



2016 Tribal-State Opioid Summit

Final Report

March 9, 2017

Introduction

At the Annual Summit of State and Tribal Leaders in July 2016, leaders of Minnesota’s Tribal Nations highlighted for Governor Mark Dayton and Lt. Governor Tina Smith the devastating impact of opioids on tribal communities throughout Minnesota. In response, the Dayton-Smith Administration and Minnesota’s Tribal Leaders agreed to partner on a summit focused on developing strategies and solutions to address the opioid crisis in Indian Country. The Tribal-State Opioid Summit took place on Tuesday, October 18 at Lower Sioux Indian Community in Morton, Minnesota.

The Summit was planned by a planning committee consisting of Tribal Leaders, tribal staff, and state staff. In addition to the Governor, Lt. Governor, and Tribal Leaders, Summit participants included representatives from Minnesota’s Congressional delegation; legislators’ counties; law enforcement at the federal, state, and local levels; community services providers; urban American Indian organizations, and the Indian Health Service.

Throughout the day, Summit participants heard directly from Tribal Leaders and American Indian Minnesotans about the impact of opioids on their communities. Participants then worked in small groups to plan action steps for tribal and state governments in five areas: prevention, interventions and treatments, prenatal exposure, prescription monitoring, and law enforcement and public safety.

This report summarizes the conversations, and policy and budget recommendations for Tribes and the State that came out of the small group discussions.

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Prevention

What is working well?

Participants briefly discussed what was currently working in regards to prevention. They noted that models for change had been working, as had providing statistics and stories to explain information behind prevention.

What are the barriers?

Participants mentioned several barriers to prevention, including lack of funding, lack of sustainable options, a lack of focus on culture and values, and an unclear definition of what is being prevented.

Participants suggested a list of key elements that would help the success of prevention. Common themes were community engagement and culture-based solutions. For example, participants felt that evaluations should be community based, the community should have a buy in, and community members should strive to become grassroots champions and positive role models. Additionally, prevention and evaluation efforts should have cultural significance. Other prevention key ingredients included sustainability, comprehensive solutions, and financial investment into facilitations.

Recommendations

The recommendations provided during this breakout session tried to answer the question: “What strategies will create a culture of health to build resilience and address community and family trauma?” The overall recommendation provided is to provide 20 million statewide funds to specific strategies of prevention and to have the funds be on-going/non-competitive for Tribes and Urban American Indian specific organizations. The strategies to be funded include:

- **Intentionally organizing for change.** This includes a commitment to action from intergovernmental actors, and Tribal and Urban Indian communities. These communities should be included in order to express their unique needs. Participants suggested convening summits around prevention including the Governor, Tribes, MAST, MIAC, NCAI, and MCT. Additionally, there are American Indian specific state groups, advisory committees, Indian Health Service Boards, and the Great Lakes Epi Center that could be utilized in intentionally organizing for change.
- **Strengthen culture.** In order to strengthen culture, participants suggested having a campaign to encourage participation in cultural activities, create communal/community gathering spaces, promote traditional foods with cooking and health education, and sponsor sober community events and cultural ceremonies. Additionally, ceremonies and language could be integrated into everyday life and language immersion opportunities could be increased.
- **Strengthen education.** Tribal and Urban American Indian culturally specific programs should be developed and enhanced for the children and youth in the community. Programs such as youth mentoring, Parent Education through Culture, and Family Spirit Home Visiting could be developed. All education stakeholders should value tribal sovereignty, including in how federal and state Indian education funding is spent and developing better relationships between Tribes and public schools.
- **Improve access to culturally-based services.** These services would provide chemical dependency, mental health, and suicide prevention assistance from a cultural perspective. They should also include services for education, housing, job training and development, and include traditional healers to reduce harm and promote health.

