

Operator: Welcome and thank you for standing by, at this time all lines will be on listen-only mode until the question and answer of today's call. At that time, it will be star followed by the number one to ask a question, I'll meet your line, record your name clearly as prompted. The call is also being recorded, if you have any objections, you may disconnect at this time. I'd like to introduce Tara Nokelby. Ma'am, you may begin.

Tara Nokelby: Thank you! Good afternoon everyone and thank you for joining us. My name is Tara Nokelby and I'll be facilitating your webinar today. Today's webinar will be on the opioid epidemic in Indian Country, with our speakers Lacey Vaughn and Rhonda Schwartz with the Administration for Community Living. There will be a question and answer session at the end of the presentation, at that time you can press star-one to open up your phone line or you can use the chat option on WebX and I can read that aloud. And, at this time, I will pass it over to Lacey and Rhonda.

Rhonda Schwartz: Thank you, Tara, this is Rhonda. Lacey, did you want to say a few words before I introduce the first part of our webinar?

Lacey Vaughn: Oh, thanks, Rhonda. This is Lacey Vaughn, I'm with the Administration for Community Living in the Chicago regional office. Just wanted to, you know, make sure that- I'm sure that if you're on the webinar you're aware that our goal is to make sure that Indian elders are engaged and part of the recovery and response efforts that some of the tribes are doing in response to the opioid epidemic, and so, this is, in part, to share some of those resources and opportunities for engaging your elders. So, as you're listening and thinking about some of those ideas, hopefully we have some good contacts and ideas for you throughout the webinar. So, Rhonda, I'll let you introduce the video.

Rhonda Schwartz: Thank you, Lacey. And I'm Rhonda Schwartz and I'm with Region One, I wanted to thank everyone for being here today. The first part of today's webinar will actually be the replay of a recorded webinar. Unfortunately, we can't show you the video, so you'll just be hearing it. This webinar is part one of a- I think it's a three or four-part series. I believe it's a four-part series that the SAMHSA Tribal Training and Technical Assistance Center has been working on. The first- the webinar that we're gonna show you, it's called Opioids in Indian Country, Part One: Understanding the Problem. We're just going to play a portion of the webinar for you, so the first part that you will hear will talk about one tribe's experience in getting to the point of working on a Tribal Action Plan, and the other portion of the recording will discuss the tribe's experience in doing a project working with first responders on Naloxone. And I guess with that we are ready to start the recording.

Tara Nokelby: Alright, thank you.

[audio recording of webinar]

<https://youtu.be/Rfj-UUY0Oqs?t=16m1s>

Captain Jeff Cody: However, Seprieono Locario, from the Tribal Technical Assistance Center, who was heavily involved in the planning and the GONA that led to the development of the TAP over time, is here to present on the Tribal Action Plan, how it could be a vehicle to help bring the community together, engage the stakeholders, and develop a strategic plan. Seprieono?

Seprieono Locario: Yes, thank you, Captain Jeff Cody [unable to confirm spelling], and thank you, Chris Poole with Indian Health Services for the opportunity to contribute to this very important work. As a training and technical assistance center and the opportunity to support Indian Country through prevention and behavioral health wellness, we have the opportunity of connecting and building and learning all kinds of different relationships from across the spectrum of prevention treatment and support and promotion with Indian Country across thirty-four states, 572 federally-recognized tribes, the state-recognized tribes, the Urban Indian Health Centers. And through our effort in supporting SAMHSA's training and technical assistance, we get reach-outs from tribes regarding all kinds of different challenges, and the opioid epidemic has really brought a lot of insight to our team and a lot of opportunity for us to learn. And so, when we get inquiries from the Training and Technical Assistance Center, like we had with Lac du Flambeau, and again, I could share from my angle as a Training and Technical Assistance Coordinator, it's really: how do we understand where to start? Where do we begin working with the tribal nation? How do we build relationships in the virtual world, leverage resources for collaboration, share information, make sure that we're speaking the same language, and then really promote engaging on-site training and technical assistance? And with the Lac du Flambeau tribal nation's support, we were able to connect with Gloria Cobbs' team with her social services department, her family services department, her prevention team, the public safety team, the housing team, and they were really talking about what do we do to address the challenges of opioid, opiates, and other substance-disease related factors that come with it because we know the epidemic that is happening is very systemic and what we've learned is no one agency, no one department, no one program is going to help our tribal citizens overcome the systemic challenges of substance abuse, substance misuse, or even the levels of addiction that range across opioid and opiate epidemics. So, when- we had the opportunity to build a relationship with Lac du Flambeau. One of the places was where do begin, where to start, and again, every tribal nation we know has their own tribal protocols and processes that they mobilize their community, whether it's our elders' councils, whether it's our clan groups, whether it's our community advisory board, we

