February 27th, 2018

Agenda



1.

TBD Agenda D...

Action Items

December 1, 2017 meeting notes to be presented for Executive Board review and approval.

• December 1, 2017 meeting notes - motion made by , 2nd by .

BOARD APPOINTMENTS:

- 1. Ombudsperson for American Indian Families:
 - i. Reappoint Tonya Long; motion Bois Forte, 2nd White Earth, all aye. Motion passed.
 - ii. Appoint Julie Edwards; motion White Earth, 2nd Bois Forte, all aye. Motion passed.
 - iii. Appoint Camille Naslund; motion Shakopee, 2nd Red Lake, all aye. Motion passed.

RESOLUTIONS:

none

LETTERS OF SUPPORT:

none

Important Dates

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Meeting Details

▶ Date and Time: Friday December 1st, 2017 1:00pm to 3:45pm

▶ Location: Mystic Lake Hotel Casino (2400 Mystic Lake Blvd, Prior Lake MN)

▶ Invocation: Leonard Wabasha

Motion to adjourn made by Bois Forte, 2nd by White Earth. Meeting adjourned.

New / Other Business

Added Business to Agenda: 1. AIAC Resolution - Richard Wright

2. Native Litigation against Opioid Manufacturers and Distributors

Roll Call - Tribal Leaders Present

✓ Vice-Pres	ident Robert L. Larsei	(MIAC Chairman) - Lower Sioux India	an Community
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✓ ► Chairwoman Cathy Chavers - Bois Forte Band of Chippewa

✓ ► Miyah Danielson obo Chairman Kevin Dupuis - Fond du Lac Band of Lake Superior

✓ ► Chief Executive Melanie Benjamin - Mille Lacs Band of Ojibwe

✓ ▶ Dawn Newman obo Chairman Charlie Vig - Shakopee Mdewakanton Sioux Community

✓ ► Chairman Terrence (Terry) Tibbetts - White Earth Nation

✓ Nobert Smith obo Chairman Darrel Seki - Red Lake Nation

✓ Vice Chair Janice Marie Spry (MIAC Sec/Treasurer) - Grand Portage Chippewa

■ Chairman Faron Jackson - Leech Lake Band of Ojibwe

President Shelley Buck - Prairie Island Indian Community

Next Meeting

▶ Date and Time: TBD

▶ Location:

Agenda:

Notes:

Agenda



www.//mn.gov/indianaffairs/

QUARTERLY MIAC BOARD MEETING

Tuesday February 27, 2018 1:00pm to 4:00pm

InterContinental Saint Paul Riverfront 11 E. Kellogg Boulevard St. Paul, MN 55101 STATE SUITE

AGENDA

Meeting Called To Order Invocation

- 1. Roll Call & Introductions
- 2. Review & approval of notes from Dec. 1, 2017
- 3. MIAC Updates (written reports):

Executive Director - Dennis Olson Jr

Cultural Resources Department – Jim Jones Jr & Melissa Cerda

Legislative & Grants Director – Shannon Geshick

Reports:

4.

Urban Indian Advisory Board

Tribal Nations Education Committee

Ombudsperson for American Indian Families

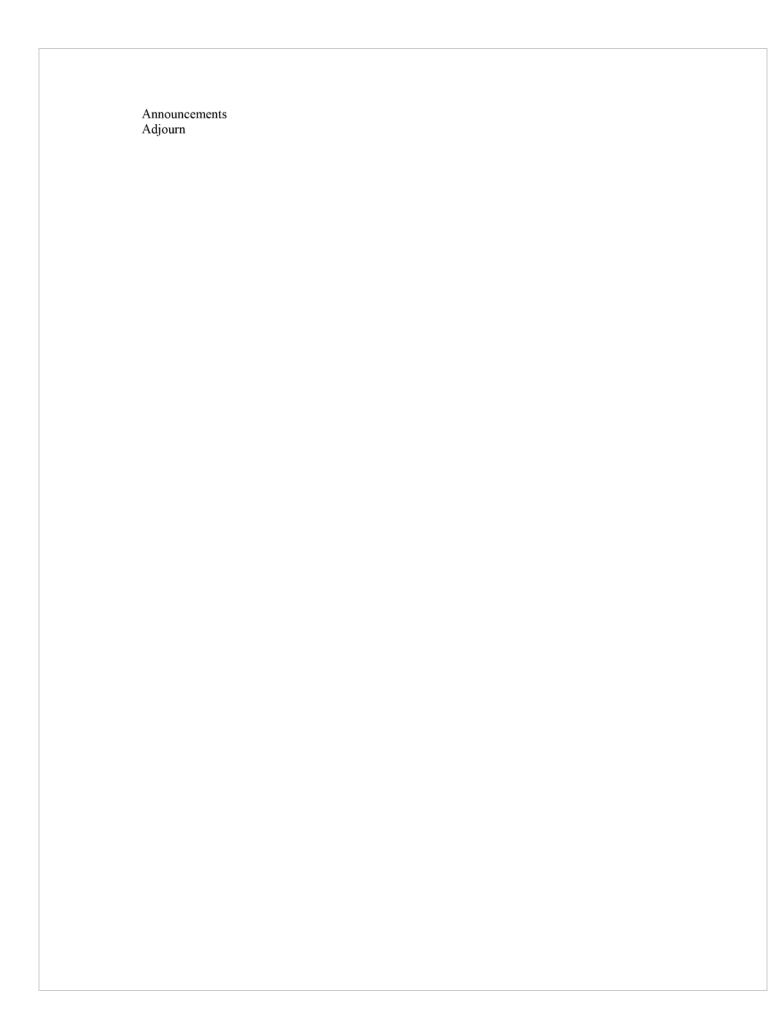
Joint Council Advisory Committee

Commissioners

State Tribal Liaisons

- 5. Deb Foster, Executive Director and Sheri Riemers, Government Relations Director, Ain Dah Yung Center. Erika Schwichtenberg Senior Managing Associate, Fox Advancement; Ain Dah Yung Center / PPL PSH Project.
- 6. Gene-Hua, Crystal Ng and Diana Dalbotten, University of Minnesota Department of Earth Sciences; Kawe Gidaa-naanaagadawendaamin Manoomin: Tribally-led, UMN-funded research project on protection of wild rice and water quality.
- 7. Lauren Martin (UofM, UROC), Michele Garnet McKenzie (The Advocates for Human Rights), Misty Blue (Rainbow Research) Minnesota Safe Harbor for All Strategic Planning Process team; Safe Harbor for All Strategic Planning and Partnerships
- 8. Chris Georgacas, President and Elizabeth Emerson, Director of Government Relations, Goff Public;
 Native Farm Bill Coalition.
- 9. Tim Beyer, Forest Certification Program Consultant, MN Department of Natural Resources; Forest Certification Program.
- 10. Alan Roy, Disabled Veteran Outreach Program Specialist, MN Department of Employment and Economic Development: Native American Disabled Veteran Outreach Program.
- 11. Molly Mulcahy Crawford, State Registrar, MN Department of Health; Tribal access to birth data and birth certificates a proposal to remove barriers and promote equity by sharing vital records.
- 12. Drew Evans, Superintendent, Bureau of Criminal Apprehension (BCA); Overview of an Anti-Heroin and Prescription Opioid grant the BCA was awarded, BCA's plans to work with Tribal Nations in combating the opioid crisis.

Announcements Adjourn







Executive Director Report

Submitted by: Dennis Olson, Executive Director MIAC Quarterly Board meeting: February 27, 2018

MIAC budget and staffing report: FY 2018 See attachment: Manager's Financial Reports

Current MIAC Staff:

Melanie Franks, Executive Assistant/Education Liaison; Jim Jones, Cultural Resources Director; Shannon Geshick, Legislative and Grants Director; Melissa Cerda, Cultural Resources Specialist.

MIAC Agency and Director Activities:

- In early December, MIAC director accompanied MIAC cultural resources staff to a meeting with
 representatives from Hamline University to discuss policies and procedures regarding use of the newlycreated MIAC osteology lab, as well as plans to finalize the contract for the lab, made possible by Legacy
 Amendment funds.
- MIAC director assisted the Minnesota Department of Transportation (MnDOT) with the candidate search and interview process for the MnDOT tribal liaison position.
- MIAC director attended the Leech Lake Band of Ojibwe State of the Band address in Walker, MN in early January.
- MIAC director facilitated a celebration of the past five years of the Tribal-State Relations training program,
 bringing together tribal leaders and state agency leaders to discuss past successes, as well as plans for future
 collaboration and program sustainability. Later that day MIAC staff and director attended the Tribal-State
 Relations Training in Shakopee, and delivered a brief agency overview and fielded questions from training
 participants regarding the role of MIAC within state government.
- MIAC director attended the Mille Lacs Band of Ojibwe State of the Band address in Onamia, MN in early January.
- MIAC director continued to meet with the representatives from the City of St. Paul regarding the "Great River Passage Initiative", assisting with outreach to community stakeholders following their presentation to the MIAC board in May, 2017.
- MIAC director supported the Governor's Office in convening the first planning meeting for the upcoming Minnesota Tribal Youth Gathering.
- MIAC director attended the Minnesota Chippewa Tribe quarterly meetings in Grand Portage, and presented information to the Education/Human Services subcommittee and the Tribal Executive Committee regarding two resolutions passed by MIAC related to the identification of American Indian students in Minnesota.
- Following attendance at the "Tribal Community Perspectives on Higher Education" conference, hosted by
 the Center on Indian Country Development of the Federal Reserve Bank last quarter, MIAC director has been
 participating in small-group follow-up teleconferences related to the identification of American Indian
 students in both higher education and E-12.
- MIAC director attended two meetings of state agency tribal liaisons, working in close collaboration with the Governor's Office and their tribal affairs policy advisors.
- MIAC director was invited to the Metro Indian Education Director's gathering hosted by Robbinsdale Public Schools. MIAC director shared an agency update, including upcoming legislative priorities related to Indian Education.

- MIAC director met with the Minnesota Secretary of State and invited the office to present at the upcoming MIAC quarterly meeting to discuss voter outreach and education initiatives.
- MIAC director met with the Association of Minnesota Counties and the Bureau of Mediation Services to discuss the development of a potential training series focused on tribal-county collaboration.
- MIAC director met with the elected leaders of the four Dakota nations to discuss opportunities to strengthen MIAC's cultural resources division by adding additional staff resources and reviewing potential revisions to the Private Cemeteries Act (MN Stat. 307.08).

Community Meetings:

- MIAC director attended the first two meetings in a series of Learning Leaders cohort gatherings organized by the Bush Foundation.
- MIAC director attended a planning meeting with the Minnesota Humanities Center (MHC) to discuss new
 opportunities for expansion of the Why Treaties Matter exhibit and experience, including opportunities for
 tribal nations to host the exhibit, as well as a new request for proposal process for future exhibit sites.
- MIAC director met with staff from the Ain Dah Yung Center to discuss future opportunities for collaboration, particularly related to youth housing needs, supportive services, and Indian child welfare.

State Agency Contacts:

- MIAC director attended 2 meetings of the Department of Corrections Equity Offender Intervention Committee, and committed to continuing discussions to address disparities in the corrections system along with tribal, community, and agency leaders. Data discussed during the Equity Offender Intervention Committee meetings helps highlight American Indian offender disparities within the corrections system, and helps inform recommendations to address these disparities at the local level. During the quarter, MIAC director attended and assisted in the coordination of two partnership meetings between the Department of Corrections and tribal nations (Leech Lake and White Earth). There are plans in place to schedule follow-up meetings with both Leech Lake and White Earth, as well as schedule new meetings with other tribal nations in the near future.
- MIAC director worked with the Minnesota Department of Education (MDE) in early December to discuss potential impacts of the new data disaggregation law on American Indian students, tribes, and communities. MIAC director also shared some recommendations on how to improve data collection forms to more accurately capture American Indian student demographic data. MIAC director also attended an evening community feedback session organized specifically to hear the concerns and questions from American Indian community members, parents, teachers, and Indian education professionals. MIAC staff has also been meeting with other stakeholders, community members, and education advocacy organizations to better understand the position of other racial and ethnic communities regarding implementation of the law.
- MIAC director assisted the Minnesota Department of Health (MDH) with identifying funding priorities for tribal-specific grant funding related to Safe Harbor/trafficking.
- MIAC director attended the MnDOT Advisory Council on Tribal Transportation (ACTT) meeting in Baxter, MN.
- MIAC director has been working closely with the Department of Administration and the Office of State
 Archeologist to propose amendments to the Private Cemeteries Act (MN Stat. 307.08). MIAC staff met with
 Commissioner Massman and key executive staff to determine the best path forward for both MIAC and the
 Department of Administration.
- MIAC director met multiple times with legislative staff of the Minnesota Council on Latino Affairs regarding shared legislative priorities, opportunities for collaboration, and continuing the advocacy on behalf of the Coalition to Increase Teachers of Color and American Indian teachers in Minnesota in the upcoming legislative session.

- MIAC director met with the Chancellor of Minnesota State (state colleges and universities) to discuss opportunities for collaboration, including drafting a policy to develop a Tribal Nations Advisory Council that would work directly with the Chancellor and Minnesota State executive leadership.
- MIAC director was invited to participate in a conversation hosted by the Minnesota Department of Human Rights regarding disproportionate suspensions and expulsions in Minnesota public school districts and charter schools. MIAC director and staff will continue to monitor this issue closely and will provide technical assistance as needed.

assistance as				
	or attended the Governor's Workforce Development Board's (GWDB) first annual training and tone some some training and the Conomic Development. It conference, sponsored by the Department of Employment and Economic Development. It			
director was	pointed as a member of the GWDB through an amendment to the statute during the last			
legislative se	ession.			
Miigwech,				
Dennis				





Cultural Resources Department Report

Submitted by: Jim Jones, Cultural Resources Director and Melissa Cerda, Cultural Resources Specialist MIAC Quarterly Board meeting: February 27, 2018

Project Updates:

Shaver Mound Group (21-HE-27) – Highway 101 Recovery Completed

Since the reburial in November, cultural resources staff have been working with Hamline University staff to
coordinate efforts to arrange for a controlled burn and reseeding of the site. Staff have also been working
on the procurement of a floating fence and signage noting the Private Cemeteries Act (MN Stat. 307.08) that
will be placed around the site.

Fond du Lac Cemetery Disturbance

- Starting June, 2017, MIAC Cultural Resources staff began working on a burial disturbance within the town of
 Fond du Lac on Hwy 23. Work has continued through the summer and into the winter. The burial recovery
 team braved the elements and worked outside during the first half of the winter months, which made
 recovery work difficult. With the recent move to the Sprung building, the crew has increased productivity
 and increased the amount of soil being screened per day.
- MIAC also recently sponsored and coordinated an osteological training for the burial recovery team conducted by Dr. Sue Myster. There have been a number of challenges that have arisen during the duration of this project; some of which have been figuring out and defining the boundaries of the cemetery and its soils, identifying the contents of the disturbed soils that were moved to a number of other locations and stocked piled across the site, and security and site protocols for the recovery site. Priority on-site has been to prevent additional damages or disturbances to the site. Staff have been attending weekly working group meetings to help bring everyone involved in the recovery effort on the same page.

307.08 and NAGPRA Updates:

Changes to 307.08 Private Cemeteries Act Legislation

• MIAC staff have been working closely with the Office of the State Archaeologist to change and update the Private Cemeteries Act (MN Stat. 307.08). MIAC has been working on proposed changes to the law for years, but was unable to due to several different factors. With a renewed and collaborative relationship with the Office of the State Archaeologist and strong support from Dakota tribal leadership, MIAC hopes the proposed legislative changes will better help protect cemeteries across the state as well as prevent the need of large burial recovery efforts in the future.

Creation of MN Stat. 307.08 Procedures

 MIAC staff have been working with the Office of State Archaeologist to update and create a procedural manual for the implementation of MN Stat. 307.08.

Plan Review

• In the past few months, MIAC cultural resources staff have reviewed more than two dozen EAW's, construction plans, and requests from private citizens for project plan review.

NAGPRA Updates

- Work on the digitization of the cultural resources archives is ongoing, concentrating mostly on the scanning
 of all associated documents.
- MIAC staff is in the process of writing several NAGPRA notices in preparation for the completion of the current NAGPRA grant.

Osteology Laboratory and Repository Updates:

Collective Access Database

Work on the creation of the new Collective Access Database is progressing well. The database is being
created specifically for the needs of MIAC collections. The database will hopefully be fully operational at
the beginning of July 2018.

Osteology Lab and Repository Protocols

 The transition to a new, more secure laboratory and repository space has required the creation of new protocols that MIAC has been working closely with our contractor to create and implement.

Educational Outreach Updates:

Osteology Training

MIAC recently purchased materials to help facilitate osteological trainings both in the field and in the
classroom. The goal is to provide ongoing training to crew members, tribal members, archeologists, and
other professionals involved in the unique aspects of burial recovery work.

Tribal Member Certification Program

MIAC will work with the University of Minnesota to conduct a pilot program this summer that will
include an archeology field school and two weeks of academic training.

Grants & Legislative Report



Grants & Legislative Report
Submitted by: Shannon Geshick, Legislative & Grants Director
MIAC Quarterly Board meeting: February 27, 2018

Dakota and Ojibwe Volunteer Language Revitalization Work Group:

The DOLWG will meet on March 8-9, 2018 in Mille Lacs. The purpose of this meeting is to:

- Debrief the presentation to the tribal leaders on December 1, 2017
- Hold informational conversations on the current state of language revitalization from various communities
- Review the work group's SWOT analysis and Strategic Plan
- · Develop a plan of action for the online language repository
- · Arts and Cultural Heritage funds language grant overview (2010-present)

This meeting is open to the public. We are currently looking to replace Representative Susan Allen's seat, as she announced her retirement from the House of Representatives. We are also looking to identify a delegate from the Grand Portage Band. The funding allocated from the legislature for the Dakota and Ojibwe Volunteer Language Revitalization Work Group expires June 30, 2018.

Dakota and Ojibwe Language Grants:

This quarter the grants director completed the grants monitoring requirement with site visits at Niigaane, the Lower Sioux Indian Community, and the Upper Sioux Community. The practice of meeting face-to-face to review the guidelines of the grant and to provide technical assistance if needed, has been an extremely positive experience according to the response from agencies that have been awarded language grants.