- **Strengthen community leadership.** Communities should focus on strengthening their leadership through elder wisdom, youth experiences, community organizing skills, and by celebrating and recognizing individual and community achievements and successes.
- **Collect specific data.** Tribes and the State should invest in data collection on prevention practices and outcomes so governments can access, analyze, and evaluate population strengths and risks. The State should consider funding fatality review teams that would analyze opioid overdoses to inform future prevention practices. Technical assistance for evaluation research on culturally specific practices should be built as well.
- **Address trauma in community.** Participants suggested elevating Adverse Childhood Experiences (ACEs) into prevention practices and planning. Additionally, building an understanding of trauma and traumatic experiences could begin a path of reconciliation for families and communities.

Interventions and Treatments

During the discussion around intervention and treatment, the main discussion topics included the need for community and culture centered programs, more training, and additional funding. Participants came up with recommendations to improve intervention and treatment, including strategic planning and partnerships, current treatment improvements, refined licensing and training, and a workable financial plan.

What is working well?

The breakout session started with participants offering their thoughts on what is currently working well for intervention and treatment. They said that being proactive in working, partnering, and collaborating with other Tribes has been working well. Culture-based, spiritual-based, and value-based interventions and treatments were all also cited as working well. Additionally, having positive community norms and community wellness were mentioned as working.

What are the barriers?

Despite these positive spots, participants also mentioned several barriers to successful interventions and treatment programs. The main barriers mentioned was the lack of culture-based treatment, high rates of treatment, and licensing issues. Insurance funding was also discussed as a major barrier, since its 30 day coverage for recovery is less than the length of the recovery process. Insurance also does not cover a stay in a halfway home. Additionally, participants felt that billable services tend to be denied or not recognized. Participants mentioned that there are issues for licensing certified healers for intervention and treatment programs. Furthermore, there are funding issues for Medical Assisted Treatments (MATs).

Other topics mentioned as barriers include: intergenerational historical trauma, drug dealing, withdrawal, job security, and lack of familial and social support in treatment.

Recommendations

Throughout the discussion, several recommendations came forth in four main categories: improving current treatment, refining licensing and training, partnerships between the Department of Human Services (DHS) and tribal entities, and implementing a workable financial plan.

Current Treatment Improvements

There are many aspects of current treatment that should be more sensitive to the specific needs of Minnesota's native community in each of the stages of: prevention, intervention, out-patient, in-patient, aftercare, and halfway houses. In general, it was recommended that solutions should come through tribal policy or through a tribal-state agreement. Provided below are recommended for improving current treatment:

- **Full continuum of care that is culture-based as well as age and gender focused.** These culture-based programs could be similar to cultural and language immersion programs. They should also make sure that facilities are welcoming to American Indians and that treatment programs are holistic and inclusive in addressing the needs of the family of the patient. Outpatient programming should build positive coping mechanisms and address unsolved grief in families.
- **More treatment slots available throughout the state.** More slots are needed in tribal communities, urban Indian communities, and in state operated services. Additionally, there

could be more safe houses, drop-in centers, Intensive Treatment Units, and an intertribal treatment exchange program. These facilities require more beds in order to accommodate clients.

- **Culturally-competent staff.** In order to address the specific needs of the American Indian community, treatment providers must hire culturally qualified and competent counselors and staff.
- **IMD waiver that allows the utilization of tribal CD facilities.** The State should explore pursuing an Institutions for Mental Diseases (IMD) waiver that would allow tribal chemical dependency (CD) treatment facilities to be Medicaid eligible providers. In order to do this, participants felt that there needed to be a letter of support from the Governor, Tribes, and the Commissioner of Human Services.

Refine Licensing and Training

The need for more culture-based licensing and training was a prominent point of discussion. The following were recommended to achieve culture-based licensing and training:

- **Develop Licensing criteria that meets Tribal, State, and Center for Medicare & Medicaid Services (CMS) requirements.** By doing this, licensed tribal facilities can be enhanced, and CD staff can be licensed including certification for Licensed Alcohol and Drug Counselors (LADCs) or Upper Midwest Indian Council on Addictive Disorders (UMICAD) counselors and traditional healers.
- **Ongoing culture based training and education for DHS, State, counselors, treatment facilities, and counties.** Non-tribal facilities should also be educated on the cultural and spiritual needs of American Indians.