have these processes and we have dedicated community champions who are looking for ways to support. So, one of the things we did was reach out to Lac du Flambeau, the point of contact team, and said, "We need to engage the whole community, we need to engage your leadership, we need to start making sure that we're speaking the same language," because when we talked about laws and policies and training and technical assistance, the way the federal government is set up is it's very siloed in nature. And so, how do we start to connect all of the professional experiences that are supporting prevention services in the trenches, on the local level, to see are there duplicative processes, are- can we work smarter not harder? How efficient is the program running right now? And how does a tribe know if they're successful in the implementation of goals and objectives towards their stated priorities. And in this work, what- we're always looking for ways to engage and one of the most helpful philosophies that braids Western thought process with opportunity for tribal nations to look at their tribal protocols is the System of Care philosophy. And this model that Lac du Flambeau has here on this slide is really a reflection of the development of a system of care, how the different housing, the health and wellness, the domestic violence program, the diabetes program, and the nutrition programs, the tribal leaders program come together to develop an effective community-based support system for their tribal citizens. The core values of the System of Care philosophy are very unique. It's family-driven, it's youth-guided, it's built on the strength of the community, it's based in the locus of services and support that are supporting the citizens in the local area. So, we used this philosophy to bring the community together, and we also really looked at what is Lac du Flambeau's community readiness? Now, everybody on the call, if you're not familiar with the Community Readiness model, it is an awesome model that really gauges a starting point for the opportunity to implement health wellness promotion. When you think about it, historically, tribal nations have received substance-abuse treatment grants or prevention grants, and the number one thing we do in Indian Country is literally hire a substance-abuse counselor. But if the community is in denial about the challenges that are impacting the tribal citizens, then that substance-abuse counselor's office is going to sit empty for fifty weeks out of the year, and so, you know, is that an effective use of resources? So, by gauging a level of readiness, tribes are starting to use this model to identify most effective strategies to meet the level of readiness to enhance the prevention services being offered to their respective tribal citizens. So, if anybody's unfamiliar with the Community Readiness model, it's a low-tech, low-cost model developed by Indian people for Indian people, and with this model, tribes are developing workforce within the community to do some collaboration evaluation and identify a starting point for the implementation of prevention services. The second thing we really looked at is how do we pull a whole community together to engage in conversations across professional silos. And just like on the local-level, with housing, law enforcement, prevention, and treatment, every department has its own culture, in the federal government, every administration has its own culture. And so, how do we loop these prevention opportunities across the system towards coordinated and collaborative goals and objectives? So, one model that seems to be the most effective for us is the Gathering of Native Americans GONA curriculum. This curriculum, developed in the early nineties, which was primarily focused on healing from historical traumas, has been an awesome tool for us to consider. Once a community starts the healing process and

identifies next steps, how do we move forward having strategic, collaborative, solution-focused conversations within our tribal nations to develop prevention priorities? And the GONA framework has been an awesome tool that allows us to bring together multiple professional experiences, community members across the age spectrum, families, tribal leadership, and our non-native allies together to have collective conversations. And the three-year process of mobilizing community, making sure everybody's on the same page, information dissemination about the tribal law and order- Tribal Action Plan, working with tribal leadership to get the direction from the council to help the social services move forward, and then work with the social services department to bring everybody up to speed, and then develop a starting point for services with the support of a framework that has systemic conversation we created- I shouldn't say we- the Lac du Flambeau nation took the initiative and created a strategic plan that is unifying their social services, their family services, their public safety services, their prevention treatment, and school system services under- goals and objectives under one plan, and now they're using that one plan to develop resources across the community in all of these different prevention areas. It's truly an amazing work, I can't say it as beautiful as any Lac du Flambeau tribal member who participated in the effort would, but I'm thankful to share this information, and I will outline some of the training and technical services support used and also talk about how tribes should consider training and technical assistance under the opportunity of the Tribal Law and Order Act. Jeff, at this time, I would like to pass it back to you, and [inaudible 0:11:50] if any questions do come up around the Lac du Flambeau initiative, I'll be prepared to answer the question. Thank you very much.

Captain Jeff Cody: Thank you, Seprieono. You know, I think you nicely articulated how the TAP, given the multitude of partners and as we talked about the impact, how that certainly could be a mechanism by which we can advance the strategies that help address the opioid crisis. Some of the- I think we have over three-hundred participants who might have engaged in that TAP, so if folks in the chat box want to give their own comments in terms of the worth and value, that might be something that we can see in our chat box. Right now, I would like to introduce at least one of our next presenters, Cindy Gunderson, who is the acting Chief of Operations at the Red Lake Hospital. Her and her team are going to talk about their first responder Naloxone program. So, thank you very much, Captain, and the floor is yours.

