau of Indian Affairs.

Tribal leaders also expressed frustration at the lack of legally recognized authority to prosecute non-Native criminals.

“The lack of tribal jurisdiction over non-Indian drug dealers coming on a reservation undermines our efforts to combat the drug crisis and protect our community,” Tony Hillaire, chairman of the Lummi Nation, said.

Lawmakers and tribal leaders recognized that there is no one-size-fits-all solution to the fentanyl crisis, noting that behavioral health interventions must also be improved. Tribal leaders highlighted the role of intergenerational trauma, arising from a history of colonization and forced relocation, that contributed to the use of opioids in tribal communities.

Senators also heard from tribal medical experts on using traditional cultural practices in the healing process.



“For our community, in particular, our folks would much rather see a traditional healer than a Western medical doctor,” said Dr. Aukahi Seabury, a licensed clinical psychologist who leads a non-profit serving medically underserved Native Hawaiian communities. Seabury highlighted racial biases and cultural assumptions that harm the quality of care for Native people.

Lawmakers acknowledged witnesses’ suggestions that health services must integrate traditional healing practices with Western medicine. , specifically how sweat lodge ceremonies, smudging, prayers and even , when used alongside addiction treatment, can improve outcomes.

“Culture is prevention, and culture is the way of life,” said Dr. Claradina Soto, a behavioral health scientist at the University of Southern California’s Keck School of Medicine.

Committee chair Sen. Brian Schatz (D-Hawaii) said, “Meeting people where they are culturally gets you better medical outcomes.” Schatz asked the committee to finalize a record of relevant studies to help authorize future funding efforts toward culturally mindful care.

Health experts at the hearing also suggested residential treatment programs in counties and tribal communities with higher overdose deaths, medication-assisted treatment such as naloxone and buprenorphine, and sober living programs in traditional housing.

For this fiscal year, the Indian Health Service was allocated \$250 million via a congressional supplement. Vice-chair Sen. Lisa Murkowski (R-Alaska) asked witnesses to submit suggestions to the committee for where to allocate this funding.

Tribal leaders shared that while they appreciate the conversation, action is what they are seeking.

“Words are good. Substance is better,” Azure said in an interview with Medill News Service.

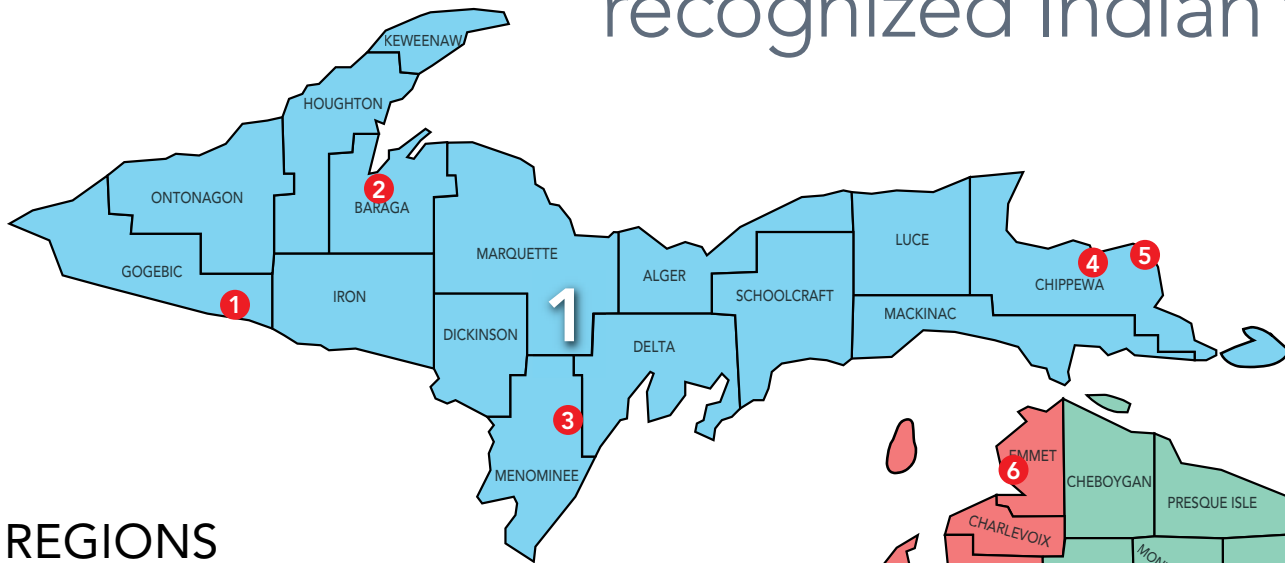
The Native News Health Desk is made possible by a generous grant from the National Institute for Health Care Management Foundation as well as sponsorship support from the . This grant funding and sponsorship support have no effect on editorial consideration in Native News Online.



AROUND THE WEB



Michigan's federally recognized Indian tribes



REGIONS

1 Upper Peninsula region

1. Lac Vieux Desert Band of Lake Superior Chippewa Indians
2. Keweenaw Bay Indian Community
3. Hannahville Indian Community
4. Bay Mills Indian Community
5. Sault Ste. Marie Tribe of Chippewa Indians

2 Northwest region

6. Little Traverse Bay Bands of Odawa Indians
7. Grand Traverse Band of Ottawa and Chippewa Indians
8. Little River Band of Ottawa Indians

3 Northeast region

4 West Michigan region

9. Match-E-Be-Nash-She-Wish Band of Potawatomi Indians (Gun Lake Tribe)

5 East Central Michigan region

10. Saginaw Chippewa Indian Tribe

6 East Michigan region

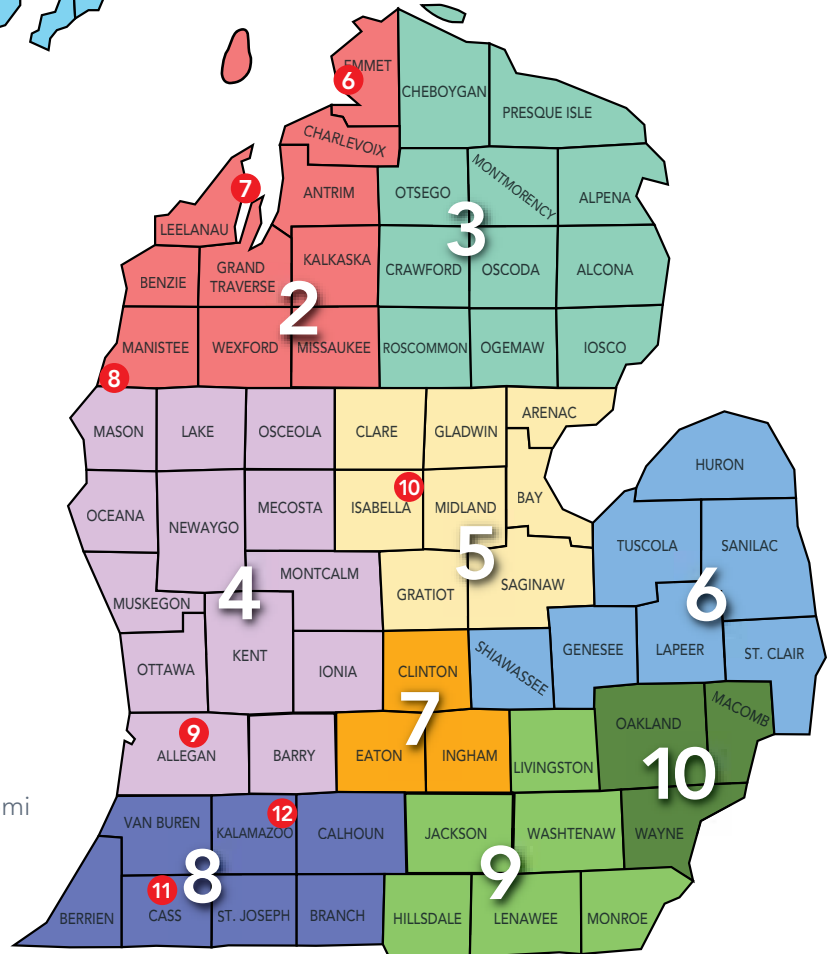
7 South Central region

8 Southwest region

11. Pokagon Band of Potawatomi Indians
12. Nottawaseppi Huron Band of Potawatomi Indians

9 Southeast Michigan region

10 Detroit Metro region





MDHHS

Federally Recognized Tribes in Michigan



Bay Mills Indian Community
12140 W. Lakeshore Drive
Rt. 1, Box 313
Brimley, MI 49715
906-248-3241
www.baymills.org