Tribal Partnership with DHS

DHS was recognized as a crucial actor to partner with various tribal actors such as Minnesota's Tribal Nations and American Indian organizations to develop strategic plans addressing intervention and treatment. Two specific strategic plans to be developed through these partnerships are recommended:

- **Develop strategic plan for increasing capacity of culture based facilities.** This plan should be consistent and sustainable. Leadership should come from Tribes first and Tribal Leaders should determine the standards for what meets American Indian CD program. There should be multiple meetings that create spaces for spirituality and utilize cultural diversity. Additionally, they should conduct a key stakeholder analysis for the plan and develop a Memo of Understanding (MOU) for cultural dynamics.
- **Develop strategic plan for Culture-Based CD Treatment Program in specialty areas of pregnant women, opioid treatment, adolescent treatment, and family based treatment.** This strategic plan should be shaped by the Tribes and not the State. One focus will be on women and children who have been prenatally exposed to alcohol or other drugs, especially opiate and prescription drugs. This plan should be designed to intervene to meet the needs of both mothers and babies prenatally exposed by using medically effective models and specially designed services. Pregnant women should have supportive housing with CMS. Opioid treatment needs effective titration period in policy and licensed traditional healers. Family and active users should be brought in as stakeholders. Strategies should be developed to identify and respond to the needs of adults with co-occurring mental health and substance abuse disorders. Additionally, this plan should develop culturally specific prevention curriculum in tribal schools.

Workable Financial Plan

In general, participants recognized that there is a need for more funding for intervention and treatment. Funding is needed for building, administration, staffing, training, insurance, and treatment beds for Tribes. Some suggested Tribal funds, the Hope fund, and/or the Stewardship bill as potential funding sources. Participants also felt that there should be in depth tribal consultation with the State on this topic. In order to fulfill these various funding needs, the following is recommended:

- ***Develop financial plan that supports the needed level of CD services for American Indians.*** This includes:
 - Maximization of billing opportunity of Medical Assistance (MA)
 - Working with Tribes to develop Business Plan for financing of treatment
 - Review of state legislation and make recommendations for amendment and/or new legislation
 - Review and implement federal legislation, including the Affordable Care Act such as
 - Enrollment of American Indians into MA
 - State Tribal Placement agreement for treatment
 - Include recovery case management services as a billable service
 - Spiritual or traditional counseling services as a billable service
 - Culture-based service funds for cultural activities and ceremonies

Prenatal Exposure

During the prenatal exposure session, participants brought the following goals to the session:

1. Identify a shared understanding of the problem (use and abuse, jurisdictional issues, etc.) including existing data.
2. Identify a shared understanding of existing resources and efforts to address the problem.
3. Develop actionable strategies, budget, and policy recommendations to address the problem.

Throughout the session participants focused on solutions and barriers to these goals.

What is working well?

Participants in this session also discussed several programs that have worked in the past.

- **White Earth, MOMS (Maternal Opioid Mitigation Support) Program:** most deliveries of clients have shown negative newborn toxicology results and the program has markedly reduced out of home placements.
- **Red Lake, Helping Hands Collaborative:** Focuses on coordinating the responses of tribal resources at the reservation.
- **Leech Lake, Family Spirit:** Utilizes a home visiting approach for substance-using pregnant women that coordinates care.
- **Fond du Lac, TagWii Recovery Center:** Coordinates supportive social services for pregnant clients referred to treatment, provides prioritized recovery support services to pregnant and parenting women from 3 months pre-treatment to 1 year following the birth.
- **Hennepin County, Project Child:** Intervenes with pregnant substance users to help clients achieve abstinence and maintain parental custody.
- **Bemidji Area, First Steps for Healthy Babies Program:** A joint effort involving Beltrami County, Stanford Bemidji Healthcare, and Red Lake Nation, has worked to develop greater capacity for coordinating services across the region.
- **Ramsey County, Mothers First Program:** Regarded as a proven model for service coordination around prenatal exposure.
- **Minneapolis American Indian Center, Bright Beginnings Recovery Support Project:** A case management program that supports Native American women who are pregnant or recently delivered and who have a history of substance abuse and previous experience with the child protection system.
- **The Ninde Collaborative:** A newly formed group of service providers whose focus is to address the high rate of American Indian women substance abuse, with special attention to opioid abuse during pregnancy.