Captain Cindy Gunderson: Thank you, Jeff, for that introduction. We're honored to be with you here today sharing the Red Lake story surrounding opioid crisis response services. As Captain Cody said, my name is Cindy Gunderson, and I am a pharmacist at the Red Lake Hospital. We will focus today on our community collaborative in our Naloxone Overdose Reversal Program for first responders. With me today, I have Captain Dana Lyons who is the Captain of Police for the Red Lake Police Department, as well as Lieutenant Samantha Gustafson who's a pharmacist at the Red Lake Hospital. We heard Dr. Poole give us a little reflection on the data in Minnesota, and I just would like to share a little additional information beyond what we've already shared

about our overdose rates here in the state of Minnesota. As what's reflected in the 2013 Minnesota data, our American Indian population is five times greater opioid overdose mortality risk based comparatively with our white counterpart. The Red Lake Nation is very keen on this data and had noted similar patterns of opioid overdose mortality in our area. Captain Lyons is going to tell us a little bit more about the Red Lake Reservation as well as introduce the initiative for us.

Captain Dana Lyons: Good afternoon, everybody, I'm Captain Lyons from the Red Lake Police Department. I'm a Red Lake Tribal Band member, seventeen years in law enforcement serving the Red Lake Nation. Red Lake is a closed reservation in Northern Minnesota, all land held in common by tribal members. We have our own laws, we have our own government, our enrollment is 11,400 members. Our law enforcement is tribal-only, we have thirty-four sworn police officers to staff and facilitate twenty-four-hour dispatch and law enforcement response. We cover 840,000 acres of Federal Indian Trust Land, are equal to 1,259 square miles. So, the Red Lake band of Chippewa Indians declared a state of emergency due to the opiate overdoses that occur here in Red Lake. I'd also like to mention that in 2017 the department spent a tremendous amount of time and resources fighting the war on drugs, and there was one drug-related fatality due to opiates in 2017. Illegal drugs consisted of heroin, methamphetamine, prescription pills, and marijuana. There could've been a lot more lives lost, but law enforcement, EMTs, saved many lives due to NARCAN. If it weren't for the support from our Tribal Council and the collaboration with the IHS pharmacy staff, we wouldn't have received the training on NARCAN, but we did receive the training and it saved many lives.

Captain Cindy Gunderson: Thank you, Captain Lyons, for that overview. So, where do we begin? A little bit about our community collaborative that Captain Lyons mentioned, we noticed uptake in opioid utilization overdoses and babies born dependent on opioids, as well as increase in our family/children service referrals and out-of-home placements. With the results of this, the tribe created a community collaborative that we called Helping Hands in January of 2015. The group started to focus on the neonatal opioid withdrawal syndrome numbers. We meet monthly with a plan to address programming to impact these neonatal opioid withdrawal response rates, and we've also discussed best and promising practices and novel approaches to impacting the opioid crisis more broadly, including our Naloxone initiative, was really born out of this community collaborative. As you can see from the slide, our members include representation from all Red Lake programs, including Chemical Help, the hospital, the Department of Public Safety, family/children services, the courts, our shelters, schools, public health, nursing, all down the list of our care providers practicing within the reservation. So, we always say a picture's worth a thousand words, right? So, I just wanted to share some images with you. As we said, this is a partnership between the Red Lake Police Department as well as the Red Lake Hospital. You can see our logos on the screen there. In the upper left of your screen is the Director of Public Safety, Bill Brunel [unable to confirm spelling], is demonstrating our EVZIO NARCAN Naloxone device. To the right is our

