TRIBAL CONSULTATION AND URBAN CONFER INPUT SUMMARY REPORT

INDIAN HEALTH SERVICE OPIOID GRANT PILOT PROGRAM

The Indian Health Service (IHS) initiated Tribal Consultation and Urban Confer on June 21, 2019, and opened a comment period to seek input on developing an IHS Opioid Grant Pilot Program (OGPP) to distribute the fiscal year (FY) 2019 opioid funding, authorized by The Consolidated Appropriations Act, 2019 (Public Law 116-6). The IHS received a $10 million increase for the Alcohol and Substance Abuse budget line to develop the OGPP, modeled after the Special Diabetes Program for Indians. The comment period closed on September 3, 2019.

In addition to the comment period, IHS held five virtual Tribal Consultation and Urban Confer sessions in June and July 2019, seeking input and recommendations on priorities, national outcomes, demonstrated effectiveness, and distribution formula or methodology to be used in the selection and award process. Participants in these sessions included, members of the IHS National Tribal Advisory Committee on Behavioral Health (NTAC), Tribal Leaders, and Urban Indian Organization (UIO) Leaders.

The IHS received 26 written comments.

The IHS received input representing the views of (19) Tribes and (4) Tribal organizations (representing more than 300 Tribes and Tribal organizations). The IHS received (3) letters from UIOs.

Summary of Input

The input under each heading below reflects verbatim quotes taken directly from the written comments received. All input is de-identified. The summary organizes input into the four questions posed during the Tribal Consultation and Urban Confer.

1. Which priorities need to be considered in developing grant program objectives and goals to address opioid prevention, treatment, and recovery?

Allowing for flexibility in program development

- "Need the funds to build the infrastructure. That is why the funding needs to be flexible, so that Tribes can determine the best ways to fight this battle for their communities."
- "Give Tribes flexibility in funding usage, as some Tribes are implementing projects beyond the scope of the grant and need to continue progress."
- "It is strongly suggested that IHS give Tribes flexibility to use resources in compliment to the Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Opioid Response (TOR) funding opportunity."
- "Tribal communities also have different capabilities and various population needs. These differences must be taken into account, and IHS should allow for flexibility in determining allowable program activities."
- "Flexibility is essential for a successful Opioid Response Grant program."

Responses varied on which priority areas grantees should focus (prevention, treatment, and recovery)

- "All aspects of prevention, treatment, recovery and alternative services should be equally prioritized."

- "Recommend treatment as a priority as there are other options for prevention - there is no residential treatment specific to opioids which is a more challenging treatment to provide."
- "We are urban and currently do not provide treatment or aftercare."
- "Looking into the future the continued and increased availability of Telemedicine use for treatment, and continued aftercare services is extremely important to support efforts to assist in care."

Ensure that programs include culturally responsive approaches to addressing the opioid crisis

- "IHS should plan to help with reimbursement for cultural practices and treatment."
- "Would love to see traditional Indian medicine highlighted in the pilots."
- "Upon full funding of the Special Behavioral Health Pilot Program (SBHPP), we ask for IHS to consider the intergenerational impacts of opioids and other substance use issues."
- "Evaluation of applications should be based on tribally identified goals and objectives, rather than national standards as Tribes have various cultural approaches to Opioid Use Disorder prevention and treatment."

Focus on building up capacity by increasing number of facilities/providers/services

- "There are several barriers that we face especially not having enough candidates to apply for Behavioral Health positions."
- "An NTAC member identified the issue of American Indian and Alaska Native (AI/AN) programs locating providers to prescribe pain medication."
- "Emergency Medical Technicians play a vital role in responding to opioid efforts. For those of us in Emergency Medical Services, I didn't see much for the boots on the ground people, who are responding to opioid epidemic."
- "Like many Tribes, the Nation needs land, buildings, staff, providers, job training, and other infrastructure to resolve the opioid epidemic."
- "Community Health Aide Program includes community health aides, dental health aide therapists, and behavioral health aides (BHAs). These mid-level providers provide cultural community-based care and address workforce development needs as to recruitment and retention with the core focus on 'growing our own' providers. We believe that the BHAs could play a key role in addressing the behavioral health issues in Indian Country particularly in our rural tribal communities."
- "As a provider in Rural Alaska, our biggest need is always recruitment of qualified personnel. Funding specifically targeting recruitment issues would be helpful."