What are the barriers?

In addition to discussing these effective programs, participants also discussed several barriers to effectively dealing with prenatal exposure. These barriers touched on many areas:

- Not enough cultural supportive care
- Not enough after-birth services
- Not enough education around doulas
- State reimbursement rates for doulas needs to be evaluated
- Traditional birthing practices are needed
- Not enough education about male birthing roles
- Online Midwifery School is needed
- Tribal Birthing Centers are needed

- Yoga is needed
- Heartmath is needed
- Wraparound Services are needed
- Not enough culturally appropriate training for hospital staff
- Survey is needed for MN hospital staff and mothers around policies for opioid exposed babies
- State guidelines for MATs are needed

Recommendations

This group proposed many recommendations. Most of these fell into three larger areas:

- Screening and early identification should occur in a supportive, culturally informed context.
- Develop a supportive social service system for pregnant mothers and partners with consistent protocols, treatment parameters that are community supported and in which child welfare agencies are actively involved.
- Effective, culturally appropriate treatment interventions for opiate use disorder with funding for promising new programs, long term focus, behavioral health resource and support for housing services.

The group also focused on larger areas that needed work. Participants agreed that it would be necessary to focus on education for the entire community, and to allocate funding for increasing awareness of all aspects of the problem, as well as the solutions. Participants also emphasized that solutions had to be culturally aware and long-term, with concrete follow through that included tribal authorities.

Prescription Monitoring Practices

In this breakout session participants discussed problems and opportunities in prescription drug monitoring. Going into the session, participants identified the following goals:

- Identify what can be done about prescription monitoring
- Identify what is actionable
- Identify policy and budget recommendations for the State of Minnesota
- Identify what the Minnesota Tribes can do
- Identify what the group is committed to
- Identify next course of action

What is working well?

Participants discussed several programs and practices that were working. While participants were optimistic about the effects of monitoring, without having data they were not sure what the effect was. Without data about the overall rate of opioid abuse it is difficult to make statements on what works. Participants did mention positively that the prescription practices of large pharmacy chains tended to be more stringent. Faith/cultural partnership, medical cannabis, and greater public awareness were mentioned as possible areas of improvement, some of which had shown good results in the past.

What are the barriers?

In addition to the positive practices and programs that participants mentioned, there were several areas of difficulty. The paucity of data, mentioned above, was discussed further here. Interagency and intergovernmental data sharing is a particular problem. Participants also discussed the need for research as to the scope of the problem, and for dissemination of that information to the public and to prescribers. The tension between public health needs and data privacy make this difficult.

Hospital prescription practices were also mentioned as a source of barriers. There is a misalignment of incentives for doctors- it may be easier to simply write a prescription than to go more in depth with a patient. Hospital workflows support that practice, and changes need to be considered, particularly for post-surgery care. The prevalence of Medication Assisted Treatments needs to be examined.

Recommendations

Participants strongly stressed that emphasis should be shifted away from prescription based treatment. There needs to be a change in the way people think about medication for pain, as well as more consideration of integrative therapies and non-narcotic based treatment.

Participants also emphasized that there must be a role for the community in designing and implementing policies. Participants emphasized Tribes and the State need to work collaboratively and in partnership on prescription monitoring issues.

Information about how other states and Tribes have dealt with prescription drug abuse would be helpful in dealing with the epidemic. No state is 100 percent effective, but considering different methods would be helpful.