In anticipation of a spring release of the Request for Proposals for the next round of language grants, the grants director sought feedback from current language grantees concerning the grant cycle timeline. The first funding year is always difficult since funding may not be spent before July 1st to include any stipends for grant readers. Oftentimes, this results in contracts that are not executed until well into fall. The grants director completed a training in January on the "Notice and Publicizing Grant Request for Proposal Policy" through the State of Minnesota Office of Grants Management in order to prepare for the next cycle of language funding, and to learn about any new policies in detail. Interestingly, the expectation of agencies paying a stipend to grant reviewers is now codified in the state Policy on Writing and Publicizing Grants Notices and Requests for Proposal. MIAC has been following this practice since the beginning of language grant awards. Because of this, agencies have sought council as to how MIAC has managed that policy. Nevertheless, this process results in shortened time for expending grant monies for the first year. In order to combat this challenge, a no-cost time extension amendment may be granted, given that the agency is in compliance with all grant guidelines.

Currently, a grant reader guidance document is being drafted that will incorporate information gathered at the Policy on the Rating Criteria for Competitive Grants training offered by the Office of Grants Management on February 8, 2018. MIAC will begin recruiting six grant readers for the fiscal year 2019 round of language grant

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	awards. An anticipated March meeting will review the rating document as well as the Conflict of Interest policy. Expectations are to have all of the grant awardees notified and contracts executed by July 1, 2018.					
	The grants director attended the Bois Forte Quiz Bowl in December. It was good to witness the young people displaying their knowledge of Ojibwe culture and language as Dan Jones guided the event. The grants director also had the pleasure to attend the Bois Forte State of the Band as a citizen of the nation and as a MIAC representative. Lastly, the grants director was invited to and looks forward to attending the Oyate lapi Akichiyapi to be held for the fourth year at Harding High School in April.					

Ombudsperson for American Indian Families Report

Jill Esch

MN remains #1 for the removal of American Indian children. Many counties do not know or understand ICWA. Fathers have rights too, there are very few resources for fathers with children. Grandparents are having trouble with resources and visitation rights.

We have applicants for our open seats for the MIAC Council consideration: Tonya Long (currently serving as the Board Chair), Julie Edwards (from Fond du Lac) and Camille Nasland (from Leech Lake). It is difficult to recruit members from rural MN areas as we cannot offer travel reimbursement (the office of Ombudsmen removed the expense line; we (AI) have been trying to separate from the other 3 Ombudsmen for several years). Applicants reviewed and discussed by Council. All three applicants appointed to the Ombudsperson for American Indian Families Board (details on the first page of notes).

Report below has additional information and more details.

Report from Jill Kehaulani Esch, Esq. Ombudsperson for American Indian Families February 27, 2018

Report for the Period 11/21/2017 through 2/26/2018

Duties of the Ombudsperson for American Indian Families

The Ombudsperson for American Indian Families investigates complaints for non-compliance of the Indian Child Welfare Act (ICWA) and the Minnesota Indian Family Preservation Act (MIFPA), Minnesota Statutes, Rules and DHS Policies that involve child protection cases. The Ombudsperson also collaborates with tribes, agencies, counties, community organizations, courts, schools and other organizations to develop policies, rules and laws to improve outcomes for American Indian Families involved in the child protection system, as well as collaborating on prevention programs. The Ombudsperson is advised and reports to the Community Specific Board, who are all appointed by the Minnesota Indian Affairs Council.

Geographical locations of phone calls

Becker, Beltrami, Bemidji, Carlton, Carver, Cass, Chippewa, Chisago, Cloquet, Detroit Lakes, Duluth, Fond du Lac Reservation, Grand Rapids, Hastings, Hubbard, Itasca, Leech Lake Reservation, Mahnomen, Mille Lacs, Minneapolis, Morton, Red Lake Nation, St. Paul, Scott, Shakopee Women's Correctional Facility, Steele County, White Earth Nation, and States of Montana, Nebraska, North Dakota, Oregon, South Dakota, Washington and Wisconsin.

Tribes

Bad River Band of Lake Superior Tribe of Chippewa Indians, Bois Forte Band of Chippewa, Cherokee Nation, Cheyenne River Sioux, Fond du Lac Band of Lake Superior Chippewa, Fort Peck Assiniboine, Lac Courte Oreilles Tribe, Leech Lake Band of Ojibwe, Lower Sioux Indian Community, Menominee Indian Tribe of Wisconsin, Mille Lacs Band of Ojibwe, Northern Cheyenne, Oglala Sioux, Ponca Tribe of Nebraska, Prairie Island Indian Community, Red Lake Band of Chippewa Indians, Rosebud Sioux, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, Standing Rock Sioux, Turtle Mountain Band of Chippewa Indians, and White Earth Nation.

Investigations: 51 Open Investigations.

Some Issues from Cases for the Period of This Report

- Foster parents' motion for party status was granted.
- Foster parents filed the Petition for Transfer of Custody, not the County.
- Foster parents were extremely upset that the native grandmother was granted transfer of custody and they were denied
 continued visits with the children after the children were placed with grandmother. Foster parent wrote a very racist letter
 to the mother making very disparaging comments about her, the social worker, the guardian ad litem, the tribal
 representative and the grandmother.
- On a confirmed ICWA case, no attempt to contact the tribe; no one in the court hearing mentioned it was an ICWA case; no
 finding by the Court to deviate from the ICWA placement preferences (children were in non-native, non-relative placement);
 no finding by the court on any active efforts, despite the written court order stated the Court found there were active efforts.
- Children were placed in a non-relative, non-ICWA home instead of being placed with grandmother.
- Adoptive maternal grandmother is unable to continue to care for grandchildren who were transferred to her custody.
- Tribes are continually not notified that there is a possibility of out-of-home placement. Tribes are not learning about the cases until well after the cases are filed and several hearings have been held.
- Neither parents, nor tribes are being consulted on case plans; the case plans are solely being written by the social worker.
- Children who are severely allergic to pets were placed in a home with pets, which resulted in severe skin allergies.
- In several cases, children reported to their parents/grandmother that they were being hit while in a foster home. In one case, the county returned the children to the abusive foster home. In another case, the maternal grandmother traveled 5 hours to attend the court hearing and when it was brought to the Court's attention about the abuse, she asked and was allowed to have grandchildren placed with her while the county conducted its investigation. The tribe then moved to transfer the case to tribal court.
- Tribal representative reported that the social worker is making decisions regarding medications for the child.
- Despite the court ordering visits, the counties are not complying and parents are going weeks and months without visitations.
 A mother who has been incarcerated since August 2017 reported on February 15, 2018, that she has only had 4 visits with her children since August, despite the court ordering that visits occur.
- Parents are told to work their case plans, but copies of written case plans are not being provided to the parents.
- Parents are frustrated that their attorneys do not understand ICWA and therefore not adequately advocating for them.

Email: Jill.Esch@state.mn.us

Website: www.ombudsfamilies.state.mn.us

Tel. 651-643-2523

Policy Changes/Initiatives

- Attended Annual Meeting of the Citizens' Review Panel, 11/16/17.
- Attended training -- Child Welfare Liability and Data Practices, 12/4/17.
- Member of the ICWA Collaboration Committee and attended meeting, 12/15/17.
- Attended Juvenile Rules Committee Meeting, 12/19/17.
- Attended hearing -- Legislative Task Force on Child Protection, 1/9/2018.
- Met with Korina Barry, Guardian Ad Litem Board Member, to discuss policy changes and initiatives, 12/21/17.
- Attended Juvenile Rules ICWA Sub-Committee meeting, 12/21/17.
- Public comments provided to the Guardian Ad Litem Board, 1/10/18; attended Board Meeting to answer questions, 2/8/18.
- Inquired at DHS re: status of the ICWA Compliance Review System that was to have been in place in January 2018, 1/29/18.
- Attended Juvenile Protection Rules ICWA Sub-Committee re: my recommendation made to the Supreme Court, 2/1/18.
- Attended Senate Human Services Reform Finance & Policy Committee Hearing on Child Protection, 2/21/18.
- Attended CJI Permanency Workshop in Anoka, 2/26/18.
- Attended monthly board meetings, United States Ombudsman Association.
- Continued discussions with the State and Counties on importance of ICWA Training [BIA regs effective December 2016.]
- Continued discussions with the State, Counties and DHS to ensure that the tribes and the Native community are at the
 planning and discussion table for rule changes, legislation, trainings, conferences, seminars, and collaborations regarding
 child protection and placement.
- Attended and observed court proceedings in the Metro Counties as well as Carlton, Chisago and Itasca.

ICWA Education and Continued Community Outreach

- Attended training -- Human Trafficking and Sexually Exploited Youth, 11/16 and 11/17/17.
- Letter sent to county judge highlighting some applicable ICWA amendments that became effective on December 12, 2016
 and the 2015 statutory amendments to the Minnesota Indian Family Preservation Act because the case involved a thirdparty custody action filed in Family Court and the Petitioners' attorney was moving for default against the mother. Advised
 the Court that the ICWA and MIFPA laws applied in Family Court because it was an American Indian child, 11/20/17.
- Presentation before Mankato State University social workers on my duties, powers and the work that I do, 12/8/17.
- Provided brief ICWA education and solicited donations for Mini MUID Annual Meet and Greet, 12/12 and 12/13/17.
- Attended ADYC WAIF Meeting, 1/17/18.
- Attended training -- Identifying and Preventing Human Trafficking, 1/25/18.
- Meeting with Leech Lake Urban Office, 1/30/18.
- Attended training -- Beyond Historical Trauma with Nancy Bordeaux and Family, 1/30 and 1/31/18.
- Discussions with USOA Children and Families Chapter re: ICWA training at annual conference, 1/18 and 2/12/18.
- Attended MUID Meeting, 1/30/18.
- Attended training -- Convicting Sexual Traffickers in the Modern World, 2/9/18.
- Attended St. Paul Indians in Action meeting, 2/14/18.
- Met with three mothers incarcerated at Shakopee Correctional Facility and with Parenting Coordinator, 2/15/18.
- Commenced discussions re: a presentation to incarcerated native mothers who have child protection cases, 2/16/18.
- Attended training -- Race on the Brain-Implicit Bias, 2/16/18.
- Telephonic meeting with Minneapolis American Indian Center ICWA Program Director, 2/20/18.
- Meeting with Prairie Island Tribal Attorney, 2/21/18.
- Meeting with Leech Lake Urban Child Welfare Office, 2/22/18.
- Attended monthly meetings: Ramsey County CJI, ICWA Work Group and Ramsey County ICWA Advisory Board.
- Continued discussions with counties on the importance of complying with ICWA and MIFPA; provided resources.

Result and Feedback from Community

Letter written by a father seeking resources and information on his son's child protection case- I picked up one of your Ombudsperson packet when I was in the waiting room at Indian Health Board in Minneapolis. I am just getting out of prison...[I am writing because] I always end up forgetting things and am not always the best at explaining things over the phone when it comes to one of my children. I feel it is important that everything is said...! was hoping that you could at least point me in the right direction. I guess the help that I am seeking is just help to be able to be a part of my son's life. I don't have a lot of money but I am willing to do whatever it takes to be a part of his life. Whether that be supervised visits or whatever. I just know that he is 4 years old and I don't want to be the dad that didn't at least try and make things happen to be part of his life. I believe that I am at least starting in the right direction. I have been sober 8 months and am working at doing things the right way.

The father was provided with resources and information; referred several individuals to the office and sent a thank you. You and the resources you have provided me have been a great help to me and other people as well. Thanks for everything. I do believe that I am making the changes I need to make a wonderful life. I am forever grateful for you and your work. Have a good week. I will keep in touch as I am sure I will have many people who also need your services. Thanks again.

Email: Jill.Esch@state.mn.us

Website: www.ombudsfamilies.state.mn.us

Tel. 651-643-2523

New Law Passed During 2017 Legislative Session

Reimbursement to Counties and Tribes for Certain
Out-of-Home Placements

This law ONLY pertains to AMERICAN INDIAN
CHILDREN who are in out-of-home placement –
away from the child's parent or guardian

Counties will be reimbursed under a certain formula if the commissioner of human services certifies to the commissioner of revenue that the county is in substantial compliance with the ICWA Compliance Review System.

477A.0126 REIMBURSEMENT TO COUNTIES AND TRIBES FOR CERTAIN OUT-OF-HOME PLACEMENTS.

Subdivision 1. **Definition.** For purposes of this section, "out-of-home placement" means 24-hour substitute care for an Indian child as defined by section 260C.007, subdivision 21, away from the child's parent or guardian and for whom the county or tribal social services agency has been assigned responsibility for the child's placement and care, which includes placement in foster care under section 260C.007, subdivision 18

- Subd. 2. **Determination of nonfederal share of costs.** (a) By July 1, 2017, and each June 1 thereafter, each county shall report the following information to the commissioner of human services:
- (1) the amount paid out of the county's social service agency budget for out-of-home placement of Indian children in the calendar year immediately preceding the year in which the report was made; and
- (2) the number of days foster care maintenance payments were made for each Indian child the calendar year immediately preceding the year in which the report was made.
- (b) The commissioner of human services shall prescribe the format of the report. By July 15, 2017, and each July 1 thereafter, the commissioner of human services shall certify to the commissioner of revenue and to the legislative committees with jurisdiction over local government aids and out-of-home placement funding the data reported under this subdivision and whether it accurately reflects total expenditures by counties for out-of-home placement costs of Indian children. The commissioner of human services shall also certify to the commissioner of revenue the reimbursement amounts received from the federal government for out-of-home placement costs for the previous calendar year received by each initiative tribe under section 256.01, subdivision 14b.
- (c) Until the commissioner of human services develops another mechanism for collecting and verifying data on out-of-home placements of Indian children, the data collected under this subdivision must be used to calculate payments under subdivision 3.
- Subd. 3. **Aid for counties.** (a) For aids payable in calendar year 2018 and thereafter, the Department of Revenue shall reimburse each county the county's proportionate share of the appropriation in subdivision 7 that remains after the aid for tribes in subdivision 4 has been paid.
- (b) Each county's proportionate share is based on the county's nonfederal share of the cost for out-of-home placement of Indian children for the calendar year that was certified by the commissioner of human services under subdivision 2, paragraph (b), provided that:
- (1) the commissioner of human services certifies to the commissioner of revenue that accurate data are available to make the aid determination under this section; and
- (2) the commissioner of human services certifies to the commissioner of revenue that the county is in substantial compliance with the compliance review system developed in accordance with subdivision 6.
- (c) If the commissioner of human services determines that a county is substantially out of compliance with the Indian Child Welfare Act or the Minnesota Indian Family Preservation Act, as determined under subdivision 6, the commissioner of human services shall provide written notice to the county of its noncompliance, and what actions are necessary by the county to improve and maintain compliance.
- (d) If the county remains substantially out of compliance with the Indian Child Welfare Act or the Minnesota Indian Family Preservation Act as determined by the commissioner of human services under

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subdivision 6 for a second consecutive year, the county shall be eligible for 50 percent of the aid under this section beginning with the next certification and until the commissioner of human services certifies to the commissioner of revenue that the county is in substantial compliance and is eligible for the aid payment. The commissioner of human services shall certify to the commissioner of revenue by July 1 of each year which counties are eligible for an aid reduction in the following year.

- Subd. 4. Aid for tribes. For aids payable in 2018 and thereafter, the amount of reimbursement to each initiative tribe under section 256.01, subdivision 14b, shall be the greater of:
- (1) five percent of the reimbursement amount received from the federal government for out-of-home placement costs for the previous calendar year that was certified under subdivision 2, paragraph (b); or
 - (2) \$200,000.
- Subd. 5. **Payments.** The commissioner of revenue must compute the amount of the reimbursement aid payable to each county and tribe under this section. On or before August 1 of each year, the commissioner shall certify the amount to be paid to each county and tribe in the following year. The commissioner shall pay reimbursement aid annually at the times provided in section 477A.015.
- Subd. 6. **Indian Child Welfare Act compliance system review.** (a) By January 1, 2018, the commissioner of human services, in consultation with counties and tribes, shall develop a system to review county compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act. The system may include, but is not limited to, the cases to be reviewed, the criteria to be reviewed to demonstrate compliance, the rate of noncompliance and the coordinating penalty, the program improvement plan, and training.
- (b) The commissioner of human services shall provide continuous review of cases reported by counties for aid payments under this section for compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act.
- (c) The determination made by the commissioner of human services regarding a county's compliance or noncompliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act shall be final.
- Subd. 7. **Appropriation.** (a) \$5,000,000 is annually appropriated to the commissioner of revenue from the general fund to pay aid under this section.
- (b) \$390,000 is appropriated annually from the general fund to the commissioner of human services to implement subdivision 6.

History: 1Sp2017 c 1 art 4 s 14

NOTE: This section, as added by Laws 2017, First Special Session chapter 1, article 4, section 14, is effective beginning with aids payable in 2018, except the appropriation in subdivision 7, paragraph (b), is effective beginning with fiscal year 2019. Laws 2017, First Special Session chapter 1, article 4, section 14, the effective date.

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Urban Indian Advisory Board (UIAB)

Update on recent UIAB meeting:

- Presentation on Nutritional Intervention for Opiate Addiction (see below)
- UIAB supports the State Guardian Ad Litem request for additional Native GALs and additional funding

Nutritional support for recovering addicts

1. Omega-3 fatty acids

- a. Too high of a ratio of omega-6 to omega-3 causes inflammation¹
 - i. Partially due to enzymatic competition
 - Omega-6 fatty acids are elongated via same enzymes used in making more EPA and DHA², thus too much pro-inflammatory omega-6 decreases body's capacity to make anti-inflammatory EPA/DHA.
- b. Pre-clinical studies (non-human)
 - i. Omega-3 deficient rat show reduced³⁻⁵ and supplemented rats show improved executive control over reward system via improved distribution of type-2 dopamine receptors^{6,7}
 - ii. Compared to control diet, fish oil supplemented diet reduced anxiety-like symptoms in rats given amphetamine⁸ and morphine⁹

c. Clinical studies

- i. Omega-3 PUFA deficiency across generations produced cognitive and motivated behavior deficits in adolescents, and affected expression of dopamine-related proteins¹⁰
- ii. Double-blind, randomized trial over 3 months supplementing substance abusers with DHA/EPA reduced anger and anxiety scores from baseline¹¹
- iii. Lower baseline plasma levels of omega-3 PUFA were associated with higher risk of relapse at 3, 6 and 12 months among cocaine abusers¹²
- iv. Lower baseline plasma levels of DHA were associated with increased risk of relapse at 6 and 12 months among alcohol, cocaine, and heroin (or a combination) abusers¹³
- Double-blind, randomized trial of abstinent alcoholics given fish oil (EPA/DHA) for three weeks. Results showed reduced cortisol levels and perceived stress in fish oil group¹⁴

d. Review/Hypothesis

 Good short explanation for the omega-3 fish oil hypothesis for reversing negative effects of addictive drugs such as hypofunctioning dopamine neurotransmission, craving, and withdrawal¹⁵

2. Vitamin D3

- a. Typical intake is well below recommendations¹⁶
- b. Vitamin D3 receptor is expressed in dopamine neurons¹⁷
- c. Vitamin D3 can protect dopamine neurons against drugs of abuse¹⁸
- d. Recent rodent study19
 - i. D3 deficiency increased drug consumption in rats
 - ii. D3 treatment reduced drug consumption in rats
 - iii. D3 treatment increased dopamine genes in rats
 - Gene for synthesis of dopamine (TH) increased (see also²⁰)
 - 2. Gene for dopamine transporter (Slc6a3) increased

3. Gene for type-2 dopamine receptors increased

3. Precautions

- Many recovery addicts struggle to control appetite. This can lead to anxiety about becoming overweight²¹
- b. Fish oil acts as a blood thinner, caution should be used for hemophiliacs or prior to surgery.
- c. Vitamin D3 is fat-soluble; therefore it can accumulate in the body to toxic levels. Tolerable upper intake level (UL) is 4,000 IU/day. Evidence does not yet support pharmacologic dosing, but supplementing to recommended (physiologic) levels might be beneficial.