Focus on funding for residential treatment and sober living facilities as well as transportation

- "We recommend supporting residential treatment facilities with Opioid Response Grant funding and recognize the critical role they perform in addressing the opioid crisis."
- "Funding to support development of sober living programs to assist in getting the program operational should be a priority as access to these programs need to be improved. For rural areas, sober living places are further away and often are not culturally supportive."
- "Many of the sober living options do not allow individuals to be taking suboxone while living at the facility."
- "It is critical that IHS address recovery housing and coordinate its efforts with other Federal agencies on this pressing issue."
- "We are in remote, roadless Alaska. We also have very high transportation costs, as everything is delivered by barge or airplane. Funding for transportation needs would be helpful."

Provide education and training for communities and providers

- "The community could benefit from additional education on medical use and misuse of substances and outcomes (e.g., consequences). As well as, training for use of Naloxone."
- "In addition to Naloxone, IHS should also consider tolerance education."
- "Make sure this effective, evidence-based treatment is available throughout all IHS and Tribal hospitals and clinics by training clinical staff on implementation and supporting leadership and front-line staff through professional learning opportunities."
- "Create more resources for treatment by providing tuition incentives for medical students to enter addiction — related specialties and work in AI/AN communities."

Support for the use of Medication Assisted Treatment (MAT)

- "MAT is effective and would be helpful to confirm effectiveness among the AI/AN population. Furthermore, data collection is uneven nationally."
- "I would love to get MAT into our destination center but we simply don't have the funding to do so."
- "Evidenced-based practices, such as MAT and its effectiveness would be a good approach."
- "We support expanding access to MAT and tele MAT."
- "Narcan trainings can certainly be effective, but one challenge can be access to these kits. It can be difficult to get the kits into the hands of those who need them in areas that have a large homeless population."
- "Ensure that first responders have adequate access to Narcan to save lives."
- "We have the ability to prescribe and administer the suboxone, but need more flexible financial support for the behavioral health/social support required. Need more resources for education to our communities and to create an effective education plan on MAT."

2. <u>What are the associated national outcomes with each of the priorities identified?</u>

Allow for flexibility

- "The outcomes should include a flexible yet effective system to address the opioid epidemic that any health program across the country can adopt successfully. Thorough and effective solutions can only be implemented if the priorities of the initial program are uniformly understood amongst all participants."

- "Numerous national strategic plans exist. The over-arching White House Strategic goals/objectives on drugs to outline general and specific outcomes. SAMHSA, Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention, Healthy People 2020, and other foundations outline specific performance measures that can be adopted by IHS, Tribal, Urbans (I/T/Us) to address prevention, treatment, continuum of care and recovery for AI/AN populations. IHS and Tribes should have the flexibility to set their own local outcomes. However, some general national outcomes could include:
    - Decreased AI/AN opioid overdose deaths
    - Decreased opioid prescriptions to American Indians and Alaska Natives
    - Increased services in each of the program areas
    - Increased distribution of Naloxone (or number distributed)
    - Increased number of MAT episodes."

Cultural competency

- "Providing sufficient funding for culturally-competent care to Urban Indians will help to obtain the right data to pinpoint not only vulnerable individuals, but communities as well."