Participants also listed several additional concrete recommendations:

- Promote the DHS Opioid Prescribing Protocols statewide. Health systems and health plans should develop processes to determine whether standard protocols are used in clinical practice.
- Implement quality improvement programs within health systems and health plans for providers whose opioid prescribing behaviors are outside of the community agreed-upon standards.
- Develop and track system level opioid prescribing practices to assess overall and regional trends in opioid prescribing.
- Encourage health care and pharmacy systems to integrate Prescription Monitoring Program (PMP) access into electronic health records and electronic dispensing systems.
- Allow Minnesota pharmacists who are providing dispensing and/or direct patient care access to the PMP, regardless of patient consent.
- Advocate at the federal level to have all dispensed controlled substances reportable to state PMPs, including opioids dispensed from a treatment facility.
- Pass legislation at the state level to permit the use of PMP data in public health research.
- Explore legislation to require use of the PMP (rather than just required registration).
- Prohibit mail-order prescriptions.
- Work with the Indian Health Service to mandate that the PMP is utilized and checked.
- Enact legislation on Schedule II Narcotics that place limits on the number of tablets prescribed per person (no more than 12 tablets per prescription).
- Make every prescription electronic across the board.
- Continue seeking tribal buy-in for state policies, including building relationships with Tribal Councils and staff.

Tribal Law Enforcement and Public Safety

The information below reflects information collected prior to the Summit from tribal law enforcement leadership as well as information shared at the summit. This section does include information that can be also found under the other working groups, but is integral to tribal law enforcement efforts.

What is working well?

To address the opiate/heroin crisis in tribal nations, tribal governments, community members, and law enforcement have responded to ensure the public safety and well-being of tribal members through tribal policy and programming. This has occurred in collaboration with tribal governments, law enforcement, other county/state jurisdictions, and tribal community members by developing prevention/intervention materials, implementing community policing, and enacting harm reduction models.

Trauma informed best practices are saving lives in Minnesota's tribal nations, and tribal law enforcement play critical roles in saving lives, families, and nations from the harm of opiate/heroin related deaths. Saving lives for moms and baby's means providing interventions and apprehension of moms with or expecting children who have been reported to child protection for opioid abuse and transporting them to treatment or programming to receive Medication Assisted Therapy (MAT). Red Lake's Helping Hands, White Earth MOMS program and Prairie Island have recognized the importance of intervention, and rely heavily on tribal law enforcement to execute tribal civil commitment codes on behalf of family members, in cases where those with chemical opiate disorders may incur self-harm as a result of their use of opiates and heroin.

Trauma informed harm reduction efforts, such as the needle exchange in White Earth-Niin Gikenjige has allowed for updated Narcan kits-auto injectors, and multiple-use needles in every community through a needle exchange. In addition, law enforcement provide lifesaving overdose reports to treatment providers in Fond du Lac and in Red Lake the overdose reports trigger an active investigation in conjunction with the Federal Bureau of Investigators (FBI). The dispensation of Narcan/Naloxone have saved countless lives in tribal communities, with community trainings provided by first responders and funding from federal and state health agencies, best practices range from community education to public awareness materials. Tribal law enforcement, community members, EMTs, and elders have been trained on how to dispense doses of Narcan/Naloxone, this has been integral to saving lives and reducing overdose deaths.

Tribal governments have become central in protecting community members, and responding to the critical opiate/heroin epidemic, tribal governments have issued declaration of emergencies, and passed writ of exclusion codes. Tribal councils have passed resolutions that transfer power to law enforcement such as in Red Lake, where an officer is authorized to remove non-members from the reservation if found to be committing violent or drug related criminal offenses. With the assistance of Scott County, Shakopee Mdewakanton Sioux Community (SMSC) is utilizing this writ of exclusion, allowing for a permanent order for anyone found to have committed drug related offenses, this allows them to protect their gaming, and tribal properties from drug related activities. Upper Sioux has zero tolerance policy and have banished drug dealers from the community.

What are the barriers?

At the summit, tribal law enforcement, tribal leaders, and tribal public health officials identified a number of barriers central to the opiate/heroin epidemic in Indian Country, however, no one issue was more critical than tribal sovereignty. Sovereignty remained throughout the day long discussion as a central issue to tribal law enforcement ensuring the health and public safety of tribal members.