Grand Traverse Bay Band of Ottawa and
Chippewa Indians
2605 N.W. Bayshore Drive
Suttons Bay, MI 49682
231-534-7750
www.gtbindians.org



Hannahville Indian Community
N-14911 Hannahville
B-1 Road
Wilson, MI 49896-9728
906-466-9234
www.hannahville.net



Keweenaw Bay Indian Community
16429 Beartown Road
Baraga, MI 49908
906-353-6623
www.ojibwa.com



Lac Vieux Desert Band of Lake Superior
Chippewa Indians
23968 East Pow Wow Trail
P.O. Box 249
Watersmeet, MI 49969
906-358-4577
www.lvdtribal.com



Little River Band of Ottawa Indians
2608 Government Center Drive
Manistee, MI 49660
231-723-8288
<https://lrboi-nsn.gov/>



Little Traverse Bay Bands of Odawa
Indians
P.O. Box 246
7500 Odawa Circle
Harbor Springs, MI 49660
231-242-1400
www.ltbbodawa-nsn.gov



Match-e-be-nash-she-wish Band of
Potawatomi Indians of Michigan (Gun Lake)
2872 Mission Drive
Shelbyville, MI 49344
269-397-1780
gunlaketribe-nsn.gov



Nottawaseppi Huron Band of the
Potawatomi Indians
1485 Mno-Bmadzewen Way
Fulton, MI 49052
269-729-5151
www.nhbpi.com



Pokagon Band of Potawatomi Indians
58620 Sink Road
P.O. Box 180
Dowagiac, MI 49047
269-782-8998
www.pokagon.com



Saginaw Chippewa Indian Tribe
7070 E. Broadway
Mt. Pleasant, MI 48858
989-775-4000
www.sagchip.org



Sault Ste. Marie Tribe of Chippewa Indians
523 Ashmun Street
Sault Ste. Marie, MI 49783
906-635-6050
www.saulttribe.com



Federally Recognized Tribes in Michigan

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LANSING

GARLIN GILCHRIST II
LT. GOVERNOR

EXECUTIVE DIRECTIVE

No. 2019-17

To: State Department Directors and Autonomous Agency Heads
From: Governor Gretchen Whitmer
Date: October 31, 2019
Re: State-Tribal Relations

Michigan is home to twelve federally recognized Indian tribes. Each tribe is a sovereign government with an inherent right to self-governance and self-determination. Each has its own governing structure, culture, traditions, laws, regulations, and policies, which it uses to exercise jurisdiction over land and people. And each has a special trust relationship with the federal government. These principles are rooted in and affirmed by the Constitution, treaties, statutes, and court opinions of the United States, and they fundamentally define the unique legal relationship between these tribes and the State of Michigan.

The State of Michigan shares a responsibility with Michigan's federally recognized Indian tribes to provide for and protect the health, safety, and welfare of their common constituents. This responsibility is deeply important and calls for open communication and robust collaboration between the State and the tribes. Mutually beneficial cooperation and understanding, as well as the resolution of occasional disagreements, can best be achieved through regular consultation between the State and tribes on matters of shared concern.

On October 28, 2002, the State of Michigan entered into a Government to Government Accord (the "Accord") with several federally recognized Indian tribes located in Michigan. This Accord served as an acknowledgement by the State of each tribes' sovereignty and right to self-governance and self-determination, and as a commitment by the State to use a process of consultation with the tribes to minimize and avoid disputes.

This directive serves to reaffirm, implement, formalize, and extend the commitments made by the State of Michigan in the Accord. First, it ensures that all departments and agencies are aware of and adhere to certain fundamental principles regarding government-to-government relations with Michigan's federally recognized Indian tribes. Second, it describes a process of tribal consultation designed to ensure meaningful and mutually beneficial communication and collaboration between these tribes and the departments and agencies on all matters of shared concern. And third, it builds into the operations of the

State of Michigan the infrastructure necessary to ensure that the objectives of this directive and the Accord, and the strong tribal-state relationship envisioned by them, are realized as fully as possible.

Accordingly, acting under sections 1 and 8 of article 5 of the Michigan Constitution of 1963, I direct the following:

1. Each department and agency must recognize, and must ensure its policies and practices effectuate, the following fundamental principles concerning Indian tribes, bands, and communities that the Secretary of the United States Department of Interior has recognized as Indian tribes pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 USC 479a:
 - (a) Federally recognized Indian tribes are sovereign governmental entities.
 - (b) Federally recognized Indian tribes possess inherent authority to exercise jurisdiction over their respective lands and citizens.
 - (c) Federally recognized Indian tribes possess the right to self-governance and self-determination.
 - (d) The United States has a unique trust relationship with federally recognized Indian tribes as set forth in the United States Constitution, treaties, statutes, executive orders, court decisions, and the general course of dealings of the United States with the Indian nations.
 - (e) The State of Michigan has a unique government-to-government relationship with each of Michigan's federally recognized Indian tribes, and that relationship is shaped by accords, compacts, statutes, court opinions, and a multitude of intergovernmental interactions.
2. Each department and agency must adopt and implement a process for consulting on a government-to-government basis with Michigan's federally recognized Indian tribes. The department or agency must engage in this consultation process before taking an action or implementing a decision that may affect one or more of these tribes. This consultation process must adhere to the framework and requirements set forth below, which are designed to ensure that the process is consistent and predictable across departments and agencies but also flexible enough to meet the particular needs and circumstances of each consultation. Meaningful communication and collaboration on matters of shared concern must always be the core and driving objective of this consultation process.
 - (a) *Step One – Identification:* The first step in the consultation process is the identification by the department or agency of an activity (i.e., an action or decision) that may be appropriate for consultation. Identification includes a determination of the complexity of the activity, the identity of the tribe(s) potentially affected by the activity, the activity's potential implications for tribes, and any time or resource constraints relevant to the application of the consultation process to the activity.

Departments and agencies must use the following mechanisms to identify activities appropriate for consultation:

- (1) **State-Initiated Identification:** When undertaking an activity, state departments and agencies must evaluate whether the action or decision may affect tribal interests such that consultation would be appropriate.
- (2) **Tribal-Government-Initiated Identification:** A tribal government may initiate the consultation process by identifying for a department or agency an activity that may be appropriate for consultation. The department or agency must then evaluate whether the activity is appropriate for consultation, and it must afford substantial weight to the tribal government's request in performing that evaluation.
- (3) **Other Resources:** Departments and agencies must also utilize other relevant resources, such as tribal partnership groups in which the tribes may be participants, to assist them in identifying activities that may be appropriate for consultation.

Activities that may be appropriate for consultation include, but are not limited to, actions or decisions regarding: rules or regulations; policies, guidance documents, or directives; permits; civil enforcement and compliance monitoring; emergency preparedness and response; federal authorizations or delegations; and efforts to carry out state obligations under a state compact or agreement.

- (b) *Step Two – Notification:* As soon as a department or agency has identified an activity that may be appropriate for consultation, it must promptly notify the tribe(s) potentially affected by the activity. Notification must include sufficient information to permit the potentially affected tribe(s) to make an informed decision regarding whether to proceed with consultation, and must apprise the tribe(s) of how to provide input regarding the activity. Notification may occur by regular or electronic mail, telephone, or other agreed-upon means, depending on the nature of the activity and the number of tribes potentially affected. Departments and agencies must strive to honor tribal preferences regarding the specific method of notification, subject to applicable time and resource constraints.
- (c) *Step Three – Input:* The department or agency must then receive and consider input regarding the activity from any potentially affected tribe that may choose to offer it. Input may be provided to the department or agency in whatever format the tribe and the department or agency may mutually deem appropriate. The department or agency must coordinate with the tribe(s) throughout this step to ensure that the tribe(s) participating in the consultation: (1) receive all information necessary to provide the department or agency with meaningful input regarding the activity; (2) are afforded due opportunity to discuss that input with the department or agency; (3) are apprised of any significant changes to the activity, or any other issues that may arise as to it, over the course of the consultation process; and (4) are afforded due opportunity to provide to and discuss with the department or agency any additional input the tribe(s) may have regarding those changed circumstances.