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Some of the most exciting research in the treatment of addiction and cooccurring mental illness comes from the new field of nutritional psychiatry. The results of recent studies have tremendous implications for the fight against opiate addiction.

Nutritional Interventions for Opiate Addiction

Alex Conroy, PhD

Why We Should Test All Addicts for Nutritional Deficiencies

Nutritional Causes of Addiction and Relapse

Alcohol and drugs of abuse mimic the function of certain natural neurotransmitters. If a person is unable to produce adequate amounts of a particular neurotransmitter because of poor diet, toxic exposure, prolonged stress, or genetic inefficiency, the deficiency will cause a vulnerability to addiction specifically for a drug that closely matches the area of shortage.

Neurotransmitter Type	Effect On The Body	Some Amino Acids That Build Or Support That Neurotransmitter	Drugs That Are Close Biochémical Matches
Endorphins and enkephalins	Natural pain killer for physical or emotional pain	DL-phenylalanine, leucine, methionine, glycine, tyrosine	Morphine, heroin, prescription painkillers, alcohol
Serotonin	Calm during frustrating situations; converts to melatonin to help us sleep at night	tryptophan	Sugar; marijuana; alcohol
GABA	Calms anxiety and racing thoughts	glutamine	Benzos; alcohol
Catecholamines (dopamine and norepinephrine)	Concentration, alertness, euphoria, enables rapid shifts in attention	tyrosine	Cocaine, nicotine, amphetamines

If a person is addicted to heroin, for example, we will likely find that he or she has a shortage of the amino acids that produce the endorphins and enkephalins. Supplementing the lacking amino acids will reduce craving and risk of relapse. Having good levels of needed amino acids makes people less vulnerable to addiction.

Relapse and Suicide Risk When Omega 3 Fatty Acids Are Low

Use of opiates, alcohol, and nicotine all strip omega 3 fatty acids from the body. Poor diet also causes omega 3 levels to drop. Low levels of omega 3 are associated with high risk of suicide. When an addict commits suicide, we tend to attribute it to personal struggle and despair. However, it is possible that biochemical shifts in the brain because of low omega 3 levels played a large part. Having good levels of omega 3 fatty acids also provides protection against vulnerability to addiction, helps with withdrawal, and reduces likelihood of relapse.

What Tests Should Be Included In Nutritional Assessment

Amino acid analysis (blood test)

Amino acids are the building blocks of neurotransmitters. Specific amino acid deficiencies will cause an imbalance in particular neurotransmitters, which in turn lead to mental illnesses, sleep problems, and substance cravings.

Elemental analysis (hair, blood, and urine test)

Check levels of specific chemical elements or minerals. We need high enough levels of certain ones such as zinc or magnesium for proper functioning. Others such as lead or cadmium are toxic.

Comprehensive vitamin profile (blood)

Vitamins and phytonutrients are needed in order to carry out hundreds of biochemical reactions, including the production of energy in cells. They are also needed to manufacture all key neurotransmitters relevant to addiction and mental illness.

Fatty acid analysis (blood)

Fatty acids are needed to make the membranes of every cell in the body, including brain cells. Every neuron is sheathed in a fatty substance called myelin which enables it to function properly. Low levels of essential fatty acids are associated with impaired brain function, ADHD, depression, addiction, and suicide. Supplying the body with generous levels of essential fatty acids is critical in helping the brain heal from substance abuse.

Allergy profile (blood)

A very high percentage of people with substance problems have multiple allergies that drain emotional and physical resources in the body. Food allergies are common. People in recovery should avoid allergenic foods until their digestive systems are healed and can handle them.

Comprehensive digestive analysis (stool)

Substance abuse will cause profound disturbances in levels of stomach acid, composition of gut flora, and digestive enzymes. Often people with digestive

problems have been told that emotional problems are causing the upset stomach when it is the reverse. Digestive abnormalities can drive mood swings, craving, and depression.

Comprehensive Organix (urine)

Organic acids are intermediate substances produced when the body is assembling and breaking down chemicals as part of energy production, detoxification, neurotransmitter breakdown or intestinal microbial activity. If we find too much of one organic acid, it can mean that something is wrong: a nutrient deficiency, inherited enzyme deficit, toxic build-up, or drug effect. It is a way to see if there are any blockages in systems.

Success Rate of Treatment When Nutritional Interventions Are Added

Under the standard treatment for alcohol and drug recovery, only about 25% of patients remain drug-free after a year. The success rate rises to 80% when nutritional testing and remediation is done. (These results are based on a clinical outcome study reported by New Standards, Inc., an independent research group which assesses drug and alcohol recovery results. They reviewed the treatment and outcome results of thousands of patients treated at the Tully Hill Hospital, a rehabilitation facility near Syracuse, New York. The medical director there incorporated nutritional testing and remediation into the treatment plans of each patient.)

Nutritional Causes and Interventions for Common Co-Occurring Mental Illnesses

Addiction often comes coupled with one or more mental illnesses. For instance, people with substance abuse problems may also suffer from bipolar disorder, ADHD, depression, or PTSD. It has long been known that mental illnesses can run in families; that is, they are largely genetic. What is only recently understood is that the mechanism by which many mental illnesses operate is through nutritional inefficiencies.

Many mental illnesses are related to inborn errors of metabolism. Genetic polymorphisms (variations of a gene) may code for slightly deformed enzymes that aren't as good at binding micronutrients supplied by the diet to do necessary work for the body. As a result, enzyme activity is reduced, producing symptoms of a mental illness. This type of inefficient enzyme situation has been linked to bipolar disorder, depression, ADHD, and many other mental health problems. Micronutrient shortage can cause chronic inflammation and deterioration of neurons. For these genetic disorders, loading up on micronutrients through supplements can be an effective treatment.

Example of Use of Micronutrient Supplementation to Treat Bipolar Disorder

The chief spokesperson for including supplementation with broad-spectrum micronutrients in the treatment of bipolar disorder is psychopharmacology researcher and psychiatrist, Dr. Charles Popper. Dr. Popper wrote a widely-used textbook on developmental psychopharmacology and is a faculty member at McLean Medical Center and Harvard Medical School. His specialty area is bipolar disorder. In a recent address to psychiatrists, he summarized research results on using broad-spectrum nutrients in place of standard psychiatric medications:

- About 80% of drug-naïve adults or kids with bipolar disorder improve in mania or depression in 1-2 months. Most could discontinue all psychiatric medications.
- The broad-based micronutrient treatment was effective for bipolar I or II. It was also effective for non-bipolar major depressive disorder.
- The dosage of micronutrients from beginning to full dose can be achieved within a few days if the patient is not already on other medications.
- After achieving a full dose for five days, most patients saw a complete remission of mania. This is faster than anything that standard medications can offer.
 Eliminating depressive symptoms took longer, from 4-8 weeks at full dose, longer if chronic or if there were symptoms of psychosis.
- The antidepressant and antimanic effects were comparable to conventional psychiatric medications, but without the side effects.
- Relapse rates were much lower. Hospitalization rates were rare.
- There were fewer residual symptoms and those that existed were mild. Patients on micronutrients usually just need one annual check-in, not monthly medication meetings.
- The clinicians said that their bipolar patients on micronutrients are increasingly stable over time. Increasing stability as patients age is a huge benefit.
- Patients with bipolar disorder that still needed some standard medication are able to greatly reduce the dose, resulting in fewer side effects.
- Dr. Popper is of the opinion that clinicians could use broad-spectrum
 micronutrient supplementation as a first line of treatment only if there was no
 immediate crisis and no risk to delaying standard treatment. They shouldn't be
 used if a patient is not stable. After a patient is stable, he or she could be
 cautiously transitioned to inclusion of micronutrients as part of the treatment plan.

Successful Use of Micronutrient Treatment for Traumatic Brain Injury

Micronutrient supplementation has also been shown to be effective with depression, ADHD, and PTSD. It is spectacularly helpful in recovery from traumatic brain injury. Many addicts also suffer from TBI, and micronutrient supplementation could be included in treatment plans.

Including Micronutrients Enables Doctors to Lower Needed Medication Amounts

Taking broad-spectrum micronutrients potentiates the effects of other central nervous system drugs by an average of 3-5 times. Micronutrients amplify the effects of lithium 100 times. This is seen in every patient. Therefore, including micronutrients in the treatment of a person already taking other standard medications has to be done extremely carefully and under a knowledgeable physician's supervision. For instance, in the treatment of bipolar disorder, doctors use "micro-doses" of lithium in combination with micronutrients. The standard dose of lithium for patients with bipolar disorder is from 600-2000 mg per day. For bipolar patients using micronutrient formulas, it would be 4-20 mg per day.

Using micronutrients to treat mental illnesses that co-occur with addiction would cut down on the amount of medication that addicts must take. Standard medications are hard on the detoxification systems of the body. Using micronutrients when possible would relieve pressure on the liver.

Nutritional approaches to the treatment of addiction and mental illness represent the future of psychopharmacology.

There will be increasing use of nutritional interventions as a complement to or replacement of standard medications in many kinds of addiction and mental illness. All mental health care practitioners should learn as much about it as they can. The newly-formed professional association, the International Society for Nutritional Psychiatry Research, has attracted a membership from the leading research organizations in the world, including Harvard University, Johns Hopkins University, and Oxford University. Their discussions center on the limitations and side effects of standard psychoactive medications and whether equally effective interventions based on nutritional research could replace or complement standard medications. Some of the researchers focus solely on nutritional interventions to opiate addiction.

Resources

How to Arrange Nutritional Testing

Two of the largest labs that do nutritional testing are Genova Diagnostics (www.gdx.net) and Great Plains Laboratory (www.greatplainslaboratory.com). A doctor or nurse practitioner orders the tests and there is a staff person at the lab that can help interpret the results. There is a third lab, OmegaQuant (www.OmegaQuant.com) that just tests Omega-3 levels. They do not require a doctor's involvement to test a person's Omega-3 levels.

Where to Find the Micronutrients Used in the Research Studies

The micronutrients used in the research studies are a special clinical-strength version. You couldn't replicate the strength and balance of nutrients by just going to the drug store and buying a bunch of vitamins. The supplements tested in the research studies reported here were developed by Hardy Nutritionals. They are available at www.hardynutritionals.com. The product name is Daily Essential Nutrients (the stronger clinical strength form). It requires expertise to begin including micronutrients in the treatment of someone on medications of any kind. The staff at Hardy Nutritionals will coach a health care professional in how to do it correctly.

Learning More About Using Nutritional Interventions for Addiction and Mental Health

The web site for the International Society for Nutritional Psychiatry Research is www.isnpr.org. There are links to a number of research studies on their site.

A number of professional presentations given by members of the International Society for Nutritional Psychiatry Research have been posted on YouTube. Here are three that relate to the information given here:

Dr. Charles Popper, Harvard: Micronutrients for a Metabolic Tune Up. (2017, May 03).

Dr. Charlie Popper On Micronutrients in Mental Health. (2011, September 18).

The surprisingly dramatic role of nutrition in mental health | Julia Rucklidge | TEDxChristchurch. (2014, November 10).

For more information about nutritional interventions for addiction or mental health, please feel free to contact Alexandra (Alex) Conroy, PhD at 651-494-4496 or conrol111@umm.edu.

Tribal Nations Education Committee Report

Michael Stillday - TNEC Chair

The TNEC (meeting) schedule is posted on the website https://www.tnecmn.com/

Every Student Succeeds tribal consultation meetings; 1 day scheduled in Oct and 2 days in Dec. All but one school have had meaningful consultation.

Working on how our children are counted / classified. Use American Indian as default rather than "other" race.

TNEC has been named as the entity to address new state laws.

Updated position paper:



Position on Education

Education for American Indians is a treaty right.

The Commerce Clause of the United States Constitution affirms that tribes are sovereign entities that are not subordinate to states, therefore the relationship between tribes and states must be government-to-government. The Tribal Nations Education Committee (TNEC) was established to remedy the lack of government-to-government communication, cooperation and consultation between the State of Minnesota and tribal nations related to education.

It is the mission of the TNEC to strengthen, protect and advance the overall education experience and opportunities for all American Indian students, families and communities of Minnesota. The TNEC is formally endorsed by both the Minnesota Chippewa Tribe Tribal Executive Committee and the Minnesota Indian Affairs Council.

Tribal nations and the State of Minnesota must continue to work towards strengthening and advancing the educational experiences for all American Indian students, educators, families and communities of Minnesota. The TNEC acknowledges the wide range of current investments and budget proposals that aim to benefit young children and families, the TNEC requests specific priority across all policy and budget proposal for American Indian students and educators.

The State of Minnesota has one of the lowest graduation rates for American Indian students in the Nation. Recent data released by the Minnesota Department of Education shows the graduation rate for American Indian students has increased less than 10% since 2010, but other student groups have increased their rates at a much quicker pace, which has only widened the academic achievement gap. The achievement gap for American Indian students in Math: 27.7%; Reading 24.4%; Science 25.5%. This is unacceptable. The TNEC requests State agencies to work in close consultation with us to identify and implement strategies to improve the educational outcomes for all American Indian students within all Minnesota-based education programs.

Tribal Nation Education Committee Members:

Geraldine Kozlowski – Grand Portage; Mary Otto – White Earth, Billie Annette –, MCT; Jennifer Johnson – Fond du Lac; Dorothy Robinson – Leech Lake; Billie Mason – Bols Forte; Beth Tepper – Shakopee; LeAnn Benjamin – Mille Lacs; Paul Dressen – Prairie Island; Jackie Probst – Lower Sioux; Marisa Anywaush – Upper Sioux; Michael Stillday – Red Lake; David Isham – Twin Cities Metro; Edys Howes - Greater Minnesota

Early Learning

Support for Early Learning programs is an investment. Research shows the benefits of birth to age 5 programs. There is convincing evidence that high quality early learning experiences give American Indian children the tools to be ready to learn when they begin kindergarten. It is the framework for children to develop strong foundational cognitive skills, develop social emotional competence and establish patterns of engagement in school and learning.

In order to ensure that all American Indian children have access to quality early learning programming, the Minnesota Legislature must:

- · Continue a tribal set-aside for early learning scholarships.
- Designate state appropriated funds to increase slots for tribal Head Start and Early Head Start programs.
- Extended year funding for Head Start and EHS.
- Expand access to Early Childhood Family Education (ECFE) funds to reach all tribal communities.
- Expand access to Early Childhood Special Education (ECSE) funds to reach all tribal communities.
- · Recommend increasing the universe of service providers to include tribal referral networks.
- Appropriate additional funding to recruit and retain high quality early childhood teachers in high need areas.

Pre-K through Grade 12

The American Indian Education Act of 1988 is legislation intended to provide for American Indian education programs specially designed to meet unique educational or culturally related academic needs of American Indian children. The Minnesota Department of Education (MDE) must inform and hold all school districts within the State accountable to these laws.

The TNEC requests the Minnesota Department of Education and school districts to:

- · Remove barriers for participation in extracurricular activities such as transportation and fees.
- Implement "American Indian Education for All", including curriculum and instruction of American Indian history, government, culture, science, arts and other contributions of American Indians in all Minnesota schools for all students.
- Coordinate efforts to increase support American Indian students and communities.
- Provide increased training and technical assistance to American Indian communities.
- Coordinate technical assistance efforts within MDE to ensure American Indian students meet all state proficiency standards.
- Provide Historical Trauma/Trauma Informed Training as Professional Development for ALL district staff.

The TNEC requests all professional boards and associations:

- Be inclusive of Tribal Schools in membership, trainings and resources.
- Require school administrators, including but not limited to Superintendents, Principals,
 Counselors and School Board Members, to earn clock hours in Tribal Sovereignty, Tribal
 Communities and Tribal students in order to better meet the needs of American Indian students.

The TNEC requests the State of Minnesota to:

- · Continue using the state definition of American Indian student.
- Recognize American Indian as the primary default for students choosing American Indian as one
 of the "two or more" category

- Continue the new cap of \$3,230 per pupil state equalization funding for BIE schools.
- Increase the personnel and fiscal capacity of the Minnesota Office of Indian Education in order to:
 - Provide increased technical assistance and guidance to Early Childhood Programs and K-12 public, charter, and Bureau of Indian Education-funded schools.
 - Continue to provide training and support to Indian Home/School Liaisons, Indian Education professionals, program staff, and American Indian Parent Advisory Committees.
 - Provide additional cultural competence training activities to administrators, school boards, school staff, support staff and American Parent Advisory Committees.

Higher Education

Higher education is no longer an option, it is a necessity. The TNEC is committed to making a full range of higher education options available and easily accessible for all American Indian students in Minnesota.

The TNEC requests that the State of Minnesota:

- Initiate action to increase the drastically underrepresented number of American Indian school teachers in our public school systems by:
 - Providing incentive aid to school districts to encourage recruitment, employment, and retention of American Indian K-12 certified, licensed teachers, principals and superintendents.
 - · Adequately and equitably fund the Minnesota Indian Teacher Training Program.
- Support the Commissioner of MDE and the Commissioner of the Office of Higher Education to
 ensure that colleges and universities have complied with the request to modify teacher training
 programs to include curriculum with specific content regarding tribal sovereignty, history and
 culture for all students entering the teaching field.
- Support a tuition and fee waiver for all American Indian students attending Minnesota State
 Colleges and Universities and University of Minnesota institutions in order to increase access.
- Support equalization funds for Minnesota Tribal Colleges in order to stabilize core institutional funding.
- Support research to better serve the diverse demographic needs of American Indian students that are eligible for the Minnesota Indian Scholarship program.