marketing tagline that- to Naloxone, "Together we can give a tomorrow." And in the center is a picture that we used to mark our Naloxone locations where we store the Naloxone, so any of our trained first responders are able to know where they can find Naloxone to quickly respond to an opioid overdose. So, how did we get there? We started our Naloxone initiative by training and equipping our Red Lake emergency medical services to carry Naloxone in the nasal formulation in August of 2014. From there, our initiative grew, we decided to start doing a broader first responder training program, and then we quickly realized that we needed to create a Good Faith Immunity Code within the Tribal Code. This relieved the civil criminal liability for first responders for not only our health provider staff, but also for our EMS services as well as the Police Department. Next, we applied for the HRSA Rural Opioid Overdose Reversal Program. We were in a grant application and we received that award and did a one-year no-cost extension. For that, we partnered with the- between the Red Lake Hospital pharmacy and the Police Department to begin that collaboration in December of 2015. So, what this looked like was a- again, it was a small grant that created the training program as well as helped to kind of assist with the initial Naloxone distribution to our first responders. And why the Police Department? As Captain Lyons said, we have a large reservation, our law enforcement officers are generally the first on the scene, so we were finding that our EMS staff weren't the first on the scene, so the Police and Fire Departments were our first responders, so we felt it necessary to train and equip them to respond. The picture on the screen there is our first training collaborative in that December 2015 session, and we were pleased with our first stage on March the 3rd of 2016. So, Lieutenant Samantha Gustafson, we'll hear a little bit about our training initiatives as well as the elements of our program.

Lieutenant Samantha Gustafson: Thank you, Captain Gunderson. Alright, so when we started the Naloxone Training Program, it was developed with the understanding that opioid overdose reversal is just one piece of the puzzle in regard to the epidemic as a whole. In order to successfully treat opioid use disorder, patients often need access to medication-assisted treatment and behavioral health programs. Providing and educating on Naloxone was just one tool used to save lives and give those in need a chance for tomorrow- or a chance for them to obtain the chance they need for recovery. With this in mind, the Red Lake Naloxone Training Program was created to provide education on symptoms of opioid overdose, Naloxone effects and administration, after-care, and first responder precautions. Recent programs have also been updated to include the emerging trends of synthetic products in an effort to keep the community informed. Participants also learn about the importance of activating the emergency response system, understanding that their supply of Naloxone may not be enough to achieve and sustain overdose reversal. And with that, Captain Gunderson will go through our training video that was developed.

Captain Cindy Gunderson: As I mentioned, we had a small group of board grants and we had some additional funds that we decided to expend filming a comprehensive Naloxone response video. This video includes the signs and symptoms of the opioid

overdose, the risk factors for overdose, as well as the necessary steps to respond to an overdose. We cover the three available Naloxone formulations as well as after-care instructions. So, we've included this YouTube link for you to access this video if needed to support and augment your training videos in your local communities. Additionally, with the grants we were able to host a program. This is very near and dear to Captain Lyons' heart, so I'm gonna kick it back to him to tell us a little bit about this community event.

Captain Dana Lyons: OK! We decided to have a big training on opiate overdose prevention and treatment. We called it the "Take Back Our Community," which I thought it was pretty awesome. Basically, what we did was we provided a PowerPoint presentation on several topics such as Naloxone, drug identification, and other topics. We actually went around the group and presented illegal drugs in sealed containers so that people can see what drugs actually look like. We also had paraphernalia present so that they can see if that's anything inside their homes. After the presentation was done, a lot of the members came up with a lot of questions and said they've seen some of this stuff in their homes already, and that they didn't know what it was so now after that presentation we received kind of a lot of reports of drug activities in different homes. Many community members and elders have never seen it, so they didn't recognize paraphernalia that may have been present in their homes and now they're equipped to identify and report illegal drug activity. But we reached out to them and it was a great training, and we had also followed up with community policing activities, law enforcement staff partnered up with IHS pharmacy staff. The goal of NARCAN trainings: for the community members to share opiate abuse information and inform them what resources are available for loved ones and how they can save lives with the proper training. And we'll give you a little success story: we did have an overdose occur at a residence and the people who were at the training actually received the NARCAN and they administered it to this person and actually saved his life. If it wasn't for them, this person probably wouldn't be alive to this day, so when asked how they did that, they said they learned it from our training that we hosted, and that was really a good success story. It means that the community's out there helping people, now we can- law enforcement doesn't have to stress as much with responding to calls like that, the community is already equipped to handle some of it. I'll turn it back over to Cindy.

Captain Cindy Gunderson: Thank you for sharing that story. It was an amazing event that really truly helped us to pave the path forward and, as Captain Lyons said, we had over 250 community participants and were able to train ninety community responders. We also covered topics such as sexually transmitted infections, as well as caring for substance-exposed infants. So, we had- I think we had three break-out sessions running concurrently with this initial one-day event. So, back to Samantha who will talk a little bit about our next steps in responding to the opioid crisis in Red Lake.