- (d) *Step Four – Follow-up:* The department or agency must then provide feedback to the tribe(s) involved in the consultation to explain how their input was considered in the final decision or action. This feedback must be in the form of a written communication from a senior department or agency official involved in the consultation to the most senior tribal official involved in the consultation.
3. The governor's deputy legal counsel for tribal-state affairs, or such other individual as the governor may designate, must serve as the governor's advisor on tribal-state affairs and is responsible for monitoring the implementation of this directive and the Accord. These duties include assisting in the identification of department or agency activities appropriate for consultation, evaluating the adequacy of consultations undertaken by departments and agencies, and ensuring that department and agency consultation practices are consistent with this directive. The governor's advisor on tribal-state affairs will also serve as the governor's representative to the Tribal-State Forum formed under the Accord and, together with the tribal representatives to the Forum, must:
- (a) Monitor, confer, critically assess, make recommendations, and prepare an annual report regarding the implementation of this directive and the Accord;
 - (b) Organize an annual meeting or summit between the governor and the tribal leadership;
 - (c) Foster improved government-to-government communications between the executive office of the governor and tribal governments;
 - (d) Ensure that copies of tribal-state accords, each department's tribal consultation policy, and contact information for the tribal liaisons described in paragraph 4 below are regularly updated and available online; and
 - (e) Encourage the state legislature to adopt a tribal consultation policy and appoint a tribal liaison.
4. Within 30 days of the effective date of this directive, each department and agency must designate an individual serving in the department or agency as the department's or agency's tribal liaison. The responsibilities of this liaison must include:
- (a) Monitoring and ensuring the department's or agency's implementation of and compliance with this directive and the Accord.
 - (b) Coordinating the department's or agency's interactions with the governments of Michigan's federally recognized Indian tribes.
 - (c) Coordinating and implementing the department's or agency's tribal consultation process, including serving as a point-of-contact for department or agency staff, tribal governments, and other parties interested in the process. Within 90 days of the effective date of this directive, the liaison must submit a report to the governor's advisor on tribal-state affairs describing a plan for adopting a consultation policy by the department or agency pursuant to section (2). Within 180 days of the effective

date of this directive, the department must adopt a consultation policy consistent with section (2).

- (d) Communicating regularly with the governor's advisor on tribal-state affairs regarding the department's or agency's compliance with this directive and the Accord, and regarding the department's or agency's interactions with Michigan's federally recognized Indian tribes.
 - (e) Participating in the annual summit, the annual Tribal-State Forum, and monthly tribal-state conference calls as coordinated by the governor's advisor on tribal-state affairs.
 - (f) Producing an annual report regarding the department's or agency's implementation of this directive and the Accord. This report must include a description of the most significant interactions, including collaborations and conflicts, between the department or agency and Michigan's federally recognized Indian tribes over the past year. The tribal liaison must provide this report to the governor's advisor on tribal-state affairs and to the director or head of the department or agency no less than 21 days before the annual meeting or summit identified in section (3)(b).
- 5. Each department and agency must provide annual training on tribal-state relations for all department and agency employees who have direct interactions with tribes or who work on matters that have direct implications for tribes. This training must teach the fundamentals of tribal sovereignty, tribal treaty rights, and tribal governance, and must also provide an historical overview of Indian tribes in Michigan, with lessons on indigenous dispossession and Indian boarding schools. The governor's advisor on tribal-state affairs will provide the necessary training materials.
 - 6. This directive does not foreclose, discourage, or supplant existing effective relationships, cooperative efforts, and lines of communication between the departments and agencies and Michigan's federally recognized Indian tribes. Moreover, this directive is not enforceable by third parties, does not confer standing on any individual or entity, and does not supersede any legal obligations. Absence of agreement between the consulting department or agency and one or more tribes does not bar the department or agency from acting.
 - 7. As used in this directive, "implications for tribes" means an express reference to Indians, Indian tribes, bands or groups, or Indian organizations, or a direct effect on their collective or individual treaty rights, natural-resource or environmental interests, economic or commercial interests, civil or criminal jurisdiction, or other rights or benefits secured under Michigan or federal law by virtue of their status as Indians or tribal governments.

This directive is effective immediately.

Thank you for your cooperation in implementing this directive.



Gretchen Whitmer
Governor



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

July 29, 2020

TRIBAL CONSULTATION POLICY

PURPOSE

The Michigan Department of Health and Human Services (Department) and the federally recognized sovereign Indian tribes of Michigan (Tribes) share the goal of establishing clear policies to further the government-to-government relationship between the State of Michigan (State), the Department, and the Tribes. True and effective consultation shall include and result in the timely and effective exchange of information, mutual understanding, and informed decision making between the Tribes and Department.

To the extent practicable and permitted by law, it is essential that the Tribes and Department engage in open, continuous, and meaningful consultation. This consultation policy applies to all divisions of the Department (Divisions) and shall serve as guidance for the Tribes and Divisions to effectuate consultation through communication, collaboration, and resolution of issues.

BACKGROUND

On October 31, 2019 Governor Whitmer issued Executive Directive No. 2019-17 (Directive). As noted in the Directive, on October 28, 2002, the State entered into a Government-to-Government Accord (Accord) with several Tribes. Through the Accord, the State and the Tribes acknowledged each government's sovereignty and committed to consultation.

The Directive seeks to reaffirm, implement, formalize, and extend the Accord in at least three ways. First, the Directive seeks to ensure that State departments, the including the Department, is aware of and follows certain fundamental principles of government-to-government relations. Second, the Directive provides the process for consultation to ensure "meaningful and mutually beneficial communication and collaboration" on "all matters of shared concern." Third, the Directive builds into the State's operations the infrastructure necessary to ensure compliance with the Directive and Accord.

The Directive requires that the Department's policies and practices reflect all of the following principles:

1. The Tribes are sovereign governments.
2. The Tribes have jurisdiction over their lands and citizens.

3. The Tribes possess the right to self-governance and self-determination.
4. The United States government has a unique trust relationship with the Tribes.
5. The State and the Department have a unique government-to-government relationship with the Tribes.

This special relationship is affirmed in statutes including, but not limited to:

- Older Americans Act
- Indian Health Care Improvement Act
- Children's Health Insurance Program Reauthorization Act of 2009
- American Recovery and Reinvestment Act of 2009
- Patient Protection and Affordable Care Act of 2010
- Indian Child Welfare Act
- Michigan Indian Family Protection Act
- Indian Child Protection and Family Violence Prevention Act

OBJECTIVES:

1. Formalize the Department's policy to seek consultation and the participation of the Tribes in the development of policies and program activities that impact Tribes.
2. Establish requirements regarding the Department's engagement of and consultation with the Tribes for policy development and program activities that impact the Tribes.
3. Establish a minimum set of requirements and expectations of Department staff with respect to consultation and participation in consultation.
4. Create and formalize a process for the Department to communicate and consult with Tribes when new issues arise.
5. Establish communication channels with the Tribes and Indian organizations to increase knowledge and understanding of Department programs.
6. Enhance tribal-State partnerships that will include technical assistance and tribal access to Department program benefits for tribal citizens.
7. Coordinate efforts with other State of Michigan departments on issues of mutual concern.

CONSULTATION POLICY

The Department's Tribal Liaison (Tribal Liaison) will coordinate the Department's interactions with the governments of the federally recognized Indian Tribes within Michigan. All incoming requests for consultation must be forwarded to the Tribal Liaison. The Tribal Liaison will consult with his or her superiors to determine the need to proceed with a formal consultation process, erring on the side of consultation. The Tribal Liaison will promptly disseminate all communications related to tribal consultation to appropriate Department staff or Tribes.

Before the Department takes an action or implements a decision that may affect one or more of the Tribes, the Department, to the extent practicable and permitted by law, will consult with the Tribes. Activities that may require consultation include, but are not limited to, the following:

1. Rules or regulations.
2. Policy and guidance documents or directives.
3. Compliance monitoring.
4. Emergency preparedness and response.
5. Infectious disease response.
6. Federal authorizations or delegations.
7. Efforts to carry out obligations under a State compact or agreement.

Activities require consultation when they have:

1. Implications concerning one or more of the Tribes.
2. An effect on the relationship between the Department and one or more of the Tribes.
3. An effect on the distribution of power or responsibilities between the Department and one or more of the Tribes.

As used above, activities have “implications concerning one of more the Tribes” when they contain an express reference to Indians, Indian tribes, bands or groups, or Indian organizations, or an effect on their collective or individual treaty or other rights or benefits secured under Michigan or federal law by virtue of their status as a member or citizen of a federally recognized tribe or federally recognized tribal government.

Each of the Department’s Divisions must implement this consultation policy and engage in meaningful communication and collaboration with the Tribes on matters of shared concern. Each of the Divisions will engage in regular meetings and/or conference calls with the Tribes to discuss matters that may require consultation. Consultation with the Tribes on Medicaid policy changes will continue through the current Medicaid promulgation process.