The TNEC requests the Minnesota State Colleges & University System (MNSCU), the University of Minnesota, Minnesota's Private Colleges, and Tribal Colleges to:

- Identify, develop and implement strategies to address the issue of historically low retention of American Indian students.
- Submit an annual report to tribes on the status of these and other efforts related to the outcomes
 of American Indian students in higher education systems prior to July 31 each year.
- Modify teacher training programs to include curriculum with specific content regarding tribal sovereignty, history and culture for all students entering the field of education by 2020.
- Require licensed teachers to enroll in continuing education courses in these content areas every five years in order to maintain their teaching licensure.
- Require all Minnesota Indian Teacher Training Programs (MITTP) to include specific and
 integrated instruction to better prepare teachers to meet the needs of American Indian students.
 TNEC recommends that MITTP funding be straight scholarship, non-need based and continue to
 expand further with using funds for recruitment and retention of students.
- Support collaborations between Minnesota Tribal Colleges and other higher education institutions (articulations agreements, two-plus-two programs, etc.).

Language Revitalization & Immersion

Education and Language Revitalization are essential within our communities and are key to improving the lives of our people. Research indicates that American Indian students achieve at higher rates when taught through comprehensive, full-day language immersion programs that incorporate environment, culture and language and in traditional schools which imbed environment, culture and language.

The TNEC requests that the State of Minnesota:

- Continue to support Native language revitalization efforts funded through the Minnesota Legacy Amendment.
- Commit financial resources to support current Native language programs, immersion models, curriculum development and program development.
- Increase support for future community-based, Tribal-based and Tribal College-based programs that will strengthen the Native language revitalization movement.

Accomplishments

Tribes know their unique needs best. Minnesota Tribal Nations were acutely aware that Minnesota was not consulting with them through a true government-to-government relationship. As a result, they took action by creating and authorizing their own independent education committee to work directly with state agencies. As a result, Tribal Nations are once again recognized within the Minnesota Department of Education and cited in state statute. A respectful relationship between Tribes and the State is now growing. The TNEC submits its Position on Education to the State annually and continues to build relationships with State agencies which allow for meaningful consultation with results. The following are some of the accomplishments either initiated and/or supported by Minnesota Tribal Nations as a result of exercising their sovereignty:

- The establishment of the Tribal Nations Education Committee (TNEC)
- MDE will hold an Indian Education Summit each year for key stakeholders, to include but not limited to tribal administrators, Tribal Colleges, school administrators, educators, Indian Education staff parents and students, on relevant issues facing Indian Education in the State of Minnesota.
- The relationship between MDE and the TNEC is codified in state statute with the following language: The commissioner shall seek consultation with the TNEC on all issues relating to American Indian education.
- The Office of Indian Education was reinstated in 2012 with the hiring of an Indian Education Director, and the position became permanent per state statute.
- The Minnesota Legislature has funded all-day every-day kindergarten programs across the state, thus making kindergarten available for all Minnesota children.
- The Minnesota Legislature supported Governor Dayton's proposed funding for School Bullying Prevention.
- An increased appropriation for the Minnesota Indian Scholarship Program.
- Developed a 5 year strategic plan.
- As a result of the 2015 special session, the competitive Success for the Future grant program
 was eliminated and replaced with a formula aid program that provides funding on a per-pupil
 basis to 136 public school districts, charter schools, and BIE schools, serving nearly 95% of our
 American Indian students in Minnesota. The formula now provides a minimum funding floor of

\$20,000 to any school district that enrolls at least 20 American Indian students as well as \$358 for every American Indian student enrolled over 20. The funding and program has essentially quadrupled with a biennial appropriation of over \$17.6 million and an expansion of eligible districts and schools from 32 to 136.

- In addition to this change, the \$1500 per pupil cap on state equalization funding for BIE schools
 was lifted and a new cap of \$3,230 was established, more than doubling the per pupil
 equalization funding the state provides.
- Provided Tribal Consultations to 10 Metro area schools
- Presented at NIEA and MIEA
- Consulted on the reinterpretation of the Integration & Achievement funding in regards to American Indian student count.

Revised February 2018

Joint Advisory Council

Virgil Sholm: At our last joint council meeting we discussed how sharing clients / partnering can better serve our clients. Sub Oxone & Opioid training and education on historical trauma is something we need to concentrate on making sure people have access to.

Pam Hughes - CoChair Chemical Health: SUD reform (substance use disorder), comprehensive assessments that will be billable (this will benefit tribes).

Rickie Smith: Guardian Ad Litem program. 2012 resolution passed by MIAC regarding GAL supervisor was important to using Native American GAL's.

Commissioner / Tribal Liaison Reports

MIAC Board:

Department of Education:

- Commissioner Dr. Brenda Cassellius not present
- Tribal Liaison Jane Harstad not present

Follow-Up Items:

Update:



Department of Human Services:

- Commissioner Emily Johnson Piper not present
- Deputy Commissioner Nikki Farrago
- Tribal Liaison Vern LaPlante not present

Follow-Up Items:

Update:

- MDH is doubling the ICWA staff, we are in the process of hiring 3 additional staff plus a supervisor.
- Two American Indian Councils are proposed to sunset on June 30th; the American Indian Advisory Council and the American Indian ICWA Council. We are pushing a proposal forward but it probably won't be identified as a MDH bill, we are looking for authors to carry bills at this time.



Department of Natural Resources:

Commissioner Thomas Landwehr

Assistant Commissioner / Tribal Liaison Bob Meier

Follow-Up Items:

Update:

Currently working on the annual negotiations with the 1837 treaty bands; includes Fond du Lac and Mille Lacs. Non tribal members in the Mille Lacs area are usually vocal about the Walleye issue and negotiations. An outside review of the methodology shows they (DNR and the tribes) are doing things properly and the numbers are sound.

An MOU with Fond du Lac of the 1854 treaty has been in the works for many years but recently has been signed by both Chairman Dupuis and DNR Landwehr.

Conservation code is being updated by Leech Lake and Fond du Lac

From 2010 to 2013 there was a 50% drop in the moose population. This has stabilized since 2013. Q: Why or what does DNR attribute this drop to? A: Sick moose and predators for the most part.

People are harvesting birch poles and spruce tops, figuring out conservation codes for this issue.

Department of Human Rights:

Commissioner Kevin Lindsey

Follow-Up Items:

Update:

Department of Employment and Economic Development:

Follow-Up Items:

Department of Employment and Economic Development: Follow-Up Items: Commissioner Shawntera Hardy - not present Tribal Liaison Gerry Wenner - not present **Update:** Follow-Up Items: **Department of Corrections:** Commissioner Tom Roy - not present **Deputy Commissioner Ron Solheid** Tribal Liaison Gino Anselmo **Update:** First, thank you to Dennis Olson (the world's best note taker) for volunteering to take notes during the recent Tribal / DOC facilitation meetings. We are looking at what exactly do we (DOC) need to work on with the tribes? How to create positive working relationships. We've had productive discussions about reentry and look to develop plans for successful reintegration tools. These meetings have been facilitated by John Poupart and our DOC Commissioner Tom Roy. Minnesota Housing Finance Agency: Follow-Up Items: **Commissioner Mary Tingerthal Deputy Commissioner Barb Sporlien** Tribal Liaison Rick Smith **Update:** 🜟 This session we have a 1m housing bonding proposal that is supported by MIAC (from the Dec 2016 meeting) to support existing supportive and new housing (including senior housing) RFP KEY DATES: Monday April 16th our RFP will be posted 5/15 - existing housing pre-application due 5/31 - rental housing intent to apply due ★ 6/14 - applications due **Iron Range Resources and Rehabilitation:** Follow-Up Items: Commissioner Mark Phillips Update: Working on legislation to incorporate part of Bois Forte (Nett Lake area) into a funding territory for the IRRRB as currently Nett Lake is not a funding territory and there are some energy updates that we could work together on. This is non-controversial legislation. **Department of Health:** Follow-Up Items: **Deputy Commissioner Dan Pollock** Tribal Liaison Jackie Dionne

Update:

- k A lot of conversations about Naloxone
- We have a hearing at 8:15 Thursday morning regarding HF 1440
- 🜟 Tribal Health Directors meet regularly at Shakopee (Mystic Lake) we encourage tribal leaders / elected officials to attend any of our meetings.
- ★ HF1615
- 눚 Handout see SafeHarbor Tab or Handouts FYI current working on activities and safe harbor

Department of Transportation:

- Commissioner Charlie Zelle not present
- Tribal Liaison Ed Fairbanks

Follow-Up Items:

Update:

★ Condolences to Ray Villebrun and the entire Bois Forte Nation

The new MnDOT Tribal Liaison, Levi Brown will be starting March 8th. Ed Fairbanks will be retiring fall 2018. Tribal-State Relations Training Update: April session at Upper Sioux and June at Grand Portage Red Lake and Bois Forte adhere to TERO Native American Employment 1854 Ceded Territory sign is up on the 1854 boundary. 1st in the Nation to do this!

Department of Veterans Affairs:

Commissioner Larry Shellito - not present

Follow-Up Items:

- **Department of Administration:**
- à

Commissioner Matt Massman - not present

Follow-Up Items:

Governor's Office Designee:



Kate Perushek, Senior Policy Advisor

Follow-Up Items:

Update:



* State of the State Address is March 14th

Budget forecast will be released tomorrow and the supplemental budget will be ready in the next couple of weeks.

Penny a pill fee on opioid manufacturers, unsure how the republican leadership will feel about the idea.

MN Tribal Youth Gathering - the fund raising aspect continues, not necessarily just the tribes, looking to vendors and friends to contribute.

House Member:



Representative Peggy Flanagan

Update:

House Member:	
Representative Dean Urdahl	
Update: Since this is a bonding year, would like to discuss with each of you your thoughts or acknowledge the wrongdoings and now welcome all Indians in the state of MN.	a amending the Act of 1863 and
Senator:	
Senator Gary Dahms - not present.	
Update:	
Senator:	
Senator Lourey - not present	
Update:	
Other Agencies Present:	
	Follow-Up Items:
Madas	
Update:	

★ POCI (People of Color Caucus)

Ain Dah Yung Center

Deb Foster, Sheri Reimers, and Erika Scwichtenberg

American Indians represent 2% of the population in MN, yet 22% of American Indian youth are homeless. Our goal is to incorporate traditional teachings, medicine gardens, cultural foundations with complete wrap around services for these homeless youth. We are seeking partners, we see this as an opportunity to work together. SMSC and MLBO have already stepped up the plate, which helped us to leverage \$1M for the project. Additional details included in handout below.

Comment: Bois Forte - I commend you for all the work that you have already done on behalf of our MN youth and thank you for your continued efforts.

Ain Dah Yung Centre Capital Campaign Update

Ain Dah Yung Center has had a **tremendous year** with numerous highlights for the Capital Campaign in support of Ain Dah Yung Center's new permanent supportive housing project and organizational capacity building. The Capital Campaign's largest focus is the 42-unit housing program with on-site wrap-around services, located on the 700 block of University Avenue in St. Paul's Frogtown neighborhood on the north side of the light rail transit between the Victoria and Dale Street Stations. Additionally, Ain Dah Yung Center is building organizational capacity- adding new staff to provide mission critical services to residents of the new housing program, as well as internal administrative positions as the organization grows and continues strong fund development work after the campaign comes to a close.

This years Campaign highlights include Ain Dah Yung Center's Minnesota Housing application scoring the highest of all the proposed projects that were funded. Minnesota Housing also chose Ain Dah Yung Center to host its award ceremony and press release, which was covered by local news stations, the press and trade publications. Deb Foster was also the featured guest on the November Comcast Newsmakers Hour, as well as Minnesota Public Radio's news hour, to discuss Ain Dah Yung Center's programs and the housing crisis for homeless youth- especially our Native youth.

Year end giving was bolstered by a special \$10,000 matching gift made by an anonymous donor; year-end giving was at an all-time high quadrupling the matching gift!

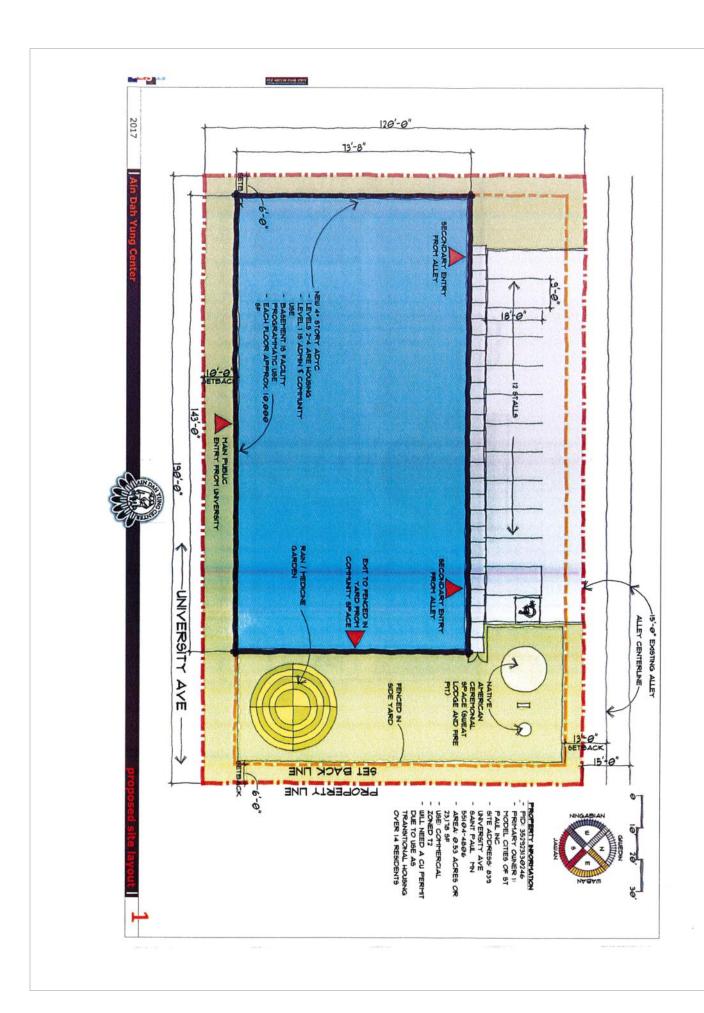
Transformational lead gifts by the Mille Lacs Band of Obibwe and Shakopee Mdewakanton Sioux Community leveraged nearly \$1 million in funds for the permanent supportive housing program. And an unprecedented rental assistance 5-year grant from the House of Hope, Mission Outreach Program paved the way for secured units for Native youth who could not otherwise access supportive housing based off funding eligibility due to age or other prevailing circumstance.

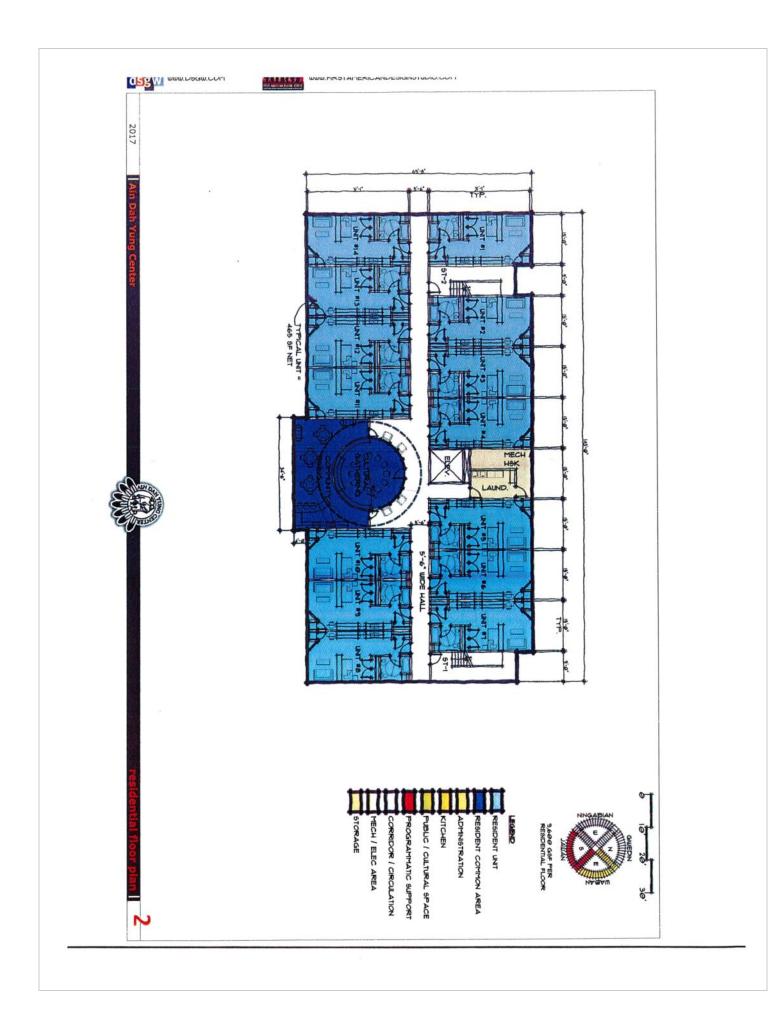
There are many first to celebrate, and many milestones yet to achieve. The Ain Dah Yung Center looks forward to breaking ground in late spring of this year. There are several ways to support the campaign: financial support, committee work or volunteering. For more information, please call Jill Ross - at Ain Dah Yung Center, 651-227-4184.

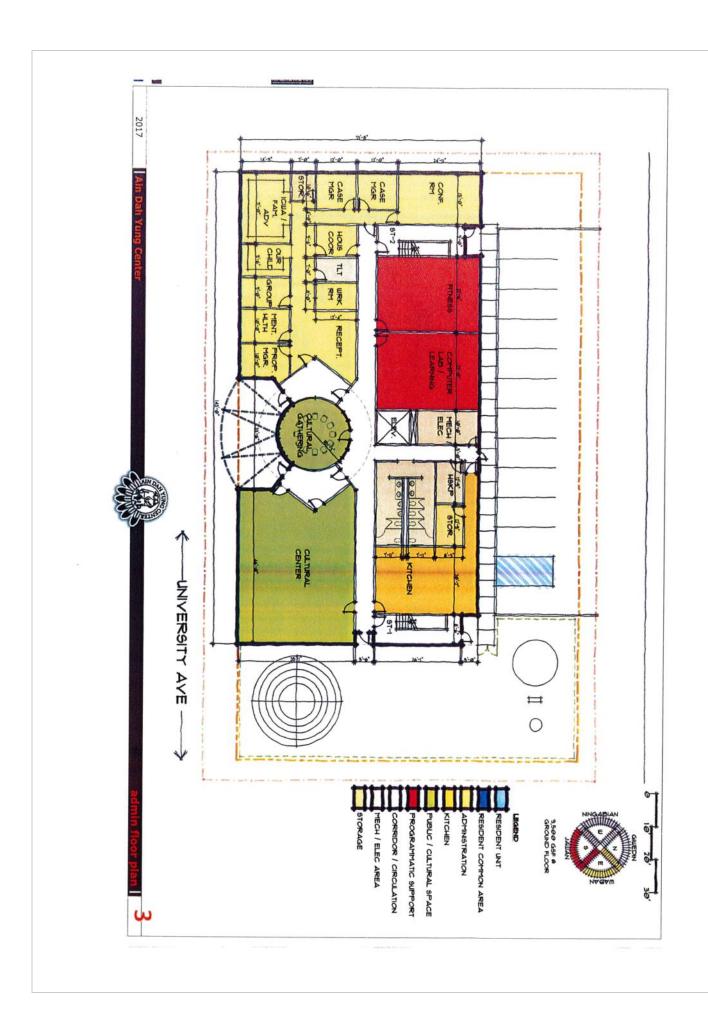
Tribal support is critical to the success of our younger tribal members who receive services and program support at the Ain Dah Yung Center. Last year 202 youth from Minnesota's 11 tribes accessed culturally responsive support at Ain Dah Yung Center. Below is a chart illustrating tribal affiliation of the youth we served in 2017.