Other recommendations

- "A reporting system would be helpful regarding the usage of Narcan or Naloxone in the field, such as improving data collection and sharing with IHS from a local level."
- "If IHS decides to collect national outcome data, then it would be important for IHS and Tribes to collaborate with clinical pharmacists, behavioral health programs, and public health staff."
- "Outcomes should be: 1) Prevent opioid misuse and addiction; 2) Reduce overdose deaths; 3) Improve opioid addiction treatment; and 4) Improve addiction care in the criminal justice system."
- "With continued research and understanding of opioids, specifically the effects of opioids on the brain, treatment methodologies will continue to evolve. Having the support of systems such as Telemedicine in place will increase the efforts for smaller jurisdictions to offer treatment and aftercare/recovery."

3. How can the IHS demonstrate effectiveness using data and evaluation methods?

Allow for flexibility

- "IHS should ensure flexibility in the program and consider evaluation methods at the facility level."
- "It is also important that any effectiveness measures are not prescriptive and allow for flexibility. Utilizing a sole metric may work in some areas but for a variety of reasons may not be an adequate representation in others and therefore, the SBHPP should include a suite of effectiveness measures."

Allow for voluntary reporting of data

- "IHS honors the government-to-government relationship with all Tribes as to the funding for the SBHPP as to data collection and reporting and allow for voluntary reporting of data. Voluntary reporting is consistent with 42 CFR § 137.203, which encourages self-governance Tribes to participate, at their option, in IHS data reporting activities such as the Government Performance and Results Act (GPRA). If IHS decides to gather any voluntary (or required) national/cross-site data and evaluation factors, then IHS must work with IHS and tribal programs to determine these factors. Any data and evaluation factors on IHS and tribal programs should be flexible and not be pre-set or pre-determined as part of the funding opportunity."

Other recommendations

- "User-friendly access to data that is population specific, identify best-practices; and evaluation methods need to come from IHS or partner to be able to compare outcome measure success. HRSA does a wonderful job on providing performance measures, data access and strategic goals and objectives."
- "Make sure that data collection and evaluation methodology is correctly sized with the amount of funding provided to Tribes."
- "IHS should create broad performance metrics that grantees can use to evaluate their programs. IHS should then analyze the various IHS programs for effectiveness and share what has worked across the I/T/U. IHS should analyze the evaluation methods used for the Special Diabetes Program for Indians to better understand what would work for the Opioid Response Grant and apply those methods to this grant. IHS should monitor and track the number of opioid prescriptions within the I/T/U by producing an annual report."

- "Evaluate the reduction in acute opioid overdose deaths for those in treatment and aftercare. In order to measure the effectiveness of treatment programs over time, the program should also assess the reduction in the number of overdoses among target populations, as well as any increase pertaining to the awareness and usage of Naloxone, or other treatments."
- "It is problematic that not all localities properly classify racial demographics. In Baltimore and Boston, for example, AI/ANs are not accounted for at all, yet we know that our people are dying."

4. <u>What distribution formula or methodology should be utilized in the selection and award process?</u>

Formula should be tied to IHS Areas

- "IHS should apply the national distribution method currently used to allocate behavioral health and substance abuse funds to all twelve Areas for this opioid grant program initiative. The national distribution method takes into consideration relevant, quantifiable metrics that include poverty, disease burden, tribal size, and user population; this method is also fair as it allows all twelve of the IHS Areas to receive funding based on data that is representative of the population they serve. Once funds are allocated to each Area, the Tribes should be able to decide the appropriate distribution methodology within the Area."

Suggestions for Funding Based on Tribal Shares

- "Funding formulas should always consider the user population of that location, as it is important that these funds be distributed through a formula-based methodology."
- "Distribute this funding opportunity nationally through contracts and compacts, and recommend the Agency use the Tribal Size Adjustment formula for distribution. This formula would be the most advantageous for all Tribes as it guarantees a base amount for small Tribes while allowing for adjustments to be made for Tribes serving larger populations. Utilizing this funding formula would additionally limit administrative costs and responsibilities for IHS which can be allocated to existing Headquarters or Area staff."
- "When deciding on a distribution methodology, please don't forget that many small Tribes don't have medical clinics, but still need assistance in addressing opioid prevention, treatment, and recovery."

