



NICWA

National Indian Child Welfare Association

U.S. States Senate Committee on Finance
Sent via email to opioids@finance.senate.gov
February 16, 2018

We are submitting these comments in response to your February 2, 2018 letter requesting comments on policy options for addressing the opioid epidemic. Our comments focus on American Indian/Alaska Native (AI/AN) communities and the impact of the opioid epidemic on AI/AN children and families. The National Indian Child Welfare Association (NICWA) works to support the safety, health, and spiritual strength of AI/AN children along the broad continuum of their lives. We are the most comprehensive source of information on AI/AN child welfare. Our response to your call for recommendations is focused on question 8, *“What human services efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families?”* We submit the following recommendations for your consideration related to AI/AN children and families:

1) Tribes require direct access to federal funding in order to address the opioid epidemic. The recent 21st Centuries Cures Act provided funds to all 50 states but excluded tribes. Although states are advised to work with tribes on opioid-related services, the implementation of this is highly variable. Tribes cannot count on states to include them in use of these funds, and so tribes need to be explicitly named as eligible for future federal funding related to the opioid epidemic. The same variability is evident in how states work with tribes on Medicaid funds and reimbursements. Tribes are sovereign governments and oversee services provided to their citizens; as such, direct access to federal funds for tribes is critical. Future federal funding for addressing the opioid epidemic will maximally benefit AI/AN children and families if tribes' unique needs are considered in how funds are disbursed. The Bipartisan Budget Act of 2018 allocates funding for addressing the opioid epidemic, and it is critical for tribes to have direct access to that funding (rather than via states). We also recommend not requiring matching funds from tribes. While tribes and states are both governments responsible for providing services, they differ vastly in the available revenue they can raise. Most tribes do not collect revenue through taxation. Having high unemployment and deep poverty makes it very difficult to develop a stable tax base from the incomes of individual citizens leaving tribes with few opportunities to develop general revenue that is flexible (i.e., unrestricted) to provide matching funds.

2) Medicaid reimbursements are an important source of treatment and prevention for the opioid epidemic in Indian Country. Medicaid funding has the potential to improve access to services for opioid use disorder in tribal communities. One current obstacle to this is the variability in Medicaid's covered services required across states, as well as tribes being required to go to states for access to Medicaid reimbursements for services. In addition, tribes need access to funding to support community-based interventions. Many tribes have developed innovative culturally based services which are delivered in the community, rather than in health care settings, to address substance use disorders. However, Medicaid's recent “four walls” policy, which requires that services be delivered within the “four walls” of a health care facility, make it difficult for tribes to sustain community-based services which are delivered outside clinic settings. Revision of this policy to make it more inclusive would help tribes in addressing the opioid epidemic.

3) Systems of Care funding for tribes is a major concern. The impacts on AI/AN children of the opioid epidemic are substantial, with substance use being a factor in the majority of child welfare cases in Indian

Country. As such, funding for children's mental health and family-centered services is critical. The Substance Abuse and Mental Health Services Administration (SAMHSA) has recently stated that in FY2018, there will not be a funding announcement for Systems of Care, and instead the funds will be shifted to other mental health issues, specifically early onset psychosis. While this is an important issue for AI/AN communities, funding for children's mental health and related services for families is already inadequate. Systems of Care grants are a critical source of funding for development and operation of children's mental health in tribal communities. We strongly recommend that funding for Systems of Care be restored for tribes and that these grants be renewed annually.

Thank you for the opportunity to submit these recommendations. We would be glad to provide any further information that would be helpful.

For more information, please contact David Simmons, NICWA director of government affairs, at desimmons@nicwa.org or (503) 222-4044.