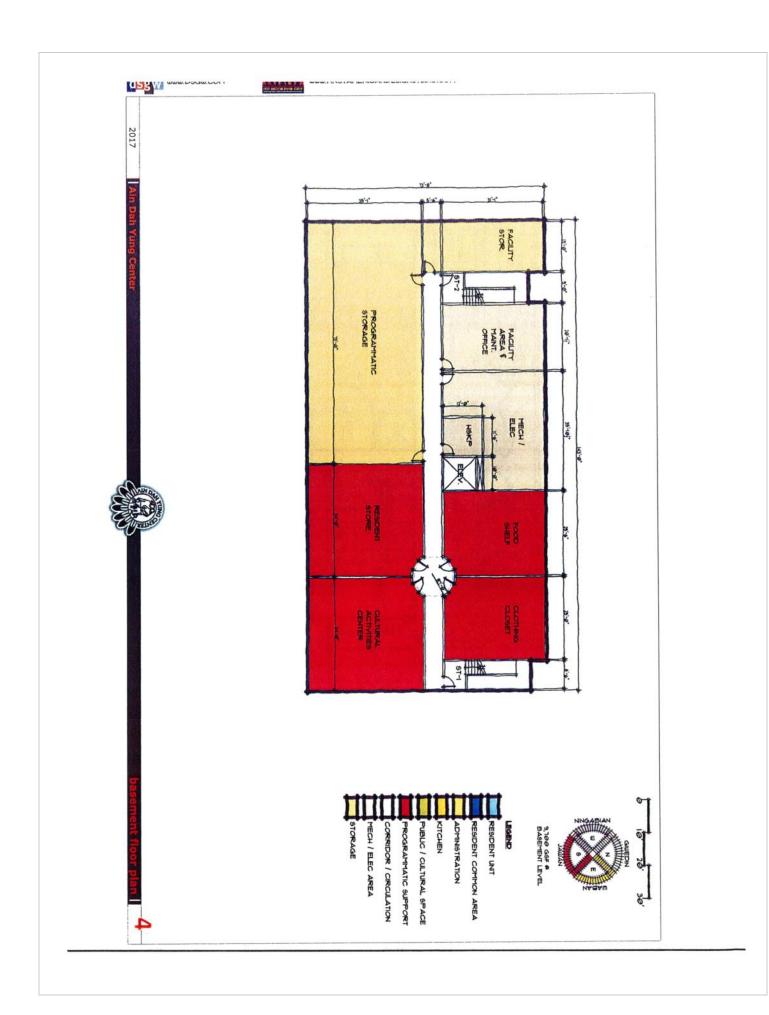
Tribe	Ву %
White Earth	34%
Red Lake	26%
Leech Lake	15%
Bois Forte	10%
Mille Lacs	8%
Fond du Lac	5%
Prairie Island	1%
Lower Sioux	1%
Grand Portage	0%
Shakopee	0%
Upper Sioux	0.0
Total Number	100%











University of Minnesota Department of Earth Sciences

New 2-year research project, funded by the University of Minnesota's Grand Challenges Initiative and Institute on the Environment, on the Cultural Significance, Ecology, and Policy of Manoomin / Psin

Kawe Gidaa-naanaagadawendaamin Manoomin (First We Should Consider Manoomin / Psin / Wild Rice)

Overview:

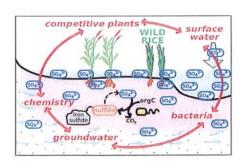
Manoomin / Psin: A flagship for environmental preservation and Indigenous resource sovereignty

Sulfate entering our lakes and streams poses a major threat to manoomin / psin (wild rice), but
it is just one factor affecting the well-being of this sacred plant and its ecosystems. Native people who
have lived with manoomin / psin for generations understand this intimately, but Tribal views, concerns,
and Treaty rights have not been adequately incorporated into natural resources policies. Protecting
Tribal resource sovereignty demands a culturally responsible, whole ecosystem approach to
environmental stewardship.

Our project aims to put Tribal perspectives and research questions first. The proposal for this research was developed in collaboration with Tribal project partners. With continued conversations with members of affected communities and other stakeholders, we will:

- Address questions identified by Tribal resource managers about the multitude of environmental threats to manoomin / psiη, including unnatural water levels, invasive and competing species, and perturbed nutrient levels;
- Analyze existing documents and conduct new interviews to understand how Native voices have been marginalized in policy development, including information on the historical distribution of manoomin / psin waters and the cultural value of manoomin / psin;
- Formulate a collaborative plan one that prioritizes Tribal values, knowledge, and needs for
 integrating multiple viewpoints into university, state, federal, and Tribal policies, with the
 ultimate goal of protecting Tribal resource sovereignty.





Community and Stakeholder Involvement:

Central to our proposed project will be visits to Bands, Tribal organizations, and representatives, followed by meetings with all project partners and other stakeholders, in order to collaboratively direct research questions and approaches in accordance with their driving concerns and priorities. Open invitations will be disseminated through project partners. Please contact us (manoominpsin-gc@umn.edu) if you would like to schedule a visit to your group anywhere in Minnesota.



Updated 2/21/2018

manoominpsin-gc.dash.umn.edu

Contact Us:

Please hold us accountable. Contact us at manoominpsin-ge@umn.edu.

Researchers (University of Minnesota - Twin Cities):

- Prof. Crystal Ng (project lead) (Asst. Professor of Hydrology, Dept. of Earth Sciences; gcng@umn.edu, 612-624-9243)
- Dr. Mark Bellcourt (White Earth; Office of Diversity and Inclusion, Academic Advisor for College of Food, Agricultural and Natural Resource Sciences, President's Emerging Scholars; <u>bellc001@umn.edu</u>, 612-625-3915)
- Dr. Diana Dalbotten (Director of Diversity and Broader Impacts, St. Anthony Falls Laboratory, dianad@umn.edu, 612-624-4608)
- Prof. Mae Davenport (Professor of Human Dimensions of Natural Resources, Dept. of Forest Resources; Director of the Center for Changing Landscapes; mdaven@umn.edu, 612-624-2721)
- Dr. Mike Dockry (Citizen Potawatomi Nation; Research Forester, U.S. Forest Service; Adjunct Asst. Professor, Dept. of Forest Resources; Affiliate Faculty Member, American Indian Studies Dept.; mdockry@umn.edu, 651-649-5163)
- Prof. Daniel Larkin (Asst. Professor & Extension Specialist, Institute on the Environment Associate, Dept. of Fisheries, Wildlife, and Conservation Biology; dilarkin@umn.edu, 612-625-6350)
- Dr. Amy Myrbo (Research Associate and Director of Outreach, Diversity, and Education, LacCore/CSDCO, Dept. of Earth Sciences; amyrbo@umn.edu, 612-624-3329)
- Prof. Cara Santelli (Asst. Professor of Geomicrobiology and Bioremediation, Institute on the Environment Associate, Dept. of Earth Sciences; BioTechnology Institute; santelli@umn.edu, 617-624-9760)

Student Team Members (University of Minnesota - Twin Cities):

Erik Kojola (PhD Candidate, Dept. of Sociology), kojol002@umn.edu

Laura Matson (PhD Candidate, Dept. of Geography, Environment and Society, JD, University of Minnesota Law School, 2014), matso092@umn.edu

External Partners:

Tribal

Karen Diver (former Fond du Lac Band Chairwoman, former Special Assistant to President Obama on Native American Affairs, University of Minnesota – Duluth)

Fond du Lac Band of Lake Superior Chippewa

1854 Treaty Authority

Minnesota Chippewa Tribe (Union of the Bois Forte, Grand Portage, Fond du Lac, Leech Lake, Mille Lacs, and White Earth bands)

Great Lakes Indian Fish and Wildlife Commission

Great Lakes Inter-Tribal Council, Inc (consortium of federally-recognized Indian Tribes, with subsidiary Great Lakes Inter-Tribal Epidemiology Center)

State Agency

Dr. Edward Swain (Minnesota Pollution Control Agency)

Drs. Nicole Hansel-Welch and Ray Norrgard (Minnesota Department of Natural Resources)

Academic

Dr. Laura Phillips-Mao (Visiting Asst. Professor of Biology, Macalester College)

Prof. Chanlan Chun (Asst. Professor, Dept. of Civil Engineering, Natural Resources Research Institute, University of Minnesota - Duluth)

manoominpsin-gc.dash.umn.edu

Updated 2/21/2018

SAFE HARBOR FOR ALL STRATEGIC PLANNING PROCESS

OVERVIEW

Unban Research and
Outreach-Engagement Center
UNIVERSITY OF MINNESOTA
Driven to Discover





The State of Minnesota is considering making changes to prostitution and trafficking laws to create appropriate and effective responses for adults impacted by commercial sexual exploitation and sex trafficking, as well as those impacted by the criminalization of prostitution. Last session the legislature funded a strategic planning process to provide critical feedback and recommendations to guide legislators. After a competitive grant process, the Minnesota Department of Health (MDH) awarded the "Safe Harbor for All Strategic Planning Process" funds to a collaborative partnership between the University of Minnesota's Urban Research Outreach Center (UROC), The Advocates for Human Rights, and Rainbow Research.

The strategic planning team will engage with knowledgeable experts across the state, particularly those most impacted by sexual exploitation and trafficking. Our process is flexible to ensure that we are inclusive, open and successful. The strategic plan will address relevant criminal issues, availability and access to prevention and intervention services for adult victims of sexual exploitation and trafficking, unintended consequences, and identification of intersections with other areas of oppression. The final report is due to MDH in October 2018.

TIME LINE

Phase 1:

Project Set Up and Launch (Dec - Feb 2018)

- Review of Literature and Existing Data in Minnesota
- Convene Process Advisory Group
- Finalize Plans and Protocols

Phase 2:

Gather Information (Feb - May 2018)

Priority Stakeholders across Minnesota

The strategic planning team will talk with people by phone and travel across the state to host one-on-one and group conversations as well as Art of Hostingstyle events. The legislation mandates statewide input from people of all genders and sexual orientations, racial and ethnic communities, immigrants and new Americans, tribes and tribally affiliated individuals, and more. We will engage people from:

- Affected populations: victims and survivors of sex trafficking and sexual exploitation, sex workers, and people who trade/sell sex
- <u>Systems professionals</u>: service providers, law enforcement, prosecutors, advocates, tribal government officials, and more

Phase 3: Draft the Report (June – July 2018)

Phase 4: Collect Structured Feedback on the Draft Report (Aug – Sept 2018)

Phase 5: Complete Final Report (October 15, 2018)

For information: z.umn.edu/safeharborforall
Or contact Lauren Martin at mart2114@umn.edu.



DATE: 2/26/2018

SUBJECT: Office for Victims of Crime and MN State Safe Harbor Regional Navigator funding for

Tribal Nations

After multiple meetings with Tribal members and input from various American Indian Advisory councils, it was decided to divide the money from the federal grant to Improve Outcomes for Child and Youth Victims of Human Trafficking between the nine Tribal nations who chose to participate and four urban, American Indian youth serving nonprofits. Based on the language and purpose of the state portion of funding, the regional navigator money is evenly divided between the nine Tribal Nations only. Each Tribe is receiving \$90,000 total for two years and each nonprofit is receiving \$72,500 total for two years.

The state money will be ongoing after the two years, but the federal portion will end.

Currently, MDH is drafting contracts based on the work plans and budgets provided by each entity. There has been some adjustments in order to meet the federal requirements for funding, but three contracts have been sent to MDH financial management and uploaded to the federal grant manager for approval.

We anticipate that all contracts will be executed before the end of March. Thus providing two years in which to spend the money. However, if contracts are executed after March, the total amount will not decrease; there will simply be less time to spend the money.

Tribe/Agency	Total	from navigator fund	from OVC fund
Boise Forte	90000	33333.33	56666.67
Fond du Lac	90000	33333.33	56666.67
Leech Lake	90000	33333.33	56666.67
Lower Sioux	90000	33333.33	56666.67
Mille Lacs	90000	33333.33	56666.67
Prairie Island	90000	33333.33	56666.67
Red Lake	90000	33333.34	56666.66
Upper Sioux	90000	33333.34	56666.66
White Earth	90000	33333.34	56666.66

HEADER REPEATS FROM PAGE 2 ONWARD

AICHO	72500	72500
AIFC	72500	72500
MIWRC	72500	72500
NWICDC	72500	72500

Amanda Colegrove.
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-4882
651-201-5419
amanda.colegrove@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call: ###-###. Printed on recycled paper.

2



MDH Current Activities with Tribal Partners and Tribal-State Relations Training Briefing February 2018

Building Relationships and Capacity

- More than 300 Minnesota Department of Health (MDH) employees have attended the tribal-state relations training since June 2014. MDH averages between 20-30 people at each session. MDH typically represents about a third of the attendees at each training.
- MDH Director of American Indian Health/Tribal Liaison Jackie Dionne attends many sessions and volunteers to serve on the Tribal Liaison panel.
- Dionne continues to work closely with the Tribal Health Directors. Tribal Councils can appoint these directors as the point people for MDH in the Tribal Consultation Policy. Dionne co-facilitates the Tribal Health Directors Quarterly meeting with the Minnesota Department of Human Services and our Tribal Partners. She has an MDH Internal American Indian Committee that meets quarterly to address cross-agency issues. Dionne is also developing a Community of Practice to help MDH staff develop skills and knowledge for working with Tribal Partners.
- MDH successfully held three Tribal/State/Urban Indian Health symposiums since 2013 with Tribal Health Directors and Tribal Leadership.
- The November 2017 symposium focused on data issues including public data, research data, program and evaluation data and tribal-specific data. MDH will provide meeting participants with a formal report in early 2018.
- MDH reviews the Tribal Consultation Policy with Tribal Health Directors every two years at the November Tribal Health Directors meeting. The last review was in November 2017.

Living Healthy

- MDH's Office of Statewide Health Improvement Initiatives (OSHII) is successfully
 developing and implementing our Tribal SHIP/Tobacco grants. MDH undertook a year-long
 process to develop and implement OSHII's Tribal SHIP/Tobacco effort co-created by MDH
 and Tribal staff.
- MDH recognizes the importance of promoting the use of traditional tobacco in ceremonies to address commercial tobacco use in the community and supports this with grant funding.

Controlling and Preventing Disease

 MDH's Infectious Disease Epidemiology, Prevention and Control Division (IDEPC) and Environment Health Division continue to focus on building collaborative relationships with our Tribal partners. The divisions had a very good collaboration with the Fond du Lac Tribe in addressing a 2014 foodborne illness outbreak.

TRIBAL-STATE RELATIONS TRAINING/TRIBAL CONSULTATION AND EXECUTIVE ORDER 13-10

 IDEPC continues to work through challenges associated with the syphilis outbreak in the American Indian population and the Mille Lacs Band of Ojibwe.

Supporting Family Health

- MDH's WIC program, Office of Vital Records, Office of Rural Health and Health Regulation
 Division are working with Tribal Partners to assist them with capacity building and/or
 licensing issues that will better serve their constituents. WIC is working with the American
 Indian Cancer Foundation on an American Indian/Tribal Breastfeeding Coalition.
- MDH's Family Home Visiting initiative introduced Family Spirit to our Tribal Partners as an approved evidence-based home visiting curriculum that MDH supported with state funding. MDH provides support with Family Home Visiting Consultant Karla Decker-Sorby, who has an office in Bemidji. MDH supported the training and technical assistance for this program, developed by Johns Hopkins University. MDH's Local Public Health Block grant supports Family Home Visiting, which we were able to expand for the Mille Lacs Band and Leech Lake with the additional state funding received in 2017. White Earth provides Nurse Family Partnership to their families and Fond-du-Lac provides both NFP and Family Spirit.

Preventing Injuries and Violence

- The MDH Injury and Violence Prevention Section got tribal input and consultation on how to distribute \$1.1 million to our Tribal and Urban Indian Community-Based Organizations (CBOs) for the Human Trafficking and Sex Trafficking/Safe Harbor efforts. Four American Indian CBOs and all tribes except Grand Portage applied for funding in December 2017.
- MDH's Suicide Prevention State Plan focuses on addressing suicides among American
 Indian youth ages 10-24. To this end, MDH is submitting an application with Tribal support
 for a \$3.75 million five-year federal grant to address youth suicide, particularly among
 American Indians. MDH hired an American Indian coordinator to work with Tribal Partners
 and build local capacity to implement comprehensive suicide prevention efforts among
 community partners. Community Partners Preventing Suicide is being implemented in 23
 counties, five reservations and one urban American Indian community.
- MDH's Injury and Violence Prevention Section continues to combat the opioid epidemic in tribal communities by seeking support and resources to fund tribal primary prevention efforts under the banner of "Culture is Health." MDH is working on an RFP for a "Culture is Health" pilot in one of our Tribal communities for early 2018.