This policy establishes the following minimum consultation requirements each of the Divisions must implement:

1. Step One – Identification. When an activity or decision has been identified as potentially needing consultation, the Department will determine whether consultation is appropriate. Identification includes a determination of the complexity of the activity, the identity of the tribe(s) potentially affected by the activity, the activity’s potential implications for the tribe(s), and any time or resource constraints relevant to the application of the consultation process to the activity. The Department should err on the

side of consultation. Determination of matters to be addressed through consultation shall be identified through the following:

- a. Department-Initiated identification – The Department may determine that an action or decision may affect a tribe’s interests such that consultation is appropriate.
 - b. Tribe-Initiated Identification – A tribe may request consultation on an activity that may impact one or more of the Tribes. If anyone in the department is contacted by a Tribe for consultation, the person shall notify the Tribal Liaison to review and determine if it is appropriate to initiate the consultation process. The Department will evaluate the need for consultation, affording substantial weight to the tribe’s request.
 - c. Other Resources – An activity that may be appropriate for consultation may be identified through interaction with outside organizations, including, but not limited to, the Midwest Alliance of Sovereign Tribes, The United Tribes of Michigan, the Michigan Tribal Health Directors Association, or Tribal/State Partnership meetings.
2. Step Two – Notification. If a Tribal request for consultation has been received that the Department determines does not warrant formal consultation, then a notice shall be promptly sent to the affected tribes providing an explanation. As soon as the Department identifies an activity that may be appropriate for consultation, it shall promptly notify all Tribes potentially affected. The notice must be sufficiently detailed to describe the proposed action. The notice may be conveyed by U.S. mail, email, telephone, and/or other agreed-upon means.
3. Step Three – Input. The Department must receive and consider input from the affected Tribes and must coordinate with the Tribe(s) to ensure that those participating in consultation:
 - a. Receive all necessary information;
 - b. Have an opportunity to provide and discuss with the Department any additional input regarding the proposed new activity or changed circumstances.

The Tribal Liaison or their designee will work with interested Tribes in planning the time(s), location(s) and method of consultation. Tribes may contact the Tribal Liaison to request that an official with decision-making authority participate in a consultation.

4. Step Four – Follow-up. The Department must follow up with the Tribes involved in the consultation. The Department must explain how the Tribes’ input was considered and/or implemented in a final decision or action. This feedback must be in writing from

a senior Department official involved in the consultation to the most senior tribal official, as determined by the Tribe, involved in the consultation. Where practicable, the Department shall provide preliminary written feedback to the Tribes prior to issuing its final decision.

The Department will disseminate the final consultation policy widely within the Department and provide training to management and other staff that have contact with or perform actions that may have an effect on the Tribes or tribal citizens in their daily work.

PROTOCOL

1. Identification of Need. Upon identification that an activity has potential implications for one or more of the Tribes, the Department will initiate consultation. If other State departments may be impacted, the Department Tribal Liaison will contact the Tribal Liaison for the other department(s) to determine if they should coordinate consultation efforts.

When consultation is determined to be appropriate, the following steps shall be taken:

- Identify the applicable program, policy, rule, regulation, and/or statute.
 - Identify how the activity impacts one or more of the Tribes, if known.
 - Identify affected/potentially affected Tribes.
 - The Department will respond to requests for consultation in a timely manner consistent with Department policy or as set forth by the Michigan Medicaid State Plan approved by the Center for Medicare and Medicaid Services (CMS); Title XX Social Security Act; ICWA (25 U.S.C. 1901 et seq.); and MIFPA (MCL 712B. 1 – 41).
2. Determine Consultation Mechanism: When the Department determines that consultation is required, the Department will evaluate the nature of the activity in collaboration with the Tribe(s) to determine the appropriate mechanism for consultation. Such evaluation should include, but is not limited to, a review of the complexity, implications and time constraints at issue that may impact policy, funding and/or budget development; programs; services; functions; or activities. Consultation mechanisms include, but are not limited to, one or more of the following:
 - Mailings
 - Teleconferences
 - Face-to-Face meetings between the Department and the Tribes
 - Round Tables
 - Webinars
 - Michigan Tribal Health Directors Association Meetings

- Michigan Tribal/State Partnership meetings
 - Other regular or special program-level consultation sessions.
3. Official Notification: The Department must provide written notice to the potentially affected Tribes of the activity in need of consultation and proposed consultation-mechanism using all appropriate methods and provide clear details of the manner and timeframe in which Tribes may voice concerns or potential impacts, propose actions or activities, or provide other comments. Notice will be sent to the Tribal Leader and their identified designee(s) which may vary depending on subject matter.
 4. Notification timelines: The Department must provide as much advance notice as practicable or required by Department policy. The Tribal Liaison or their designee will respond to consultation requests in a timely manner.
 5. Receipt of Tribal Comment(s): The Department shall use all appropriate methods, including in person, teleconference, or in writing, to communicate clear and explicit instructions on the methods and timeframes for the Tribes to submit comments on the activity in need of consultation.
 6. Meetings: When necessary, the Department shall convene a meeting in a State-wide, regional, local, or otherwise appropriate forum, to the extent practicable and permitted by law, by teleconference, webinar, or face-to-face contact with all potentially affected Tribes to discuss all activities identified as needing consultation.
 7. Feedback: To the extent practicable and allowed by law, the Department will respond to concerns raised by the tribes before taking an action or implementing a decision that was a subject of consultation.
 8. Reporting of Outcome: The Department shall report to the Tribes the outcome of the consultation within 90 calendar days of final consultation. If the Department is awaiting guidance from a federal regulatory agency in order to proceed and has not received the guidance before the 90 day deadline, the Department will notify the Tribes of the delay and request an amended date for reporting of final consultation outcome. Once the consultation process is complete and a proposed policy is approved and issued, the final policy must be disseminated to the Tribes and any necessary tribal organization.

APPLICABLE LAW

1. July 17, 2001 State Medicaid Director Letter #01-024: The July 2001 state Medicaid director letter describes the tribal consultation process that states must employ prior to submitting any Section 1915 and 1115 Waiver request. States are required to consult

with all federally recognized tribal governments maintaining a primary office and/or major population in the state at least 60 days before the state intends to submit a Medicaid waiver request or waiver renewal to CMS, or to follow the consultation state plan if the state plan addresses government-to-government consultation with tribes.

The notification required by the July 2001 State Medicaid Director letter must describe the purpose of the waiver or renewal and its anticipated impact on tribal citizens. In order for tribal governments to understand the impact on its tribal citizens, the notification should include actual language from the demonstration waiver or renewal that has tribal implications and should not be in summary or outline form.

2. The 2002 Michigan State/Tribal Accord may be viewed at:
https://www.michigan.gov/documents/som/2002_Tribal-State_Accord_195712_7.pdf
3. Executive Directive 2019-17 may be viewed at:
https://www.michigan.gov/whitmer/0,9309,7-387-90499_90704-520036--,00.html
4. Section 5006(3) of the American Recovery and Reinvestment Act: (ARRA) requires any state with one or more Indian health providers to obtain advice and input on a regular and ongoing basis prior to submission of any Medicaid or CHIP Medicaid State Plan Amendments (SPAs), waiver requests or proposal for a demonstration project that is likely to have a direct effect on Indians and Indian health providers. States are required to submit a Medicaid SPA in order to document its process for such consultation.

For more information, see Michigan's Medicaid State Plan Section 1.4 b on Tribal Consultation: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MichiganStatePlan/MichiganStatePlan.pdf>

5. The Indian Child Welfare Act, 25 U.S.C. 1901 *et seq.* may be viewed at:
<https://uscode.house.gov/view.xhtml?path=/prelim@title25/chapter21&edition=prelim>
6. Title XX Social Security Act may be viewed at:
https://www.ssa.gov/OP_Home/ssact/title20/2000.htm.
7. The Michigan Indian Family Preservation Act, MCL 712B.1 – 41 may be viewed at:
[http://www.legislature.mi.gov/\(S\(ehbnbe2mwfgjyey10cxrfg1\)\)/mileg.aspx?page=getObject&objectName=mcl-288-1939-XIIB](http://www.legislature.mi.gov/(S(ehbnbe2mwfgjyey10cxrfg1))/mileg.aspx?page=getObject&objectName=mcl-288-1939-XIIB).

MEETING RECORDS AND ADDITIONAL REPORTING

The Department is responsible for making and keeping records of its tribal consultation activity. All such records shall be made readily available to the Tribes on request.