Limited number of grant awards

- "Provide a limited number of I/T/Us with increased funding amount through a competitive grant process. IHS has shared that this option would be structured similar to Zero Suicide program (8 sites funded) or behavioral health integration initiative (12 awards). While this structure would allow model programs and best practices to be piloted, or even replicated, not all I/T/Us would have the opportunity to receive this funding given the limited amount. However, we believe that focusing efforts on a limited number of I/T/Us to build up the pilot program would be most beneficial in the longer-term for tribal communities so we support this option."
- "The SBHPP should utilize a grant award process based upon considerations of the merit of the program and its proposal, and must allow creativity in program design."
- "…we recommend that the funding for the Opiate grant be a competitive grant application so the Tribes receiving the funding will have enough funding to well serve the community."
- "The terms of the grant should be extended to a minimum of three years with a base funding amount of $300,000. This would allow sufficient time for enactment, evaluation, and best practices reporting."

Tied to project priorities

- "Distribution formulas could be tied to the areas of project priorities selected; i.e., prevention efforts would not receive the same funding as treatment. Similar to SDPI funding."

Tribal set-asides

- "We strongly recommend that any future special initiative in the form of specific disorder "set-aside" funding is heavily gaged against all critical and pressing behavioral health and substance abuse needs that continuously plague Indian Country. Second, our recommendations for funding distribution suggestions are similar to the long-term recommendations we provided for the behavioral health and substance abuse programs consultation submitted to NTAC on Behavioral Health."
- "If IHS elects to distribute SBHPP funds through The Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts, a set-aside is even more necessary as UIOs would be ineligible for the receipt of any funds without one. If the SBHPP is distributed this way, IHS needs to consider how it would collect data to demonstrate to Congress the effectiveness in continuing that program. In sum, any serious efforts to combat the growing opioid crisis must include all vulnerable populations that are susceptible to or already experiencing disproportionately high rates in opioid use disorders, including Urban Indians."
- "We support the recommendation of the IHS NTAC for Behavioral Health for an option of Behavioral Health Initiative (BHI) funding through ISDEAA contracts and compacts and requests that IHS not include the SBHPP under the BHI."
- "For Title I direct service facilities, we ask that the grants be awarded through a non-competitive streamlined and simplified grant process."
- "The Nation supports base funding for the $10 million opioid funding. There are advantages to base funding, one being that almost every Tribe is impacted by the opioid epidemic. Smaller, more needy Tribes face the same opioid issues that larger Tribes face but when it comes to competitive funding, the smaller Tribes are at a disadvantage because they may not have expert grant writers. Base funding allows all Tribes to receive funds."

Consider additional funding streams for opioid programs

- "Applicants who were not eligible or did not receive a SAMHSA TOR grant should receive preference for these funds."
- "Since IHS is coordinating with SAMHSA, It would be instrumental to provide a list of those entities funded by SAMHSA for TOR grants. Perhaps, this could be a marker for the distribution formula. Other Federal entities also fund opioid projects for prevention and treatment. These entities need to be identified as well."
- "There are several grants available that focus on the opioid epidemic from various agencies and bureaus. These grants have different restrictions and reporting requirements but are designed to resolve the same issues. The Nation believes the opioid grants should come from a centralized source of funding instead of multiple sources. Having one set of restrictions and reporting requirements will ease the burden on Tribes, should the funding source remain competitive. The Nation encourages the IHS to work with other bureaus and agencies to streamline the opioid funding."

Urban Concerns

- "…We believe a distribution formula that takes Urban Indian programs into consideration is important. IHS should note that UIOs are often not eligible for critical programs designed to address health disparities in Indian Country – like the SAMHSA TOR grants. With more than 70% of AI/AN people living off the reservation, a methodology that focuses on the widest scope of influence – and is inclusive of the entire I/T/U system – is necessary."