- ***Impeding tribal sovereignty and safety.*** Tribal law enforcement leadership feels highly constrained in executing their law enforcement duties regarding opioids by the current state statutes governing tribal law enforcement jurisdiction public law 280. The discussion that the state statutes date back to 1991, and tribal law enforcement discussed their resources, and expertise in protecting and ensuring public safety has expanded to protect and serve not only tribal nations, but surrounding Minnesota counties.
- ***Lack of treatment/bed space.*** Tribal law enforcement leadership is highly concerned about the lack of treatment options in cases of civil commitments, when there are no available options for them to take those with opiate/heroin chemical use disorders.
- ***Critical sovereign information/investigation sharing.*** Tribal law enforcement leadership need forums to communicate with each other about both crisis and investigatory issues (i.e. bad batch) and longer term strategic issues. Tribal law enforcement leadership identified that not being able to share real time data between tribal jurisdictions creates barriers in addressing the opioid crisis from nation to nation.
- ***Ability to collect sovereign data.*** Tribal law enforcement leadership identified several issues with collecting and sharing of arrest data. In addition, concerns were raised with tribal jurisdictions not being able to utilize their ORI agency numbers to track and report accurate data throughout the criminal justice system. There are issues with uniform data submission as some tribal law enforcement enter data via their county sheriff office and others report data directly to the BCA. Courts, LE, counties, and other agencies all seem to have their separate ways of compiling this information. There are also contractual agreements on how data is compiled that limit the ability of Tribes to use their ORI.
- ***Recruitment, education, and retention of tribal law enforcement.***

Recommendations

Tribal law enforcement leadership recommends the following:

Ensuring tribal sovereignty and safety.

- Amend state statutes to ensure tribal law enforcement agencies can exist and operate without the risk of termination by counties or county sheriffs.
- State legislative changes governing law enforcement agreements in Minnesota.
- Review options to have nation to nation law enforcement agreements with the State of Minnesota.
- Education and curriculum about Indian Law in Minnesota.

Provide more culturally specific treatment/detox bed space.

- More treatment options be developed including options that are centrally located or close to tribal communities.
- Culturally sensitive and trauma informed to work with tribal members.
- Secure or locked facilities (in the case of individuals who have been civilly committed)
- Expertise in treating pregnant women.

Provide opportunities for tribal law enforcement to share critical lifesaving information.

- Mandate reporting of Narcan on a state or county level.
- Health/crime alerts to send information and resources to affected areas.
- Explore drug monitoring initiative after consulting with state, tribes, and other state agencies, and jurisdictions about what data would be involved, how it would be used, and how it would be shared.

Provide opportunities for investigations and intelligence sharing amongst tribal nations.

- A forum where tribal police chiefs and investigators can meet monthly and share information.
- Establish an email list (or other form of communication) to share real time data and to share other pertinent information.
- Share information on drugs, names, places, vehicles. Have a regular and timelier way of communicating between all the boots on the ground with tribes and LE.

Collect sovereign arrest data.

- Full acceptance of tribal ORI (Originating Agency Identifier) to track and report accurate data throughout the criminal justice system.
- Review contractual agreements with the BCA regarding ORI information submission so that cases and other court data accurately captures events occurring with tribal jurisdictions.

Educate, train, mentor and review state requirements for law enforcement.

- Law enforcement who work on tribal lands to attend tribal/state relations training, educate state and county law enforcement about sovereignty and how to consult with tribes or hire more American Indian officers and/or require tribal awareness training annually. Encourage cultural awareness training for all non-tribal law enforcement officers working within tribal jurisdictions on Native American traditions, history and cultures.
- Recruitment of tribal law enforcement through mentoring by law enforcement to potential candidates in tribal colleges, governments, and communities.
- Review and consider reciprocity with non-traditional law enforcement training programs to meet POST Board requirement.