An annual Consultation Report shall be made by the Tribal Liaison to the Governor's office and will be provided to the Tribes on request.

CONFLICT RESOLUTION

The intent of this policy is to promote a partnership between the Department and the Tribes that enhances the Department's ability to address issues and resolve problems. Nothing in this policy shall be construed to preclude the Tribes from raising issues to responsible officials outside of the consultation process. Nothing in this policy creates a right of action against the State or the Department for failure to comply with this policy.

TRIBAL SOVEREIGNTY

This policy does not waive any tribal governmental rights or authority, including treaty rights, sovereign immunities, or jurisdiction. Additionally, this policy does not diminish any rights or protections afforded to American Indians or Alaska Natives or tribal entities under federal or state law.

Each tribe is a sovereign government with an inherent right to self-governance and self-determination. Each has its own governing structure, culture, traditions, laws, regulations, and policies, which it uses to exercise jurisdiction over land and people. And each has a special trust relationship with the federal government. These principles are rooted in and affirmed by the Constitution, treaties, statutes, and court opinions of the United States, and they fundamentally define the unique legal relationship between these tribes and the State of Michigan.

DEFINITIONS

Activity – Action or decision that may significantly affect tribal interests.

Communication – The exchange of ideas, messages, or information, by speech, signals, writing or other means.

Consultation – An enhanced form of communication which emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process, which results in effective collaboration and informed decision making with the goal of reaching consensus on issues.

Coordination and Collaboration – Working and communicating together in a meaningful government-to-government effort to create a positive outcome.

Federally Recognized Tribal Government – Indian tribes with whom the federal government maintains an official government-to-government relationship, usually established by a federal

treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs maintains and regularly publishes the list of federally recognized Indian tribes.

Indian Health Provider – Indian Health Services (IHS) tribal health programs, and urban Indian organizations.

Indian Organizations – Those federally recognized tribally constituted entities that have been designated by their governing body to facilitate Department communications and consultation activities. Any statewide or regional organizations whose board is comprised of federally recognized tribes and elected/appointed tribal leaders. The Department does not participate in government-to-government consultation with these entities; rather, these organizations represent the interests of tribes when authorized by those tribes.

Indian Tribe – An Indian Tribe, band nation, village, or community the Secretary of the Interior acknowledges to exist as an Indian tribe pursuant to the federally recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

Sovereignty – The ultimate source of political power from which all specific political powers are derived.

To the Extent Practicable and Permitted by Law – Refers to situations when the opportunity for consultation is limited because of constraints of time, budget, legal authority, etc.

Treaty – A legally binding and written agreement that affirms the government-to-government relationship between two or more nations.

Tribal Resolution – A formal expression of the opinion or the will of an official tribal governing body which is adopted by vote of the tribal governing body.

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Urban Indian Organization – A program funded under title V of the Indian Health Care Improvement Act.

MICHIGAN DEPARTMENT OF EDUCATION'S TRIBAL CONSULTATION POLICY

To Live and Learn in Relationship: Collaborative Governance to Support Indigenous Learners in Michigan

Background

On October 31, 2019, Governor Gretchen Whitmer issued Executive Directive 2019-17, requiring all state departments to engage in meaningful consultation and collaboration with tribal officials. The Michigan Department of Education (MDE) agrees with Governor Whitmer's statement that "mutually beneficial cooperation and understanding, as well as the resolution of disagreements, can best be achieved through regular consultation between the State and tribes on matters of shared concern".

MDE has partnered with the Confederation of Michigan Tribal Education Directors (CMTED) to develop the following consultation policy to support Michigan's indigenous learners. MDE looks forward to working with tribal partners to articulate the consultative relationship further and implement the tribal consultation policy according to the expectations outlined in Executive Directive 2019-17.

Policy Statement

In an effort to improve the education experience and outcomes for indigenous learners in Michigan, the Confederation of Michigan Tribal Education Directors and the Michigan Department of Education, through the Indigenous Education Initiative, will adopt and implement a collaborative governance consultation policy.

This document serves to –

- Articulate the guiding principles necessary to transform the system of education for indigenous learners
- Identify the commitments of the State Education Agency to meet the expectations as articulated in Michigan Executive Directive 2019-17
- Define the consultation process in support of the requirements of Executive Directive 2019-17

MICHIGAN DEPARTMENT OF EDUCATION'S TRIBAL CONSULTATION POLICY

To Live and Learn in Relationship: Collaborative Governance to Support Indigenous Learners in Michigan

Guiding Principles

MDE seeks to foster and facilitate positive government-to-government relations between the state agency and the 12 federally recognized tribes in Michigan. Rather than driving consultation policy development from the need to comply with federal and state requirements, MDE's Indigenous Education Initiative and CMTED are working in partnership to ensure inclusive and meaningful collaboration between the state education agency and Michigan's tribes.

MDE has adopted a relational approach to consultation and engagement with the Michigan tribal nations. To be clear, this approach is not new to indigenous communities, but rather a recognition of an indigenous way of being and learning.

Guiding principles for this shared work include, but are not limited to –

- The fundamental basis of effective consultation is recognition and respect for tribal sovereignty. Federally recognized tribes are sovereign governmental entities and, as such, maintain a government-to-government relationship with the federal government. Tribal governments have primary authority and responsibility for each tribe's land and citizens.
- Tribes are not merely a homogenous stakeholder group but are distinct sovereign nations that predate the United States' formation and maintain a unique political status and should be engaged accordingly.
- Communication and coordination with tribal partners are essential to the implementation of a meaningful tribal consultation policy.

MICHIGAN DEPARTMENT OF EDUCATION'S TRIBAL CONSULTATION POLICY

To Live and Learn in Relationship: Collaborative Governance to Support Indigenous Learners in Michigan

Commitment of the State Education Agency to Live and Learn in Relationship

Tribal communities have committed to the education of their learners since time immemorial. Tribes have extended this support to all learners in Michigan, as evidenced by establishing the Native American Heritage Fund, tribal-state gaming compacts, tribally run public school academies, tribally controlled community colleges, and scholarships to non-tribal students attending public institutions. Since 1993, tribes have contributed over \$534 million to local and state governments.

MDE recognizes and commends the tribes for their ongoing support of education in Michigan. The empowerment of Michigan's indigenous communities – whether on ancestral treaty lands or with individuals living in Michigan's urban centers – is supported through recognition of indigenous-based knowledge systems. Adopting an indigenous framework of consultation demonstrates MDE's commitment to co-exist in relationship with the tribes. As a result of embracing this approach, MDE stands together with the tribes in shared responsibility to support indigenous learners' educational outcomes in Michigan.

Commitment One: The relationship will be valued and sustained.

The relationship between indigenous peoples and the government is based on a legacy of genocide and forced assimilation. The First Americans were regarded as inferior, undeserving of equality, and never introduced to equity. The historical stain this country has in its relationship with its first citizens plays out in federal and state policy and practice to this day.

The history, and all too frequent current experience, for indigenous communities is to be easily forgotten, readily dismissed, and willfully ignored. This invisibility has led to the inequities in education for our indigenous learners and has directly contributed to decades of mistrust.

To visit, to laugh, to be seen, to trust one another – these are the virtues of indigenous communities then and now. These virtues have ensured the survival of the People of the Three Fires (Ojibwe, Odawa, and Potawatomi). They are the core attributes of the Anishinaabek community. This traditional way of life is why authentic and mutually respectful relationships are vital to this shared work.

The work to date could not have been undertaken without the significant contributions from MDE's primary tribal education partner – the Confederation of Michigan Tribal Education Directors (CMTED). This strengthening partnership between MDE and CMTED has been and continues to be a model for authentic consultative relationships.

Adopting an indigenous framework of consultation demonstrates a shared commitment to an authentic consultative relationship between the tribes and the state education agency. CMTED has been a true partner with MDE during the development of this policy and will continue to be central to adopting and implementing an indigenous approach to consultation in support of indigenous children in Michigan.

MICHIGAN DEPARTMENT OF EDUCATION'S TRIBAL CONSULTATION POLICY

To Live and Learn in Relationship: Collaborative Governance to Support Indigenous Learners in Michigan

Commitment Two: The governance will be collaborative.

In response to Michigan Executive Directive 2019-17, MDE, in partnership with CMTED, is adopting a collaborative governance framework of consultation that embraces tribal sovereignty and leverages federal and state requirements. This inclusionary approach is both beneficial and respectful to the indigenous peoples of Michigan. This approach also dramatically expands the understanding of state institutions and representatives seeking to work directly with tribes.