Other Notable Initiatives

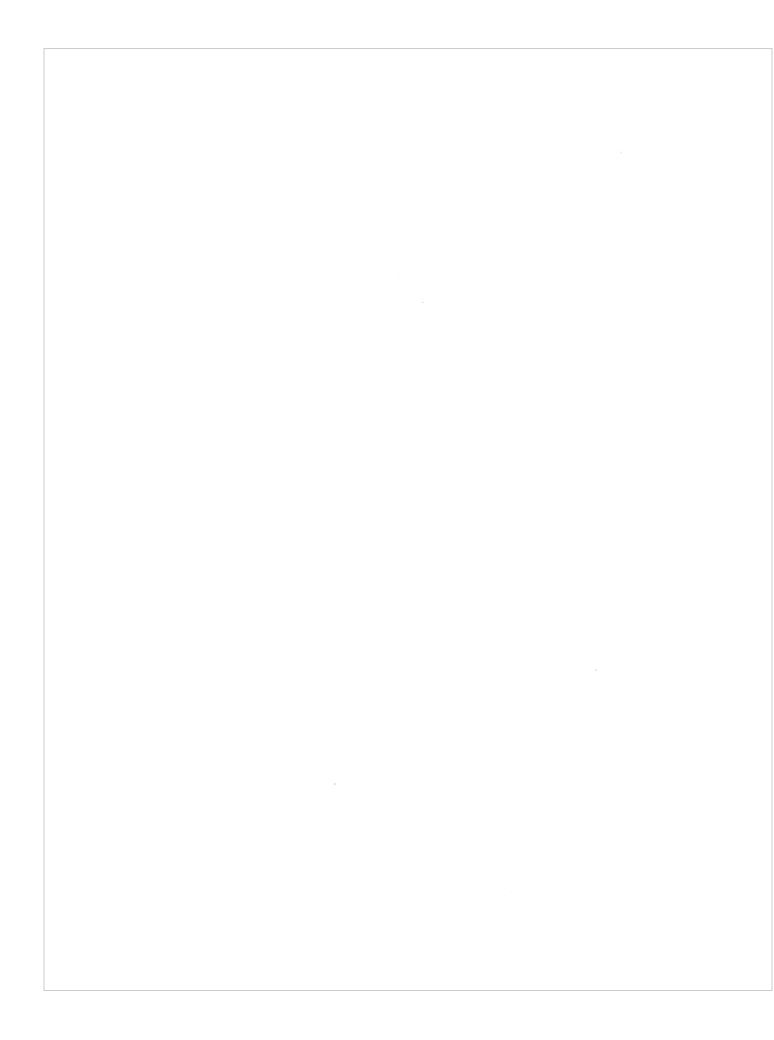
- MDH provided consultation and technical assistance in 2015 to tribes and individuals on the Religious Objections to Autopsy bill. This bill came about after a member from Mille Lacs Band of Ojibwe died and the family did not want an autopsy because of religious reasons. After some initial disagreement, the coroner complied with the family's request.
- The MDH Grants Unit modified our grants policies and practices to incorporate and address tribal sovereignty and developed a tribal template specific for each tribe.

1/5/2018

TRIBAL-STATE RELATIONS TRAINING/TRIBAL CONSULTATION AND EXECUTIVE ORDER 13-10

 The MDH Communications Office worked closely with the Leech Lake Tribe to coordinate communication about tuberculosis on the reservation. MDH staff helped the Leech Lake Band create a media release that resulted in successful communication about the illness.

1/5/2018



Native Farm Bill



About the Coalition

- The newly created Native Farm Bill Coalition is advocating for Native American interests in the 2018 Farm Bill.
- The Coalition is an outgrowth of the Reclaiming Our Future report, which assessed the risks to and
 opportunities for Native communities in the next Farm Bill.
 - The report was commissioned by Seeds of Native Health, a campaign of the Shakopee Mdewakanton Sioux Community (SMSC). The report is available at NativeFarmBillCoalition.org.
- The Coalition represents the largest ever coordinated effort in Indian Country around federal food, agriculture and nutrition policy.

Our goal

 The Native Farm Bill Coalition seeks to protect and advance Native American nutrition, agriculture, food sovereignty, natural resource conservation, rural infrastructure, and economic development interests in the 2018 Farm Bill through a coordinated, united effort among Indian Country stakeholders and allies.

Coalition leaders and membership

- The Native Farm Bill Coalition is led by an executive committee of representatives of the SMSC, Intertribal Agriculture Council (IAC), National Congress of American Indians (NCAI), and Intertribal Food and Agriculture Initiative (IFAI). Co-chairs are Keith B. Anderson, Vice-Chairman of the SMSC, and Ross Racine, executive director of the IAC.
- · Still in its infancy, the Coalition being built will include:
 - Sovereign American Indian and Alaska Native tribes
 - National and regional intertribal organizations
 - Other Native American organizations
 - Non-Native agriculture and nutrition organizations interested in allying with Indian Country

Contact us

- For membership information and more, contact Colby Duren or Zach Ducheneaux at info@NativeFarmBillCoalition.org.
- · Visit us online at NativeFarmBillCoalition.org.

October 2017











Benefits of tribal membership in the Native Farm Bill Coalition

- No dues or financial obligations to become a member.
- Customized analysis of your tribe's financial stake under the current Farm Bill, provided by the Intertribal Agriculture Council as requested.
- Access to all Coalition policy research and advocacy materials.
- Help with questions, answered by IFAI, IAC, and NCAI staff.
- Involvement in shaping the Coalition's advocacy agenda, including your tribe's particular interests.
- Regular updates, provided to your tribe's leaders and tribal staff, lobbyists, and/or attorneys whom you designate.
- Invitations to targeted sessions at national, regional and issue-specific conferences to collaborate on the Coalition agenda and disseminate relevant information.
- Invitations to participate in regular conference calls, webinars, and meetings.
- Making your voice heard as part of the largest effort ever coordinated to advance the interests of Indian Country in the Farm Bill.

How to become and stay involved

- Join the Coalition by sending us a **resolution or letter** from your tribe's governing body which states your intention to become a member of the Coalition.
- Allow us to list your tribe's name as a Coalition member on materials and the Native Farm Bill Coalition website.
- Designate someone to serve as your tribe's **point of contact**.
- Provide us with email addresses for everyone to whom you would like us to send updates, meeting invitations, and other information (tribal leaders, staff, attorneys, lobbyists, etc.).
- If your tribe has a federal lobbyist, allow us to coordinate with him/her/them.
- Help us shape and prioritize the Coalition's agenda.
- Be prepared to communicate and meet with your members of Congress in the coming months.
- To the extent you can, participate in upcoming Coalition conference calls, webinars, regional meetings, and future trips to Washington. (We'll send you schedules.)

Whereas....

(Standard authorizing clauses)

The Congress of the United States is preparing to deliberate the nature of agriculture policy for the nation, and the world, in the form of the 2018 Farm Bill; which will authorize all farm programs, rural development, and nutrition initiatives within the United States Department of Agriculture; and

Economic development in Indian Country is tied to agriculture production, which is among the largest industries in Indian Country; providing \$3.4 billion per year, and the policies that provide the framework within which this production happens constitute a large portion of the Farm Bill; and

Not only is an overwhelming majority of the land in Indian Country in agriculture production; a great many of the citizens and tribal members live in rural areas and communities where basic infrastructure costs are often prohibitively high; and the 2018 Farm Bill will provide an authorization of federal funding for rural infrastructure initiatives; and

The citizens and members of these areas are often afflicted by a poverty of place, wherein they are unable to find suitable employment to provide adequate income that supports good nutrition for their families; and thus may rely on federal nutrition programs authorized in the Farm Bill; and

In spite of the great strides made for Indian Country agriculture in previous Farm Bill negotiations; from going virtually unmentioned in the 1990s to many thoughtful provisions scattered across all Titles; the \$3.4 billion generated annually through Indian ag efforts is still more than 99% raw commodities, instead of the healthy, local, economically beneficial, and nutritious food needed in Indian Country communities and rural areas; and

An effort is underway by the Native Farm Bill Coalition, led by the Shakopee Mdewakanton Sioux Community (SMSC), the Intertribal Agriculture Council (IAC), the Indigenous Food and Ag Initiative at the University of Arkansas School of Law (IFAI), and the National Congress of American Indians (NCAI) to preserve and expand upon the gains made in the previous 30 years of Farm Bill discussions in each of the aforementioned areas; and

This effort is the best opportunity in decades for Indian Country to effectively advocate and lobby for enactment of truly relevant and targeted legislation to ensure that federal agriculture policy seeks to enhance the development of this industry beyond raw commodities;

Therefore be it resolved by the (Tribal Governing Body) that the (Tribe/Nation/Village) joins the Native Farm Bill Coalition and supports the "Regaining Our Future" report and the policy initiatives generated therefrom; and

The (Tribe/Nation/Village) requests (Congressional Delegation) to lend their support to effective deliberation and swift passage of the those priorities set out by the Native Farm Bill Coalition.



Minnesota DNR Forest Certification

"Seeing the forest through everyones eyes"



Tim Beyer | Forest Certification Program
February 27th, 2018

MN DNR Forest Certification "Everyone does better, when everyone does better"



MN DNR Forest Certification "Its about Continuous Improvement"

➤ Third party verification system:

- ➤ Verifies that management meets standards designed to conserve forests and protect the natural/human systems they support.
 - > Compliance with Laws
 - > Workers Rights, Training, and Employment Conditions
 - Indigenous Peoples Rights and Protection of Special Sites
 - ➤ Community Relations
 - > Forest Health
 - > Protection of Water and Biodiversity
 - > Planning and Monitoring
 - ➤ High Conservation Values
- ➤ Over 200 Indicators of well-managed forests



MN DNR Forest Certification Aligned to two standards"

Minnesota DNR Certifies 5 Million Acres of DNR-Managed Lands



- Forest Stewardship Council (FSC)
 - · International based certification system
 - · Performance based

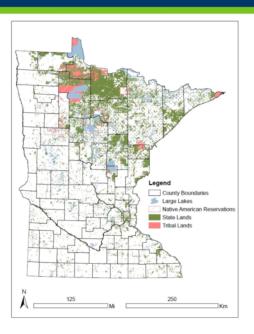




- Sustainable Forestry Initiative (SFI)
 - * North American based certification system
 - * Systems based



MN DNR Forest Certification "Engaging across ownerships"



A melting pot of ownerships to consider-

- > Tribal Lands
- > Federal Lands
- County Forests (others certified)
- ➤ Private Lands

MN DNR Forest Certification "Protection of Special Sites"

➤SFI - Objective 8

- Understand and respect traditional forest-related knowledge.
- > Identify and protect spiritually, historically, or culturally important sites.

➤ FSC – Principle 3 and 9 (High Conservation Values)

➤ Through engagement with Indigenous Peoples, identify and protect sites of special cultural, ecological, economic, religious or spiritual significance.



MN DNR Forest Certification "High Conservation Values – Maintain or Enhance"

- ➤ HCV 1-Species Diversity (concentrations of RTE Species)
- >HCV 2- Intact Forest Landscapes
- ➤ HCV 3- RTE Ecosystems (Old Growth)
- >HCV 4 Critical Ecosystem Services (Drinking Water)
- ➤ HCV 5 Community Needs (Health, Nutrition, Water)





MN DNR Forest Certification "HCV 4 – Community Drinking Water"



- Worked with MN Department of Health (MDH)
- MDH Maps Wellhead Protection Areas
- BUT,
 - Not on tribal lands
 - We want to make sure we are properly managing these areas on reservation lands.

MN DNR Forest Certification "HCV 6 – Cultural Values"

MINNESOTA DEPARTMENT OF NATURAL RESOURCES DIVISION OF FORESTRY



FORESTRY HERITAGE RESOURCES PROGRAM ANNUAL REPORT – 2016



March 2017

Michael A. Magner, Principal Investigator Stacy Allan, Senior Research Archaeologist Amy K. Ollila, Archaeologist State Archaeological License #16-005

MINNESOTA HISTORICAL SOCIETY ARCHAEOLOGY DEPARTMENT



➤ The DNR screens, investigates, and provides management recommendations for protection of cultural resources on management areas.

MN DNR Forest Certification "HCV 6 - Cultural Values"

Timber harvest delayed due to tribal interest

Timber harvest of school trust land near Finlayson suspended due to the possibility of Indian artifacts or burial grounds

Traci LeBrun

A timber harvest project
between Elbow and Grass
Lakes in Finlayson was called
to a halt last week on State of
Minnesota School Trust Land.
The logging company recived
a call from the Mille Lacs Band
of Ojibwe last week stating that
they needed to halt timber harvesting due to a possible
Ojibwe archieological and
burial site located on or near
the land to be harvested.



- > Can only screen from known information
 - > Are there areas where traditional knowledge/use is being passed down that we might be unaware of?
- > Training in recognizing these areas could be
 - Understand how people lived before settlement
 - > Travel
 - Congregate
 - Store food
 - Spiritual practice





Next Steps?

Tim Beyer

tim.beyer@state.mn.us 651-259-5256

http://www.dnr.state.mn.us/forestry/certification/index.html

Overview

- Who We Are
- **Facts & Figures**
- What We Do
- Recommendations

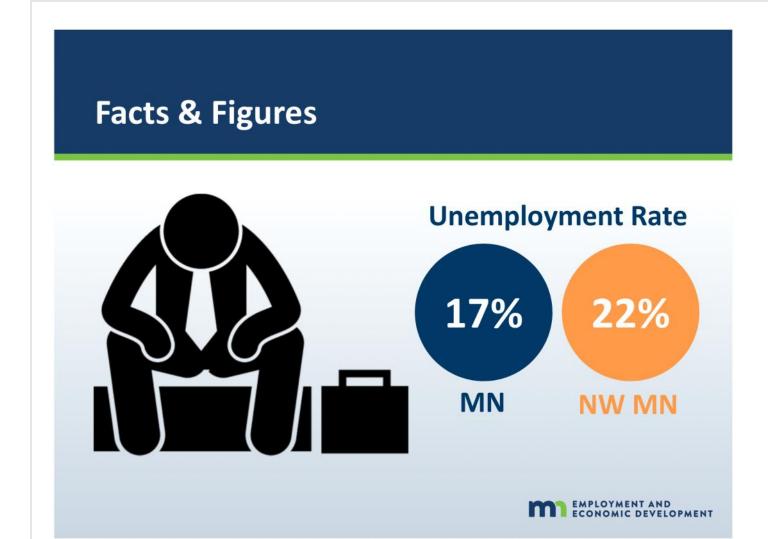




Who We Are

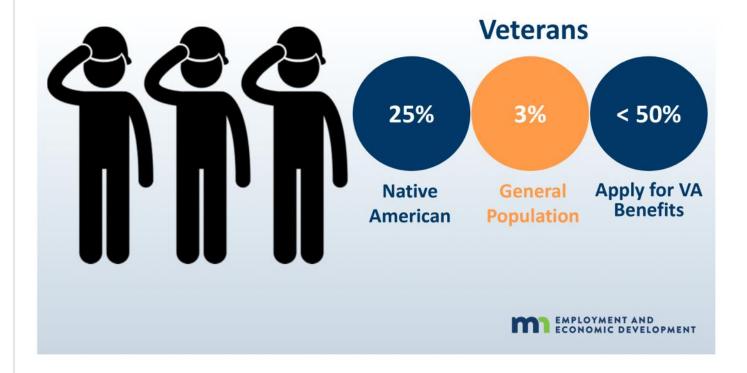


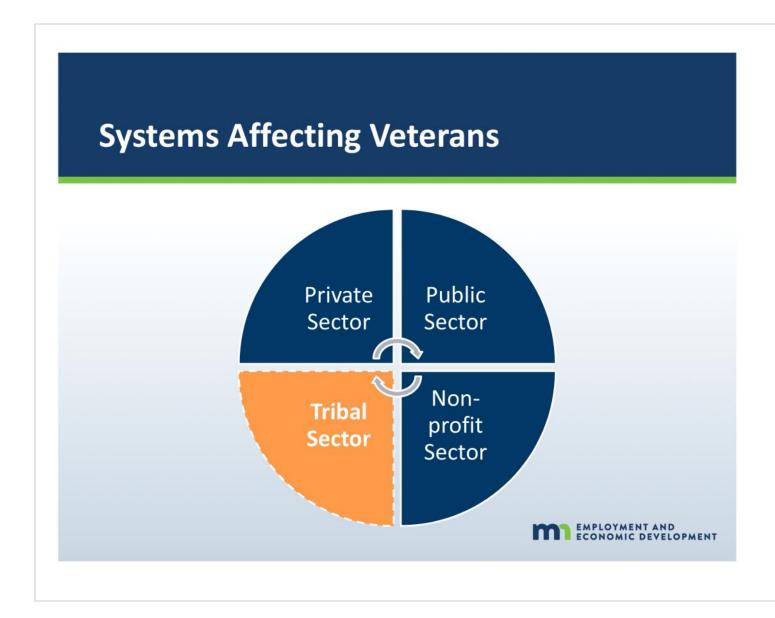






Facts & Figures





What We Do





Local Veteran Employment Representatives (LVER)







Employer Outreach



Job Searches



Workshops





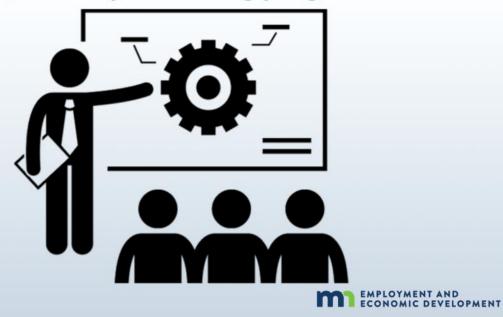






Priority of Service

Qualified job training program



Formal Consultation & Coordination IAW Executive Order 13-10





Memorandum of Understanding





Native American Veterans Accord





Native American Veteran Referral







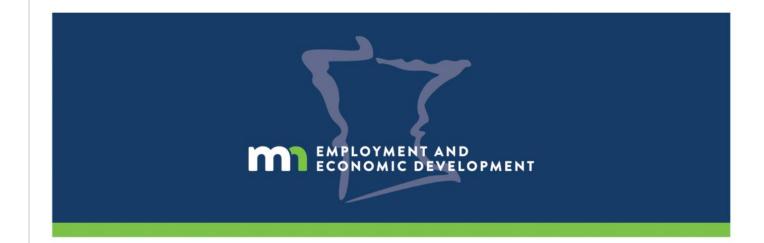
Miigwech - Thank you!





Alan Roy, MPA alan.roy@state.mn.us 218-841-7858

mn.gov/deed



Native American Disabled Veteran Outreach Program

Alan Roy DVOP Specialist MN Dept of Health - Tribal Access to Birth Certificates and Data



TRIBAL ACCESS TO BIRTH CERTIFICATES AND DATA

February 27, 2018

Purpose

The Minnesota Department of Health, Office of Vital Records is here today to:

- Provide background information about birth certificates.
- Explain how birth data is shared.
- Highlight challenges to sharing birth data with tribes.
- · Discuss solutions that remove barriers and promote equity.