Summit Evaluation

Question	Common Response	Summary of Responses
<p>1. The event engaged me in a meaningful way...</p> <p>[91% of respondents to survey replied either “completely” or “very much so”]</p>	<p><i>“Great to finally have a part in decisions about our own people, rather than have non-invested people hand down what they think is right for us. We have too many well educated and well informed tribal members who are personally invested in the wellbeing of our people to not have input from them.”</i></p>	<ul style="list-style-type: none"> • Valuableness of hearing from other tribes with similar problems • Hearing everyone talk in open forum format worked well • Having leadership present was important
<p>2. I felt comfortable sharing my opinions at this event...</p> <p>[88% of respondents to survey replied either “completely” or “very much so”]</p>	<p><i>“It was a very welcoming environment.”</i></p>	<ul style="list-style-type: none"> • Positive outcome from sharing opinions • Well representation in Law Enforcement portion • All opinions were heard and honored • Everyone working together worked well
<p>3. I felt that my ideas and experiences were valued by event facilitators, organizers, and participants.</p> <p>[87% of respondents to survey replied either “completely” or “very much so”]</p>	<p><i>“I was able to express my experiences and they were heard and honored.”</i></p>	<ul style="list-style-type: none"> • Some strain existed over recommendations • Mostly positive response • Facilitator, organizers, and participants all did well
<p>4. The event organizers described how I will be kept informed of how our collective opinions/participation is used to inform tribal, local, and state decision making.</p> <p>[60% of respondents to survey replied either “completely” or “very much so”]</p>	<p><i>“Have the event organizers provide notes and share information that was gathered from other breakout sessions!”</i></p>	<ul style="list-style-type: none"> • Positivity behind holding another summit • Need for more shared information between sessions
<p>5. I feel confident that this event will lead to better outcomes for American Indians related to the prevention, mitigation, and treatment of opioid abuse and dependency.</p> <p>[47% of respondents to survey replied either “completely” or “very much so”]</p>	<p><i>“I believe we developed some very hopeful strategies and recommendations. If these recommendations are adopted in whole or part significant progress could be made.”</i></p>	<ul style="list-style-type: none"> • Great that the summit was held but more needs to be done • It is an ongoing process • Follow through with Native communities needed • Working together is a great first step • Some hesitancy and worry if wishes and opinions of native community will be utilized or fulfilled
<p>6. As a result of this event, the level of trust between American Indian</p>	<p><i>“Between everybody there, the trust has grown. But between the</i></p>	<ul style="list-style-type: none"> • New relationships were developed

<p>communities, tribal, state, and local governments, and agencies, and other stakeholders has increased.</p> <p>[87% of respondents to survey replied either “very significantly” or “significantly”]</p>	<p><i>communities, only time will tell. Trust has to be earned and in time the trust will grow.”</i></p>	<ul style="list-style-type: none"> • Follow through needed to determine this result • Trust has grown among participants, but time will tell for communities • General optimism with caution • Will be long process
<p>7. How likely are you to attend future events like this one?</p> <p>[91% of respondents to survey replied either “completely” or “very much so”]</p>	<p><i>“I am hoping that my schedule allows for this to happen again.”</i></p>	<ul style="list-style-type: none"> • Positive feelings and openness of event was good • Many hoped they will be able to attend another event • Some negativity surrounding the lack of outcomes from events
<p>8. Do you have an event idea for follow up to this event?</p>	<p><i>“Invite tribal members who overcame their addiction to make a statement, to inform the participants what made them overcome their addiction and what is their recommendations how to battle this opiate problems! Include our culture!”</i></p>	<ul style="list-style-type: none"> • Summit in March • Follow up meeting • Follow up reports • Share reports from other breakout sessions • Make events more culture-based • Community events • Sharing examples and success stories especially from past users • Involve tribal treatment providers
<p>9. What would have made this event better or more effective?</p>	<p><i>“I think this will get better as we all work together more and more. The more we work together the more comfortable we will feel expressing ourselves and our ideas.”</i></p>	<ul style="list-style-type: none"> • Explain role of MN government with this issue • Have the opportunity to attend multiple sessions • More time for group work • Include meth awareness • Extend length of summit • Representatives from Governor’s office in all sessions • Recognize the people who did the preliminary work • Include Trauma informed Approach • Integrate plan for follow up • Change location to central MN
<p>10. Please provide any additional comments about the event here.</p>	<p><i>“It is good to know that state officials are aware of the need to somehow get a handle on the opioid issue facing our state and our native American people.”</i></p>	<ul style="list-style-type: none"> • Discussions needs to happen more often • Good experience • Facilitators did well keeping everyone on track • The more we work together the more we will get done • Issue larger than just Indian Country • Council members from each tribe should be invited more