The goal of collaborative governance is to create a new system, inclusive of an evolved approach to consultation, that promotes equity and access for indigenous learners and their communities. Michigan is looking to make systemic transformation toward equity at a different level of the education system, namely, the relationship and agreements between state agencies and tribes.

Development of Collaborative Governance Structure

Collaborative governance refers to an explicit strategy of incorporating partners into mutual and consensus-oriented decision-making processes, emphasizing three core contingencies: time, trust, and interdependence. Through this process, governance is shared vertically and horizontally with different members of the system having different responsibilities. The decision-making process is collaborative and circular in nature between and within systems.

Collaborative governance involves joint activities, interconnected structures, shared resources, and the development of a structured arrangement. To address the consultation policy expectations as articulated in Michigan Executive Directive 2019-17, MDE will advance the existing consultative engagement process with tribal education leadership through its partnership with CMTED. In addition, MDE will expand the consultative relationship to engage specifically with elected leaders at the state and tribal levels and broaden its efforts to engage with additional tribal education community members.

Levels of the collaborative governance structure to support consultation are outlined in the table on the following page. Creating a collaborative governance structure will ensure the existing consultative relationship is furthered while also providing targeted engagement opportunities with elected leaders of the tribes and the state.

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Roles	Responsibilities
CMTED Chair + Indigenous Education Initiative Director	MDE's Indigenous Education Initiative will send all education discussion items originating from the department to the CMTED Chair for initial review. The CMTED Chair will determine the timeline and approach for routing identified discussion items to CMTED Leadership Team for consideration.
CMTED Executive Leadership Team + MDE Indigenous Education Initiative Team	<p>During monthly calls (and additional communications as needed), decisions will be made by the CMTED Leadership Team regarding engagement with CMTED as a collective on identified issues and opportunities.</p> <p>MDE's Indigenous Education Initiative will work with CMTED Leadership Team to identify MDE resources needed, including, but not limited to, federal and state policy and program expertise.</p>
CMTED + MDE senior staff	<p>CMTED will continue to serve as the consultative body for MDE. A quarterly meeting structure will be utilized to engage the tribal education directors from each of the 12 federally recognized tribes. Convenings with CMTED as a collective will continue quarterly with additional requests for engagement at the request of the CMTED Executive Leadership Team. Variations on how CMTED members route questions to tribal leadership and handle delegate authority will be identified and adhered to as requested.</p> <p>Matters will be elevated to MDE Senior Staff, including, but not limited to, the state superintendent as jointly determined by CMTED Leadership Team and MDE's Indigenous Education Initiative. Processes for engagement with MDE senior staff will be identified and adhered to as requested.</p>
Elected tribal leaders + state elected leaders (including State Board of Education or Governor's Office)	<p>Issues and opportunities will be elevated to the elected leadership of both the state and/or the tribe(s) as determined by either CMTED or MDE Leadership.</p> <p>In addition to issue resolution as needed, elected leaders will be involved in developing a proactive, shared strategy regarding indigenous learners' education in Michigan.</p>

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To Live and Learn in Relationship: Collaborative Governance to Support Indigenous Learners in Michigan

Establishment of Indigenous Education Coalition

In addition to the collaborative governance structure articulated above, MDE commits to establishing an Indigenous Education Coalition. The coalition will be proactive and forward-facing, leveraging the gift of foresight to develop a shared strategy for the education of indigenous learners in Michigan. The members will identify barriers and challenges to equitable education access, determine actions to address said barriers and challenges, and ascertain resources and opportunities to support named efforts.

The coalition will include but is not limited to indigenous youth, elders, tribal leaders, educators, urban community members, tribal organizations, state representatives, Governor's office representatives, Attorney General's office, state agencies, and local and intermediate districts.

An output of the coalition will be creating an annual report regarding the state of indigenous education in Michigan. The report will include, but is not limited to, results of surveying efforts in the indigenous communities in Michigan, quantitative data specific to student outcomes, a summary of the issues to be addressed, and strategies being utilized to support indigenous learners.

Commitment Three: The learning will be mutual, shared, and reciprocal.

As noted in Michigan Executive Directive 2019-17, each state agency must provide annual training on tribal-state relations for all department employees who have direct interactions with tribes or who work on matters that have direct implications for tribes. This training will address the fundamentals of tribal sovereignty, tribal treaty rights, and tribal governance. It will also provide a historical overview of Indian tribes in Michigan, with lessons on indigenous dispossession and Indian boarding schools. The governor's advisor on tribal-state affairs will provide the necessary training materials.

In addition to the training requirements noted above, MDE's Indigenous Education Initiative will continue to host Listening and Learning Forums for both MDE and CMTED. The Listening and Learning Forums are designed by the Indigenous Education Initiative to introduce and strengthen the knowledge base of MDE staff on educational issues facing the 12 federally recognized tribes of Michigan and provide opportunities for CMTED to learn about state and federal education programs.

MICHIGAN DEPARTMENT OF EDUCATION'S TRIBAL CONSULTATION POLICY

To Live and Learn in Relationship: Collaborative Governance to Support Indigenous Learners in Michigan

Consultation Processes and Procedures

Executive Directive 2019-17 requires a process of tribal consultation designed to ensure meaningful and mutually beneficial communication and collaboration between these tribes and the departments on all matters of shared concern.

MDE, and its tribal education partners, believe consultation is a multi-phased ongoing process, not an event. The consultative effort must be based on established relationships, collaborative processes, and shared priorities. This inclusionary approach, utilizing a historic indigenous knowledge base for consultation, is both beneficial and respectful to Michigan's indigenous peoples. This approach also greatly expands the understanding of state institutions and representatives seeking to work directly with tribes.

The work to date has repeatedly demonstrated there is no 'one size fits all' approach to consultation. A tribal consultation process needs to be adopted and implemented that is flexible and can be tailored to MDE, and the tribes' specific needs. The following phases for consultation between MDE and Michigan's tribal nations are listed below to operationalize this collaborative, iterative approach.

All phases of the consultation process will be co-managed using the collaborative governance structure described above. For each phase of the consultation process, MDE, in partnership with CMTED, will identify the protocols necessary to assess the process and identify improvements needed. Protocols for consensus and communication will be co-developed within 90 days of the acceptance of this policy.

Consideration Phase

The Consideration Phase is the first step of the consultation process and is characterized by the realization of the following objectives:

1. Determine that consultation is required or would benefit an initiative or identified area of work.
 - State-Initiated: When undertaking an activity, MDE will evaluate whether the action or decision may affect tribal interests such that consultation would be appropriate.
 - Tribal-Government-Initiated: A tribal government may initiate the consultation process by identifying an activity that may be appropriate for consultation. MDE, in partnership with the requesting tribe, will evaluate whether the activity is suitable for consultation, affording substantial weight to the tribal government's request when performing the evaluation.
2. Define the complexity of the initiative or identified area of work, its potential implications, and any time or resource constraints relevant to the consultation process.
3. Identify the potentially affected consultative partners, including but not limited to tribes, local education agencies, intermediate school districts, community partners, and state agencies.
4. Determine and define the approach needed for meaningful consultation to be achieved.

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The process through which the following objectives are achieved varies with the nature of the consultation. Regardless of the initiating party (MDE or the tribal government), the outcomes outlined in Objectives 2-4 will be achieved through collaboration between representatives from the Indigenous Education Initiative (on behalf of MDE) and the CMTED Executive Leadership (representing the federally recognized tribes of Michigan).

Notification Phase

The Notification Phase will occur after the Consideration Phase and proceed as mutually agreed upon by MDE and CMTED Leadership. Notification, which is the primary objective of this phase, may occur in various ways depending on the activity's scope and nature and the number of consultative parties involved. MDE will request the preferred mode of notification from each tribe annually. Notification may include emails, mailings, individualized telephone calls, or any number of other mutually agreed-upon means.

Regardless of the method used, the notification should include sufficient information so that recipients (e.g., tribal leaders, local education staff) can make informed decisions about their desire to engage in consultation. Notification should also occur sufficiently early in the process to allow for meaningful input by all parties.

Input Phase

The Input Phase will include a range of interactions, including written and oral communications, meetings, webinars, conference calls, on-site visits (i.e., community and cultural events), and other appropriate interactions depending upon the specific circumstances involved and determined in the Consideration Phase.