Background

- There are around 70,000 births in Minnesota each year.
- · Most births occur in a hospital or birth facility.
- At the time of birth, information is collected to register the birth.
- Information is entered into a statewide electronic system to create a birth record.
- Birth certificates contain a subset of data from the birth record.
- Birth certificates are issued from the statewide system on special security paper.
- 109 local vital records offices issue certificates for Minnesota's 87 counties.

Data

Birth records contain demographic and health data.

- Minnesota collects data consistent with the CDC's National Center for Health Statistics standard U.S. birth certificate.
- Mothers self-report their race, ethnicity, education, cigarette use before and after the birth, residence, and marital status.
- Mothers provide the name for the child.
- Birth registrars collect health information about the pregnancy and birth and newborn from health records.

Uses

Birth data is important to individuals, public health, programs and others. Data:

- On birth certificates provides for a primary identity document.
- On birth certificates reflects legal parentage.
- Shared with the CDC creates national health statistics.
- Used by researchers helps to improve birth outcomes and population health.
- · Used by local public health helps identify and follow up with at-risk newborns and mothers.
- Is helpful to certain programs to provide service and support to families.

Birth record data is classified in multiple ways.

- Health information is private.
- Civil/legal information may be **public** or **confidential**.
 - Birth records for children born to married mothers are public.
 - Birth records for children born to unmarried mothers are confidential unless the mother chooses to make the record public.
 - Replaced records (adoption, before parentage is established, etc.) are confidential.

Minnesota Statute, Section 144.225, Disclosure of information from vital records.

- Governs data about Minnesota births.
- Makes data about births to unmarried mothers confidential.
- Directs who is authorized to obtain a legal birth certificate.
- Restricts who can obtain a legal birth certificate.
- Permits disclosure of confidential and private data to certain individuals and to certain programs.

Certificates from public birth records are available to:

- the subject of the vital record;
- · a child or grandchild of the subject;
- the spouse of the subject;
- · a parent or grandparent of the subject;
- · the party responsible for filing the vital record;
- the legal custodian, guardian or conservator, or health care agent of the subject;
- a person or entity who demonstrates it is necessary for the determination or protection of a personal or property right;

- an adoption agency to complete confidential postadoption searches as required by M.S. 259.83;
- any local, state, or federal governmental agency if it is necessary for the governmental agency to perform its authorized duties;
- an attorney upon evidence of the attorney's license;
- A person or entity identified in a court order issued by a court of competent jurisdiction.
- a representative authorized by a person with tangible interest.

Certificates and data from confidential birth records are available to:

- · a parent or guardian of the child;
- the child when the child is 16 years of age or older;
- person or entity identified in a court order.
- the county social services or public health member of a family services collaborative for purposes of providing services under M.S. section 124D.23 (name and address of a mother and the child's date of birth).
- the commissioner of human services for:
 - the purposes of administering medical assistance and the MinnesotaCare program;
 - · child support enforcement purposes; and
 - child protection to identify a child who is subject to threatened injury by a person responsible for the child's care (as defined in M.S. section 626.556)
 - other public health purposes as determined by the commissioner of health.

Private health data associated with birth records may be disclosed to:

- a community health board (as defined in M.S. section 145A.02) for health data which identifies a mother or child at high risk for serious disease, disability, or developmental delay in order to assure access to appropriate health, social, or educational services.
- the commissioner of human services for:
 - purposes of administering medical assistance and the MinnesotaCare program;
 - for other public health purposes as determined by the commissioner of health.

Challenges

Legal birth certificates are available to any local, state, or federal government agency—does that include tribal governments?

Private health data and data on confidential birth records is restricted. Administering services and programs at the local level can be challenging.

- County public health and public health collaboratives are authorized.
- County child support programs are authorized.
- Tribal public health and tribal child support programs are not authorized.

Opportunity

Changing Minnesota Statutes 144.225 could remove barriers and promote equity for Minnesota tribes.

- MDH had approval from the Governor's Office to move forward with a policy bill in 2017, but it never got a hearing.
- MDH has approval to move forward in 2018, but a hearing is unlikely.
- MDH can provide technical support for community partners who have an interest in working with their representatives and senators.



Thank you

Office of Vital Records

Molly Crawford

molly.Crawford@state.mn.us

651-201-5972



TRIBAL ACCESS TO BIRTH CERTIFICATES AND DATA

February 27, 2018

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Uses

Birth data is important to individuals, public health, programs and others. Data:

- On birth certificates provides for a primary identity document.
- On birth certificates reflects legal parentage.
- Shared with the CDC creates national health statistics.
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- · the party responsible for filing the vital record;
- the legal custodian, guardian or conservator, or health care agent of the subject;
- a person or entity who demonstrates it is necessary for the determination or protection of a personal or property right;

- an adoption agency to complete confidential postadoption searches as required by M.S. 259.83;
- any local, state, or federal governmental agency if it is necessary for the governmental agency to perform its authorized duties;
- an attorney upon evidence of the attorney's license;
- A person or entity identified in a court order issued by a court of competent jurisdiction.
- a representative authorized by a person with tangible interest.

Certificates and data from confidential birth records are available to:

- · a parent or guardian of the child;
- the child when the child is 16 years of age or older;
- person or entity identified in a court order.
- the county social services or public health member of a family services collaborative for purposes of providing services under M.S. section 124D.23 (name and address of a mother and the child's date of birth).
- the commissioner of human services for:
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 - · child support enforcement purposes; and
 - child protection to identify a child who is subject to threatened injury by a person responsible for the child's care (as defined in M.S. section 626.556)
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Thank you

Office of Vital Records

Molly Crawford

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651-201-5972

MDH Part 2



Tribal Access to Birth Data and Certificates

PROPOSAL TO REVMOVE BARRIERS AND PROMOTE EQUITY BY SHARING VITAL RECORDS INFOMRAITON WITH MINNESOTA TRIBES

Objective

Eliminating inequities in access to private and confidential birth record data for public health purposes will improve the ability of tribal entities to support their communities in improving birth outcomes. The proposal gives tribal health departments and tribal child support programs the same access to important birth data that community health boards and county public health agencies already have, so that at risk families are identified and mothers, infants and children receive the services and support they need to be healthy.

Background

Current law, Minnesota Statutes 144.225, creates unequal access to vital records data that informs services to families at risk, which may make it more difficult to address health disparities in critical issues such as infant mortality.

Current law classifies birth information in different ways. Medical information about the birth and a mother's or infant's health is classified as private. Demographic information, such as parent and infant names, dates of birth, addresses, and other non-medical information is classified as public if the mother is married, but as confidential if the mother is unmarried.

In 2015, roughly a third of the 69,916 Minnesota births were to unmarried mothers. The top five counties with the highest percentage of births to unmarried mothers last year are Mahnomen (76.6%), Beltrami (56.6%), Cass (55.1%), Lake of the Woods (54.1%), and Mille Lacs County (53.9%).¹

Current law disadvantages tribes by allowing only county public health, community health boards, and community collaborative public health staff access to private health and confidential data on birth records. This means that tribes lack information critical to carrying out family home visits and other maternal and child health activities.

Need

American Indian infants have the highest infant mortality rate of any community in Minnesota and more than twice as high as the rates for Asian and white infants.² Yet, public health tribal nurses are not allowed access to private health data on birth records or to any birth data from

Asian infants, and 4.1 deaths to white infants during the first year of life. Populations of Color Health Update: Birth and Death Statistics, Minnesota Department of Health Center for Health Equity, Center for Health Statistics, December 2015.

¹ 2015 Minnesota County Health Tables, Minnesota Department of Health, Center for Health Statistics ² For every 1,000 live births during 2009-2013 in Minnesota, there were 9.6 deaths to American Indian infants, 8.5 deaths to African American infants, 5.3 deaths to Hispanic infants, 4.4 deaths to

TRIBAL ACCESS TO BIRTH DATA

confidential records. This means that tribal public health programs cannot get birth data that identifies mothers and newborns as high risk, nor can they get any data from confidential records (births to unmarried mothers). This exclusion limits MDH's ability to securely share important birth data with tribal entities in order to identify and serve high-risk mothers and children in the same way a county or public health collaborative can and it means that some at risk, vulnerable tribal populations may not receive the services they need. This is significant because the birth rate for American Indian females between the ages of 15 and 19, who are mostly unmarried, is more than four times higher than the birth rate for white teens.3

Further, the Department of Human Services currently has authority to receive demographic information (such as the child's name) from confidential birth records for child support and paternity establishment purposes. Tribal child support programs are not allowed to access this information, which makes it more difficult to perform these activities. Ensuring that custodial parents have the financial resources to meet their children's needs is a critical component of family stability; unequal access to information that can assist in these efforts places tribal child support programs at a disadvantage.

Solution

This proposal adds tribal health departments to the list of entities that are

authorized to receive private and confidential birth data to carry out activities related to maternal and child health, and adds tribal child support programs to the list of entities that are authorized to receive confidential demographic information to carry out activities related to supporting children when their parents aren't together addresses inequities.

Adding tribal entities to the list of "local, state or federal government agency" who may request certified birth certificates "necessary for the governmental agency to perform its authorized duties" clarifies and specifies tangible interest for tribal entities and helps assure uniform service delivery from all vital records offices in Minnesota. Implementing this change will not require any additional resources or staffing.

Minnesota Department of Health

Office of Vital Records
PO Box 64499
St. Paul, MN 55164-0499
651-201-5970
health.MRCAdmin@state.mn.us
www.health.state.mn.us

February 2018

To obtain this information in a different format, call: 651-201-5970. Printed on recycled paper.

in that age group. Populations of Color Health Update: Birth and Death Statistics, Minnesota Department of Health Center for Health Equity, Center for Health Statistics, December 2015.

³ During the 2010-2014 time period, there were 57.7 births for every 1,000 females each year between the ages of 15 and 19 in the American Indian community, or about one birth for every 17 females

1.1	A bill for an act
1.2 1.3	relating to health; making changes to tribal vital record keeping; amending Minnesota Statutes 2016, section 144.225, subdivisions 2, 2a, 7.
1.4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.5	Section 1. Minnesota Statutes 2016, section 144.225, subdivision 2, is amended to read
1.6	Subd. 2. Data about births. (a) Except as otherwise provided in this subdivision, dat
1.7	pertaining to the birth of a child to a woman who was not married to the child's father whe
1.8	the child was conceived nor when the child was born, including the original record of birt
1.9	and the certified vital record, are confidential data. At the time of the birth of a child to a
1.10	woman who was not married to the child's father when the child was conceived nor when
1.11	the child was born, the mother may designate demographic data pertaining to the birth as
1.12	public. Notwithstanding the designation of the data as confidential, it may be disclosed:
1.13	(1) to a parent or guardian of the child;
1.14	(2) to the child when the child is 16 years of age or older;
1.15	(3) under paragraph (b) or (e); or
1.16	(4) pursuant to a court order. For purposes of this section, a subpoena does not constitut
1.17	a court order.
1.18	(b) Unless the child is adopted, data pertaining to the birth of a child that are not accessibl
1.19	to the public become public data if 100 years have elapsed since the birth of the child who
1.20	is the subject of the data, or as provided under section 13.10, whichever occurs first.

1

Section 1.

12/08/16	REVISOR	SGS/JC	17-0254

2.1	(c) If a child is adopted, data pertaining to the child's birth are governed by the provisions
2.2	relating to adoption records, including sections 13.10, subdivision 5; 144.218, subdivision
2.3	1; 144.2252; and 259.89.
2.4	(d) The name and address of a mother under paragraph (a) and the child's date of birth
2.5	may be disclosed to the county social services, tribal health department, or public health
2.6	member of a family services collaborative for purposes of providing services under section
2.7	124D.23.
2.8	(e) The commissioner of human services shall have access to birth records for:
2.9	(1) the purposes of administering medical assistance and the MinnesotaCare program;
2.10	(2) child support enforcement purposes; and
2.11	(3) other public health purposes as determined by the commissioner of health.
2.12	(f) Tribal child support programs shall have access to birth records for child support
2.13	enforcement purposes.
2.14	Sec. 2. Minnesota Statutes 2016, section 144.225, subdivision 2a, is amended to read:
2.14	
2.15	Subd. 2a. Health data associated with birth registration. Information from which an
2.16	identification of risk for disease, disability, or developmental delay in a mother or child can
2.17	be made, that is collected in conjunction with birth registration or fetal death reporting, is
2.18	private data as defined in section 13.02, subdivision 12. The commissioner may disclose to
2.19	a tribal health department or community health board, as defined in section 145A.02,
2.20	subdivision 5, health data associated with birth registration which identifies a mother or
2.21	child at high risk for serious disease, disability, or developmental delay in order to assure
2.22	access to appropriate health, social, or educational services. Notwithstanding the designation
2.23	of the private data, the commissioner of human services shall have access to health data
2.24	associated with birth registration for:
2.25	(1) purposes of administering medical assistance and the MinnesotaCare program; and
2.26	(2) for other public health purposes as determined by the commissioner of health.
2.27	Sec. 3. Minnesota Statutes 2016, section 144.225, subdivision 7, is amended to read:
2.28	Subd. 7. Certified birth or death record. (a) The state registrar or local issuance office
2.29	shall issue a certified birth or death record or a statement of no vital record found to an
2.30	individual upon the individual's proper completion of an attestation provided by the

Sec. 3. 2

commissioner and payment of the required fee:

2.31

12/08/16	REVISOR	SGS/JC	17-0254

3.1	has a tangible interest is:
3.3	(i) the subject of the vital record;
3.4	(ii) a child of the subject;
3.5	(iii) the spouse of the subject;
3.6	(iv) a parent of the subject;
3.7	(v) the grandparent or grandchild of the subject;
3.8	(vi) if the requested record is a death record, a sibling of the subject;
3.9	(vii) the party responsible for filing the vital record;
3.10	(viii) the legal custodian, guardian or conservator, or health care agent of the subject;
3.11	(ix) a personal representative, by sworn affidavit of the fact that the certified copy is
3.12	required for administration of the estate;
3.13	(x) a successor of the subject, as defined in section 524.1-201, if the subject is deceased
3.14	by sworn affidavit of the fact that the certified copy is required for administration of the
3.15	estate;
3.16	(xi) if the requested record is a death record, a trustee of a trust by sworn affidavit of
3.17	the fact that the certified copy is needed for the proper administration of the trust;
3.18	(xii) a person or entity who demonstrates that a certified vital record is necessary for the
3.19	determination or protection of a personal or property right, pursuant to rules adopted by the
3,20	commissioner; or
3.21	(xiii) an adoption agency in order to complete confidential postadoption searches as
3.22	required by section 259.83;
3.23	(2) to any local, state, tribal, or federal governmental agency upon request if the certified
3.24	vital record is necessary for the governmental agency to perform its authorized duties;
3.25	(3) to an attorney upon evidence of the attorney's license;
3.26	(4) pursuant to a court order issued by a court of competent jurisdiction. For purposes
3.27	of this section, a subpoena does not constitute a court order; or
3.28	(5) to a representative authorized by a person under clauses (1) to (4).
3.29	(b) The state registrar or local issuance office shall also issue a certified death record to
3.30	an individual described in paragraph (a), clause (1), items (ii) to (viii), if, on behalf of the

Sec. 3.

3

12/08/16 REVISOR SGS/JC 17-0254

4.1 individual, a licensed mortician furnishes the registrar with a properly completed attestation

- 4.2 in the form provided by the commissioner within 180 days of the time of death of the subject
- 4.3 of the death record. This paragraph is not subject to the requirements specified in Minnesota
- 4.4 Rules, part 4601.2600, subpart 5, item B.

Sec. 3.



DOC060418

Monday, June 04, 2018

1:46 PM





The State of Minnesota was awarded \$16.6 million in grants to combat the state's opioid crisis.

community organizations. The grants aim to address the opioid crisis through prevention, treatment and recovery programs for substance use These funds were used to make grants to more than 30 agencies over two to three years across including tribal governments, counties and disorder, including prescription opioids and illicit drugs such as heroin.

Grants to the community:

Expanded Medically-Assisted Treatment Services grants (\$6 million over three years)

3-year federal grant to expand access to medication-assisted treatment (MAT) in order to decrease the ongoing epidemic of opioid use and its terrible cost to individuals, families and communities.