Throughout this phase, MDE's Indigenous Education Initiative will coordinate with both tribal and MDE officials to respond to their needs for information and provide opportunities to provide, receive, and discuss input. During this phase, the consultation requesting party will consider the input regarding the activity, plan, or identified area of work in question.

With indigenous knowledge and teachings as a driving force, the collaborative approach to consultation necessitates community perspective inclusion. The utilization of tribal historians, fluent indigenous language speakers, teachers, community leaders, and, in particular, the indigenous youth themselves, combined with the tribal, political, and educational administration, is central to the indigenous consultation approach. As part of the Input Phase, consultative parties should engage with their respective communities about the process and its outcomes. Modeled after how tribal community leaders traditionally would ensure that the community's voice was accurately represented within consultative processes, getting broader community input is critical to ensure that the consultation participants accurately reflected the wishes of the communities they represent.

Follow-up Phase

During the Follow-Up Phase, MDE will explain how input was considered in the final action(s), and each party will also provide feedback on the consultation process. The feedback will be in the form of written communication from MDE executive leadership involved in the consultation to the most senior tribal official involved in the consultation.

MICHIGAN DEPARTMENT OF EDUCATION'S TRIBAL CONSULTATION POLICY

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Implementation Phase

During the Implementation Phase, MDE and CMTED Leadership will monitor the activities and processes defined during consultation and evaluate effectiveness. Should the nature and scope of the consultative topics necessitate ongoing consultation, then the process should iterate. If additional topics for consultation are identified through this process, then further consultation should be undertaken.

Considerations related to Consultation Processes

As MDE proceeds with the implementation of this consultation policy, it is worth noting the following considerations.

1. Developing and maintaining a collaborative governance structure and consultative relationship is a work in progress. The processes will need to be assessed and will likely shift. MDE and its tribal education partners will need to find the balance between structure and circumstance. Flexibility will be built into the process, so continuous improvement is fostered.
2. MDE, in partnership with CMTED, will revisit a central question throughout the consultation process: *Are the work and the partners staying true to the principles articulated in this policy?* An intentional review of the co-developed principles will be conducted as decisions are made to see if the work and the partners from the state and the tribal nations hold to the established principles.

OPIOID ADVISORY COMMISSION

Tribal Outreach Plan *Proposed*

Purpose

The purpose of the Opioid Advisory Commission's (OAC) Tribal Outreach Plan (TOP) is to identify initial pathways for outreach, communication, information-sharing, and relationship-building between the [Opioid Advisory Commission](#)¹ and Tribal governments.

The Tribal Outreach Plan represents the first step of a multi-phased approach to building collaborative partnerships with both federally recognized and state historic Tribes, in an effort to support Tribal inclusion and representation in (a) the state opioid settlement space and (b) in the work of the OAC, as a legislatively established advisory body.

Proposed efforts outlined in the OAC's Tribal Outreach Plan have been developed with intentionality and consideration for the unique relationship that exists between state and Tribal governments.

Statement of Acknowledgement

The OAC acknowledges historical trauma in the experiences of Indigenous peoples and Tribal communities, resulting from the policies and practices of state and federal governments.

The OAC believes that acknowledgement of this history, with recognition of adverse, intergenerational impacts experienced by Indigenous and Tribal communities, is necessary in any work which explores state-Tribal partnership.

The OAC also acknowledges and adopts the following principles (previously developed by the Michigan Department of Health and Human Services)² which shall help guide all work, including but not limited to communication, outreach, and engagement, with Tribal governments:

1. The Tribes are sovereign governments.
2. The Tribes have jurisdiction over their lands and citizens.
3. The Tribes possess the right to self-governance and self-determination.
4. The United States government has a unique trust relationship with the Tribes.
5. The State of Michigan has a unique government-to-government relationship with the Tribes.

Considerations

The OAC is an advisory body to the [Michigan state legislature](#)³ and is an agency of the [Legislative Council](#)⁴. While the OAC aims to increase Tribal inclusion and representation, limitations exist in the OAC's ability to enact legislation, as that power remains vested with the state legislature and its members. The OAC is limited to providing recommendations for funding and policy, and developing strategies that support key tasks, as outlined by statute ([Public Act 84 of 2022; MCL 4.1851](#))⁵.

¹ <https://council.legislature.mi.gov/Council/OAC>

² https://www.michigan.gov/som/-/media/Project/Websites/SOM/Media/SOM-Government---Tribal-Government/Tribal-Consultation-Policies/MDHHS_CONSULTATION_POLICY_-_Final.pdf?rev=26215589aa59409185d7ce402d12df1f&hash=01D7E3D0B4F555C5546707115E3D85FB

³ [https://www.legislature.mi.gov/\(S\(w2wc1idou1fo4ckwoo2wl3sg\)\)/mileg.aspx?page=home](https://www.legislature.mi.gov/(S(w2wc1idou1fo4ckwoo2wl3sg))/mileg.aspx?page=home)

⁴ <https://council.legislature.mi.gov/Council/Index>

⁵ <https://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0084.pdf>

However, the OAC strives to support meaningful inclusion and representation of Tribal partners in its work, as input from and collaboration with Tribal governments (and their citizens), plays a vital role in informing, developing, and enhancing strategies for opioid remediation and wellness.

The perspectives, expertise, and innovations offered by Tribal partners are crucial to understanding the unique needs, priorities, and solutions for addressing substance use disorders (SUD), mental health conditions, and co-occurring disorders (COD) within our Tribal communities. **Without which, the OAC is limited in the scope of recommendations it may offer for legislative action.**

Further, there is a national precedent for the inclusion of Tribal partners in consultation, planning, and implementation of **state opioid settlement funds**, as observed in the strategies, methods, and funding priorities shared by various litigating states.⁶

There is also consideration for health disparities and disproportionate impacts from substance use disorders (SUD) and mental health conditions, experienced by American Indian and Alaskan Native populations, as compared other groups.

Per the Centers for Disease Control and Prevention (CDC):

“Overdose deaths have continued to increase over the last 20 years, including among American Indian and Alaska Native (AI/AN) people. A recent [CDC Vital Signs](https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm)⁷ showed that in just one year, overdose death rates (number of drug overdose deaths per 100,000 people) increased 39% for non-Hispanic (NH) AI/AN people. In 2019 and 2020, drug overdose death rates were highest for AI/AN people compared to other racial and ethnic groups”.⁸ Similarly, “American Indian and Alaska Native people are at higher risk of dying by suicide compared with other Americans. In 2021, non-Hispanic AI/AN people had a suicide rate 99% greater than the general population”⁹, experiencing the highest rates of suicide compared to all other racial and ethnic groups.¹⁰

The OAC recognizes that Indigenous populations and Tribal communities have been disproportionately impacted by the opioid epidemic and experience high rates of overdose and suicide (nationally) among all racial and ethnic groups; that there is a national precedent for Tribal inclusion efforts in state opioid settlement spaces; that there are instances in which Tribal governments have been historically left out of conversations which have direct relevance to, and impact on, Tribal citizens; that advisory efforts which do not actively strive for meaningful outreach, engagement, and inclusion of Tribal partners, fail to fully provide an understanding of the needs, priorities, and potential solutions to support health and wellness for **all state citizens**.

Rationale and Process Overview

It is for these reasons that the OAC is prioritizing relationship-building with Tribal governments to increase community inclusion and direct representation of the Tribes, in legislative advisory spaces. To do so, the OAC supports a thoughtful, intentional, and equitable approach to initial communication and outreach efforts with Tribal partners.

As the first step to building a collaborative and informed relationship, the OAC has proposed six (6) steps, as the foundation for all initial outreach and communication activities.

⁶⁶ Noting that Tribal inclusion remains a priority for the OAC, irrespective of Tribal participation in the Tribal opioid settlements.

⁷ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm>

⁸ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm>

⁹ <https://www.cdc.gov/suicide/programs/tribal/index.html>

¹⁰ <https://www.cdc.gov/suicide/facts/index.html>

Initial Outreach and Communication Plan

Step 1.

Outreach/correspondence to the [United Tribes of Michigan](#) (UTM)

Description: Notification/correspondence to be sent to UTM leadership (President) and staff (Executive Director) with request for dissemination to Tribal leaders.

Step 2:

Outreach/correspondence to Tribal leaders and Tribal Health/Behavioral Health Directors

Description: To occur within 7 days of initial send-out to UTM; notification/correspondence to be sent simultaneously to each of the twelve (12) Tribal Chairs/designated leadership teams and Health/Behavioral Health directors. See Attachment A.

Noting exploration of “designated leadership teams” with each Tribal government, upon further discussion.

Step 3:

Outreach/correspondence to Tribal service organizations and/or representative agencies

Description: To occur within 7 days of initial send-out to Tribal leaders and Health/Behavioral Health directors; notification/correspondence to Tribal service organizations and/or representative agencies. See Attachment A.

Step 4: Outreach/correspondence to State historic Tribes

Description: To occur within 7 days of initial send-out to Tribal leaders and Health/Behavioral Health directors; notification/correspondence to State historic Tribes. See Attachment A.

Step 5:

Outreach/correspondence to Tribal lobbyists

Description: To occur within 7 days of initial send-out to Tribal leaders and Health/Behavioral Health directors; notification/correspondence to Tribal lobbyists, if/as applicable.

Step 6:

Facilitation of a monthly OAC/Tribal call for all interested Tribes and/or Tribal affiliates

*Description: Initial Zoom call to align with OAC sessions, generally held **2nd Thursday of the month**. Noting that meeting schedule is subject to change based on input from attendees/participating Tribes.*

UPCOMING DATES *Proposed*

Thursday, October 12	2:00-3:00p
Thursday, November 16	2:00-3:00p
Thursday, December 14	2:00-3:00p
Thursday, January 11	2:00-3:00p

OAC Community Engagement and Planning Collaborative (advisory workgroup): The OAC also supports Tribal representation on the Community Engagement and Planning Collaborative. Present (proposed) language of the workgroup includes Tribal prioritization through a minimum of two (2) Tribal representatives, as designated by the Tribes.

The Community Engagement and Planning Collaborative (advisory workgroup) formally convened in September, 2023.

Information to be Shared by the OAC

- Information/updates related to national opioid litigation, state opioid settlement funds (Michigan Opioid Healing and Recovery Fund), and activities within the state opioid settlement space
- Information/updates related to the work of Opioid Advisory Commission, including but not limited content of OAC meetings, quarterly/annual reports*, formal recommendations, regional listening sessions, updates/priorities of workgroup(s), planning considerations, etc.
- Information/updates related to activities of the State-Local Opioid Settlement workgroup
- Information/updates related to national trends, strategies, and promising practices
- Information/updates regarding resources and contacts
- Information/updates on legislative action

Information Sought from Tribal Partners

- Need, priorities, strengths, barriers, and gaps observed within the community; relevant to substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD); prevention, treatment, recovery, and harm reduction services.
- Tribal-specific considerations for existing state behavioral health initiatives
- Tribal-specific considerations for existing local behavioral health initiatives
- **Direct recommendations for funding, as applicable to the charge/scope of the OAC**
- **Direct recommendations for planning, use, and appropriation of state opioid settlement funds**
- **Direct recommendations for policy, as applicable to the charge/scope of the OAC**
- Programs/practices to highlight; current Tribal behavioral health initiatives, programming, and/or promising practices for substance use disorder (SUD), mental health conditions, and/or co-occurring disorders
- Tribal-specific and/or culturally responsive considerations for prevention, treatment, recovery, and harm reduction efforts for substance use disorder (SUD) and mental health conditions
- Tribal-specific and/or culturally responsive considerations for overdose prevention work
- Tribal-specific and/or culturally responsive considerations for youth prevention work
- General input/feedback/suggestions related to the work of the OAC, proposed Tribal Outreach Plan (TOP), and information needs/requests

**The OAC supports inclusion of a Tribal-specific section in its quarterly and annual reports, to allow for direct identification of needs, priorities, strengths, barriers, and recommendations for legislative action, as applicable to the charge of the OAC and as identified by the Tribes.*

Initial Outreach

Initial outreach efforts to take place by October 2023. Documents to be expected in initial correspondence:

- OAC Introduction (Letter/Email)
- OAC Tribal Outreach Plan *Proposed Attachment*
- Monthly OAC/Tribal Call: Agenda and Access Information **Attachment**
- [Michigan Opioid Settlement Funds Part I: Key Agencies and Settlements](#) **Attachment**
- [Michigan Opioid Settlement Funds Part II: Frequently Asked Questions](#) **Attachment**

Final Considerations

As the OAC's Tribal Outreach Plan is in early stages of implementation, any input/feedback from Tribal partners is strongly encouraged.

The OAC welcomes questions, suggestions, and any direct contact from Tribal partners and hopes to establish both collective and individual spaces for communication, to best support the interests and needs of all Tribal governments.

Please contact Tara King, OAC Program Coordinator, for all inquiries and suggestions:

tking@legislature.mi.gov

Attachment A.

“Tribes”; “federally recognized Tribes”; “Tribal governments”; and “sovereign nations” is intended to include the following:

[Bay Mills Indian Community](#)

[Grand Traverse Band of Ottawa and Chippewa Indians](#)

[Hannahville Potawatomi Indian Community](#)

[Nottawaseppi Huron Band Potawatomi \(NHBP\)](#)

[Keweenaw Bay Indian Community](#)

[Sault Ste. Marie Tribe of Chippewa Indians](#)

[Little Traverse Bay Band of Odawa Indians](#)

[Little River Band of Ottawa Indians](#)

[Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan \(Gun Lake Tribe\)](#)

[Pokagon Band of Potawatomi Indians](#)

[Saginaw Chippewa Indian Tribe](#)

[Lac Vieux Desert Band of Lake Superior Chippewa Indians](#)

“State historic Tribes” is intended to include the following:

[Burt Lake Band of Ottawa and Chippewa Indians](#)

[Grand River Bands of Ottawa Indians](#)

[Mackinac Bands of Chippewa and Ottawa Indians](#)

[Wyandot of Anderdon Nation](#)

“Tribal service organizations and/or representative agencies” includes, but is not limited, to the following:

[American Indian Health and Family Services \(AIHFS\)](#)

[Inter-Tribal Council of Michigan, Inc. \(ITCMI\)](#)

[North American Indian Association of Detroit \(NAIA\)](#)

[South Eastern Michigan Indians, Inc. \(SEMII\)](#)

The Longest Journey: From Your Head to Your Heart

*A conversation with Lyle Prouse on
the importance of acceptance and surrender in recovery*

Tuesday, November 21 | 7 p.m. EST | HYBRID FORUM: in Person or Virtual (Zoom/Facebook Live)
2142 Community Church | 648 S. Wagner Road, Ann Arbor, MI 48103

Perhaps the longest journey a person in recovery can take is the 18 inches between the head and the heart. This journey is a familiar one for decorated Vietnam veteran and retired Northwest Airlines Captain **Lyle Prouse**, one of the recovery community's most inspirational and unforgettable voices.

Thirty years ago, Lyle made national headlines when he became the first airline pilot ever arrested for flying under the influence. He was fired by his airline, stripped of his FAA licenses, tried, convicted and sent to federal prison for 16 months. But his story doesn't end there.

Today, Lyle is a recovering alcoholic with more than 30 years of continuous sobriety — and we're honored to welcome him back to Washtenaw FAN as the virtual guest speaker for our November Family Forum.

Don't miss your chance to hear Lyle tell his remarkable recovery story and share what helped him most on his journey from respected pilot to national disgrace, then back to the cockpit, where he retired honorably as a 747 captain.

He'll discuss the importance of connecting our head and our heart, with acceptance and surrender (letting go and recognizing the personal need for guidance and healing) as the crucial first steps in recovery. Honestly admitting and accepting that addiction is present takes an act of courage and patience, but can impact your recovery in powerful ways.

Lyle's story provides hope to those struggling with

the disease of substance use disorder, no matter who they are or where they are. **Register today!**

OUR GIFT TO YOU

Receive a Starbucks gift card for attending our November forum in person!

We appreciate your flexibility as we present our November Family Forum on Tuesday, Nov. 21, at 7 p.m., in lieu of our customary second Monday of the month. That's why the first 75 people to participate in the November forum in person at 2142 Community Church in Ann Arbor will receive a \$10 Starbucks gift card, courtesy of Washtenaw FAN. We hope you'll invite a friend, neighbor or loved one to join you for a handcrafted beverage or food item and great conversation — perhaps even sharing your recovery story — at your local Starbucks. It's our way of bringing the recovery community together.



Scan to register

Be sure to check in at the registration table when you arrive at the November forum to see if you're one of the first 75 participants eligible to receive the free gift card. Doors open at 6:30 p.m. Can't join us in person? You can still register to participate in the forum online via Zoom here, or watch it on Facebook Live. You won't want to miss this conversation with retired airline captain Lyle Prouse on the importance of acceptance and surrender in recovery!

<https://bit.ly/WFanForumNov23>