Vendor Name	Project Category	Project Category Total contract amount annually
White Earth Nation	MAT	\$609,392/year
Red Lake Nation	MAT	\$499,815/year
Fairview Health Services	MAT	\$470,793/year



State Targeted Response to the Opioid Crisis grants (\$10.6 million over 2 years)

The state is releasing grants	grants to community a	gencies aimed at ac	to community agencies aimed at addressing the opioid crisis through prevention, increasing access to treatment,
and reducing opioid o	ind reducing opioid overdose related deaths. Additional grants are being finalized.	s. Additional grants	are being finalized.
Vendor Name	Project Category	Total Contract	Description
		Amount over	
		two years	
Minnesota	Naloxone	\$300,000	The Minnesota Department of Health will provide Minnesota's eight
Department of	Distribution		regional Emergency Medical Service (EMS) programs with funds to
Health			purchase opiate antagonists. EMS and law enforcement officers will be
(statewide)			trained in the recognition, response and treatment of drug overdose.
Rural AIDS	Naloxone	\$249,986	\$249,986 The Rural AIDS Action Network (RAAN) will provide syringe exchange
Action Network	Distribution		services and naloxone training and distribution to community members
(statewide)			and professionals.
The Steve	Naloxone	\$200,000	\$200,000 The Steve Rummler HOPE Network will provide training and naloxone
Rummler HOPE	Distribution		kits to any individual or group in need, including hospitals and healthcare
Network			agencies, first responders, treatment centers, sober living facilities,
(statewide)			treatment court and the public.
			The Steve Rummler HOPE Network will educate and provide opioid
			overdose rescue kits to populations and regions of Minnesota identified
			as Minnesota's potential opioid service gaps. Some of the counties
			scheduled in this initiative include Beltrami, Stearns, Dakota,
			Washington, Nobles, Carlton, St. Louis, Crow Wing, Polk, Roseau,
			Clearwater Cass Mahnomen Hennenin and neighboring regions



Vendor Name	Project Category	Total Contract	Description
		two years	
Meridian	Naloxone	\$399,860	Valhalla Place will target high-risk active opioid users, along with their
(greater Metro)	Distribution		friends and families, to provide education about opioid overdose and
			train them to use Naloxone to reverse an opioid overdose. Naloxone kits
			will be distributed through syringe exchange programs, community
			outreach agencies, Native American/Tribal organizations and substance
			use disorder treatment programs to promote access to treatment
			whenever possible.
Mille Lacs Band	ICHiRP	\$75,000	The Integrated Care for High Risk Pregnancies (ICHiRP) supports
of Ojibwe			programs targeted at opiate use during pregnancy. The grant supports
			planning, system development and integration of medical, chemical
Leech Lake Band		\$150,000	dependency, public health, social services and child welfare. Additional
of Ojibwe			funds have been added to support the training and hiring of
			paraprofessionals to the care team. These workers will have knowledge
Red Lake Nation		\$150,000	and skills related to peer recovery support, maternity care, system
			navigation and advocacy.
White Earth		\$150,000	
Nation			
American Indian	Parent Child	\$54,400	The projects will train and hire paraprofessional maternal outreach
Family Center	Assistance		workers cross-trained in recovery support. These workers will be added
(Ramsey County)	Program (PCAP)		to programs supported by Women's Recovery Services, a DHS grant
			program. The care model is inspired by the Parent Child Assistance
Fond du Lac		\$57,400	Program, which is an evidence-based approach whose goals are to:
Band of Ojibwe			 Assist substance-abusing pregnant and parenting mothers in
Human Services			obtaining substance use disorder treatment, staying in recovery,
(Carlton and St.			and resolving myriad complex problems related to their substance
Louis Counties)			abuse



Vendor Name	Project Category	Total Contract Amount over	Description
		two years	
Hope House of Itasca County		\$59,200	• To link mothers to community resources that will help them build and maintain healthy, independent family lives, and to prevent
(Itasca, St. Louis		,	alcohol and drugs from affecting the future births of children.
Counties and			
Leech Lake			
Reservation)			
Journey Home		\$110,000	
(St. Cloud			
Hospital			
Recovery Plus)			
(Statewide)			
Meeker-McLeod-		\$57,400	
Sibley (MMS)			
Counties Human			
Services			
(Meeker, McLeod			
and Sibley			
Counties)			
Perspectives, Inc.		\$59,800	
(Metro)			
Resource, Inc.		\$73,000	
(Metro)			

DEPARTMENT OF HUMAN SERVICES

Description						The Hennepin County Medical Center (HCMC), Division of Addiction Medicine, will serve as Minnesota's Project ECHO hub. Along with other ECHO sites throughout Minnesota, HCMC will engage Minnesota's medical communities in a series of learning collaboratives	via videoconference "clinics" focusing on evidence-based assessment
Total Contract Amount over two years	\$66,600	\$74,000	\$54,600	\$71,200	\$62,400	\$1,025,000	
Project Category						Extension for Community Healthcare Outcomes	(ECHO) Hub
Vendor Name	RS Eden, Inc. (Metro)	Ramsey County Mothers First (Ramsey)	St. Stephens Human Services (Kateri Residence) (Hennepin)	Wayside Recovery Center (statewide)	Wellcome Manor Family Services (statewide)	Hennepin County Medical Center (statewide)	



Vendor Name	Project Category	Total Contract Amount over two years	Description
			and management of patients with opioid use disorders and associated comorbidities. The teaching faculty and audience will be multidisciplinary and work together to discuss patient needs within the context of effective, patient-centric models of health care delivery. HCMC will assist community providers in the stabilization of their patients through education, consultation, and direct care with the ultimate goal of empowering general medical practices to bring quality evidencebased care to their patients.
Wayside Recovery Center (statewide)	Extension for Community Healthcare Outcomes (ECHO) Hub	8295,669	Wayside will serve as a Project ECHO hub, providing capacity and competency building regarding best practices that best serve pregnant, post-partum and parenting women struggling with opioid dependence.
	Peer Recovery Recently Released from Incarceration	\$236,131	Wayside Recovery Center will increase their Peer Recovery services to assist with transitions between levels of care, better integration into community life, be supported, and engage in long-term relationships with Wayside in order to achieve a sustainable future on the recovery journey.
		TOTAL \$650,600	Women who are pregnant, post-partum or parenting who are also incarcerated and need opioid based treatment options many times fall through the cracks. Wayside will offer treatment and recovery liaisons who will go into the community and offer out-reach, assessments, and transition care coordination for those women coming straight from incarceration into treatment.



Vendor Name	Project Category	Total Contract Amount over two years	Description
Unity Family Healthcare d/b/a	Extension for Community	\$293,331	\$293,331 CHI St. Gabriel's Health will provide expertise and experience on best practices in addressing opioid use disorder in the family practice setting.
	nealuicare Outcomes (ECHO) Hub		
rican	Office Based	\$125,000	Native American Community Clinic (NACC) will increase access to
Clinic (greater Metro)	(OBOT)		expansion of their medically assisted treatment program. NACC plans to train a provider for the addition of one new office based opioid treatment
	Innovation	\$5,000	provider to prescribe buprenorphine/naloxone to increase their capability of prescribing to 130 patients. NACC will build on its comprehensive
			program with Minneapolis-based White Earth Substance Abuse Treatment Program to screen and to provide intake, daily dosing, nurse
		TOTAL \$130,000	care coordination and recovery services (counseling at NACC and recovery groups at White Earth). NACC will prioritize American Indian
			pregnant women for the program.
			NACC will develop a syringe exchange program in partnership with the community organization. The syringe exchange program will greatly
			decrease the risk for transmission of blood borne pathogens (HIV, Henatitis C) as well as provide an opportunity for nurse triage, overdose
			prevention education with naloxone, and referral and linkage to critical
			health resources. Under this community partnership, NACC will provide
			stenic necules, synniges and pionazard sharps removal. INACC Will provide in bind registered nurse and community health worker time to
			assist in staffing of the syringe exchange.



Vendor Name	Project Category	Total Contract	Description
		Amount over two years	
Dakota	Rule 25	\$142,269	Purpose is to improve in the following: 1) decrease opioid-related
Communities	Assessments		criminal incidents; 2) decrease rates of prenatal opioid-exposure; 3)
contract with the			decrease deaths due to opioid/heroin overdose; and 4) decrease out of
Upper Sioux)	Care	\$142,669	home placements due to opioids. The long-term vision for this project is
	Coordination		that Dakota communities will achieve healthier families and reduce fiscal
			impact on community structures and systems.
	Innovative	\$270,000	
			The project goal is to develop and finalize a collaborative Tribal business
		TOTAL	plan that innovatively provides pre-treatment, treatment, and post-
		\$554,938	treatment options that more effectively respond to the opioid crisis within
			the four Dakota communities. This goal will be accomplished through
			three aims: 1) Design a comprehensive culturally-appropriate chemical
			use assessment tool that more accurately determines root causes and
			culturally-based treatment options; 2) Develop and finalize a sustainable
			business plan, including strategy and implementation with benchmarks
			and required resources for a collaborative healing center and transitional
			housing facility; and 3) Design a collaborative approach to care
			coordination utilizing the existing tribal resources and expertise within
			the Dakota communities.
Wilder Recovery	Care	\$96,800	Wilder Recovery Services will offer bilingual, bicultural care
Services (Metro)	Coordination		coordination services to clients in its outpatient treatment program,
			which specializes in serving clients from Southeast Asian backgrounds
	Peer Recovery	\$27,869	with dual diagnosis mental health and substance use disorders. The
			primary goal of care coordination is supporting the whole-client, whole-
			family recovery journey, all from a culturally-affirming and responsive
		\$124,669	lens while building an active continuum of care relationships with other
			providers and support services in the state of Minnesota.



Vendor Name	Project Category	Total Contract Amount over two years	Description
			Peer Recovery services will offer one-on-one support to clients with an opioid use disorder in both the outpatient treatment program and aftercare groups. The peer will provide non-clinical services such as mentorship and peer support; destignatize the process of addiction, treatment and recovery; and support the care coordinator and client in completing community referrals and recovery goals such as housing, employment, education, and basic needs.
Mille Lacs Band of Ojibwe	Care Coordination	\$197,531	The Mille Lacs Band of Ojibwe (MLBO) Nenda-Noojimig ("Those ones who seek healing") Mino Gigizheb ("It is a good morning") Program will integrate a coordinated plan of care for Native American Indian
	Innovative	\$50,000	community members, aged 18 or older, who self-identify as experiencing opioid use disorder (OUD). The program will provide long-term coordinated care through improving access to culturally specific opioid
		TOTAL \$247,531	disorder treatment, decreasing the current gaps in unmet treatment needs and reducing opioid related deaths through increased prevention, treatment and recovery efforts related to OUD.
			The program will undertake an assessment to develop a blueprint for opioid community response that will create an action plan on how to implement strategies to decrease the burden of opioid misuse, abuse and overdose in the MLBO community, address public awareness, provider education, and access to treatment.
Minnesota Indian Women's Resource Center (Metro)	Care Coordination	\$93,075	\$93,075 Nokomis Endaad, of the Minnesota Indian Women's Resource Center, will provide care coordination to clients who have mental health, housing, or medical needs, in addition to economic assistance and life skills support. Included is their weekly Women's Sobriety Support group



Vendor Name	Project Category	Total Contract	Description
		Amount over two years	
			which is an avenue for women to develop and maintain relationships with other sober women in the community.
Recovery is	Peer Recovery	\$261,000	\$261,000 Recovery is Happening (RIH) will hire two peer recovery specialists to
Happening (11 SE Minnesota			assist clients suffering from opioid use disorder. The peer recovery specialists will help provide a comprehensive approach to recovery by
Counties)	Rule 25	\$157,731	replacing "referrals" to treatment with "accompaniment and support."
	Assessments		The peer accompanies the individual to every needed appointment and
		TOTAL	services directed at achieving long term recovery. The peer recovery
		\$418,731	specialists will attend medicated assisted recovery implementation team
			training. The training will teach the implementation team how to
			replicate the medicated assisted recovery model at RIH, including peer
			recovery support and education about medication-assisted freathent and recovery.
			RIH will employ a full-time Rule 25 assessor to provide substance use
			disorder assessment at RIH, as well as off campus by appointment to
			meet individuals where they are in the entire southeastern Minnesota
			region. Further, the assessor will be available for outreach in adult
			evaluations for those incarcerated or on commitment with opioid use
			disorder. This will remove administrative hurdles, allowing for
			immediate connection with a recovery community, peer recovery
			specialists, medicated assisted recovery groups, intensive long-term
			outpatient treatment, housing and more.
St. Louis County	Detox	\$300,000	\$300,000 The Opioid Withdrawal Management Unit (OWMU) is a six bed, continuum of care unit embedded within the Center for Alcohol and



Vendor Name	Project Category	Total Contract	Description
		Amount over two years	
			Drug Treatment Detox Unit providing a medically supervised environment for opioid withdrawal including Methadone or Suboxone.
		0	Expected length of stay is 3-5 days. Once stable, patients are referred to
	Naloxone	\$150,000	an appropriate level of care. The OWMU provides immediate access to
			an array of treatment services for opioid overdose survivors removing the barrier of wait times that often result in fatal overdoses.
	Office Based	\$225,000	
	Opioid Treatment		Activities to expand access to naloxone within the Carlton and St. Louis
	(OBOT)		county communities include partnering with UMD College of Pharmacy
		\$675,000	and the Rural AIDS Action Network (RAAN) to train prescribers,
			pharmacists, student leaders, local coalitions and drug court participants
			and their families in the distribution and use of naloxone. In addition,
			RAAN and Carlton and St. Louis counties will deliver naloxone directly
			to opioid users in rural Northern Carlton and St. Louis counties as well as
			clean syringe exchange and HIV HEP-C testing eliminating the barrier of
			people driving over 100 miles one way in order to get to the Duluth
			RAAN office for these life-saving services.
			The ODOT (185 or been described to the contract of the contra
			The UBUT (office-based optoid treatment) project is embedded in a
			treatment continuum including an OWMU, ClearFath MA1 (medication-
			Basisted treatilisint) Chilic, and Center 101 Arconor and Drug Headingint
			Kule 31 outpairent treatment. The OBOA project will otter an array of contions entirely driven by a holistic and individualized care plan with the
			ability to respond to a wide range of patient severity, complexity.
			motivation to change and recover. The OBOT project will work to recruit
			additional waivered physicians and will maintain a support system for
			physicians and their patients as needed. The OBOT project will reduce



Vendor Name	Project Category	Total Contract	Description
		Amount over two years	
			unmet treatment needs contributing to overdoses in Northeastern Minnesota.
Clay County	Detox	\$300,000	The Clay County Detox will be hiring a full time care coordinator who
			will serve opioid use disorder clients and assist them with successful
			transitions for a continuum of care. Referral and assistance to access
			medication-assisted treatment will begin within the first 48 hours of
			admission to the detox facility and the coordinator will identify referring,
			treatment and support agencies in the county and surrounding
			communities. The care coordinator will integrate person centered
			planning as a key component for discharge planning.
Minnesota Mental	Fast Tracker	\$134,125	\$134,125 Fast-Tracker is an online, searchable database of substance use disorder
Health			and opioid use disorder treatment programs and resources. The
Community			Minnesota Mental Health Community Foundation's Fast-
Foundation			TrackerMNSUD.org will offer searchers information about programs,
(statewide)			availability, services offered, and special aspects of each program.
			Emergency contacts and information about life-saving resources are
			available on every page online anytime. Fast-TrackerMnSUD.org is also
			a resource for information.
Minnesota	Innovative	\$50,000	The Minnesota Hospital Association Neonatal Abstinence Syndrome
Hospital			(NAS) subgroup will develop a roadmap to better identify, screen and
Association			treat NAS. The roadmap will be based on published literature and
(statewide)			evidence based best practices, incorporating expert feedback from
			obstetricians, perinatologists and neonatologists in partnership with
			patients and multi-disciplinary leaders. The roadmap will help medical
			professionals identify opioid addiction early during pregnancy to
			increase the number of women accessing appropriate treatment before
			giving birth, guide providers to newborn assessment tools to help with

DEPARTMENT OF HUMAN SERVICES

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Vendor Name	Project Category	Total Contract	Description	
		Amount over two years		
			early identification, and share best practices in NAS treatment to help	T
Leech Lake Band	Sech Lake Band Recently released	\$264,000	\$264.000 The Leech Lake Band of Ojibwe's AHNJI-BII-MAH-DIZ Halfway	т-
of Ojibwe			House in Cass Lake will reduce recidivism and re-offense among Native	
,			American offenders that have a history of opioid misuse. AHNJI-BII-	
			MAH-DIZ will provide care coordination in a transitional housing setting	
			to help clients successfully transition from correctional facilities back to	
			their communities. Clients will develop individual treatment plans, set	
			employment goals and work on strategies for long-term housing. At	
			AHNJI-BII-MAH-DIZ clients will have access to a network of social	
			support and community wellness programs that will aid in their	
			successful transition back into the community.	

Sign-In Sheets

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83	Mark Phillips	IRREB	
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85	Dan Pollack	MOH	
86	Thomas Candwen	DNE	
87	Barb Sportien	NHFA	
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AIAC - Resolution Sample

Presented by AIAC member Richard Wright. MIAC did not adopt the resolution but suggested the Richard or the AIAC or Joint Council members present the resolution to tribes individually for consideration.

Minnesota Indian Affairs Council

Attached is a resolution that was discussed at the joint advisory meeting held at White Earth with the tribal American Indian Advisory Council on Chemical Dependency (AIAC), Mental Health Advisory Council and the Indian Child Welfare Advisory Council. We are hoping that each of the advisory councils adopt a similar resolution and suggested to them to bring to the Indian Affairs Council for their resolution. The AIAC did vote on this and voted unanimously to recommend to the Indian Affairs Council for adoption. Let me know if there are any questions, comments or concerns.

American Indian Advisory Council on Chemical Dependency

The 17-member American Indian Advisory Council on establishes policies and procedures for American Indian chemical dependency programs, and reviews and recommends proposals for funding. The council includes one member from each of the 11 reservations, two members from Minneapolis, two members from St. Paul, one member from Duluth and one member from International Falls. Meetings are held around the state every other month, with each reservation taking turns hosting the meetings. Appointing authority: Commissioner of Human Services. Compensation:

WHEREAS, the American Indian Advisory Council on Chemical Dependency (AIAC) is recognized in M.S. 254A.035 as the body that will assist the Commissioner of Human Services in formulating policies and procedures relating to chemical dependency and the abuse of alcohol and other drugs by American Indians, and

WHEREAS, the American Indian Advisory Council membership is composed of representatives from each of the state's eleven reservations, and four urban Indian communities, and

WHEREAS, the AIAC members are appointed by the Commissioner of Human Services subsequent to their delegation by their respective Tribal Governing body, and

WHEREAS, the AIAC is committed to addressing many of the disparities that are linked to the use and abuse of alcohol and other drugs, including opiates and prescription drugs, and

WHEREAS, prescription drugs abuse has reached epidemic proportions effecting all aspects of the lives of American Indians, and

WHEREAS, the White Earth, Red Lake and Leech Lake Nations have all issued Declarations of Public Health Emergency because of the rampant use and effects of prescription drugs, and

WHEREAS, drug overdose deaths and opioid-involved deaths continue to increase in tribal and urban Indian communities in Minnesota, and

WHEREAS, thousands of Anishinabeg and Dakota children have been removed from their homes due to prescription drug abuse and placed into foster care, and

WHEREAS, this devastation of children and families continues to add to the historical trauma and unresolved grief faced by almost all Anishinabeg and Dakota families, and

WHEREAS, a significant number of these deaths are related to opioids obtained through prescription, and

WHEREAS, Pharmacies and Distributors knowingly or negligently distributed and dispensed prescription opioid drugs within tribal and urban Indian communities within Minnesota in a manner that foreseeably injured, and continues to injure, the eleven tribal nations within Minnesota and its citizens,

WHEREASs, the drug manufacturers knowingly misled physicians and patients into thinking OxyContin, Percocet and other opioids were non-addictive and safe in large quantities, and

WHEREAS, these drugs are a gateway to more dangerous heroin and fentanyl, street drugs now responsible for most opioid overdoses, and

WHEREAS, the aggressive and fraudulent marketing of prescription opioid painkillers has let a to 'corporate-caused epidemic' and

THEREFORE, the AIAC respectfully requests that each of the eleven Tribal Nations in Minnesota file a class action lawsuit against the major pharmaceutical companies and their distributors on behalf of their tribal members with the proceeds from a successful lawsuit being redirected at re-building individual lives, promoting family wellness and strengthening the tribal health and human service infrastructure.

	animously passed by the American Ir hite Earth Nation on January 18, 201	
Pat Moran, Chairwoman American Indian Advisory Coun	i	
Pam Hughes, Co-Chair American Indian Advisory Coun	il	
Kay Urich, Secretary American Indian Advisory Coun	 il	

Litigation Against Manufacturers

Brief presentation given by Bret Healy: Rebuilding Communities Together, National Opioid Litigation Four out of five Opioid abusers started by being given a prescription. Tribes can take these manufacturers and distributors to federal court.

If interested in learning more contact Bret Healy at brethealysd@gmail.com or 605-216-1825