Lieutenant Samantha Gustafson: Alright, so, really as the definition of first responders has expanded within the community, we began to seek interest from local programs and efforts to further extend access to Naloxone. Our training program was promoted through flyers, social media, email messaging, and it all focused on community programs, but those especially that were represented at the mobilization event that we just discussed. This sparked a lot of interest from a wide variety of groups, from the Tribal Council to schools, casinos, and health station staff. People quickly learned that administering Naloxone was not only for trained medical professionals, but rather that anyone could do it. Everyone willing to learn had the potential to save a life. The Red Lake community embraced this concept, resulting in the training of 462 first responders, with 215 devices dispensed. A total of eighty-seven kits have also been distributed to at-risk patients and proxies, with countless doses used by frontline first responders. These men and women are truly the reason that lives are saved. So, on the next slide you can see here, we kinda made a little infographic regarding our data from 2017. You can see multiple calls that were made by EMS, police, fire departments, and community staff members, which resulted in 301 doses of Naloxone given in 2017. With a total of fifty-six opioid overdoses reported, we noted a 330% increase from 2015, equating to about one opioid overdose every six days. One could assume that this number may be even higher, as some people do not seek medical treatment due to the negative stigma associated with opiate-use disorder or fear of legal repercussions. Unfortunately, there's no way for us to truly determine what impact that might have. The year 2017 also showed trends in a higher average dose per encounter, increasing to 8.56 milligrams from 3.07 in 2015. We can only speculate that this might be due to purer products or larger volumes consumed, but it certainly solidified the need for expanded access to Naloxone. First responders from across the community have also made every second count through prompt administration of this reversal agent, with only death noted in 2017. And with that, I will pass it back to Captain Gunderson.

Captain Cindy Gunderson: So, as you can see, early access to Naloxone truly saves lives. Naloxone distribution programs are a good first step in a comprehensive community response. So, where do you start? As we know, tribal communities have very rich resources within the community. Look at your community. Know what resources you have available. Who are your stakeholders? One thing with Red Lake we noticed was really including our elders in this response. One of my favorite moments from the Naloxone training program for the Better Redby event where I got to work with two grandmas on how to administer Naloxone. So, don't forget about the elders. What resources do you have available? Do you have an IHS program within your facility that can assist you with carrying Naloxone, with training your community and first responder staff? They can also support with data collection as needed. Indian Health Service has a variety of resources available as well. We've listed a link there for you that includes some example MOUs that you can use within your tribal community to form partnerships with the IHS programs, again, to help with training and Naloxone procurement. There's forms in there, there's a first responder train the trainer tool kit, there's links to the two training videos, there's a law enforcement testimonial in there as well if you need help on selling the actual Naloxone program to your first responder

staff. And then, finally, you can consider co-prescribing Naloxone for at-risk patients within your medical facility. So, patients that are known to have substance-use disorder as well as patients that have chronic opioid prescriptions and high morphine daily equivalents may benefit from having Naloxone for home administration. So, thank you for the opportunity to share the Red Lake story today. I will turn it back to Jeff- [audio cuts out]

[end of audio recording of webinar]

Rhonda Schwartz: OK. That- I hope everybody was able to hear that portion of the webinar OK, so you can see some experiences that a couple of communities have had. Unfortunately, because of our technical limitations, we were not able to show you the video of the webinar, but if you go on YouTube into SAMHSA's area of YouTube and you plug in "Opioids in Indian Country Part One," you can actually watch the entire recording with the video. It runs about an hour to an hour-and-a-half. And, as I mentioned, that is part of- Part One of the webinar series, Part Two is also available on YouTube at this time, and that is called "Opioids in Indian Country Part Two," and in this recording they were looking more at treatment and resources that are available to tribes. Part Three is going to be coming up later this month and we will get information to you when we have more information about that webinar. The Part Two webinar lasts about an hour, I believe.

Lacey Vaughn: Right, Part Three's going to be on May 16th, we'll hopefully be able to follow up with a save-the-date, they're working with SAMHSA to get the graphics approved, but it is next week, so, save that date!

Rhonda Schwartz: OK. And I think with that we are ready to move on to the next-

Lacey Vaughn: Our speakers, yes! Cindy, are you on the line?

Captain Cindy Gunderson: Yes, I am.

Lacey Vaughn: Fantastic! Well, Cindy, thank you so much for being here. You know, with what was brought up during the recording, we wanted to make sure that we had speakers that could speak a little bit more directly to getting your elders engaged in the either the Tribal Action Plan or some of those things that were mentioned earlier as well as someone to speak on Naloxone use and getting elders engaged at that level. So, Cindy, I'm going to pass it on to you, I'll let you do a little introduction. Rhonda, could

you pass the ball to Cindy, so she could advance her slides or pass it to me and I can advance them for her.

Rhonda Schwartz: Certainly, I'm doing that right now. I apologize, I had passed the ball to Sarah.

Lacey Vaughn: No problem! OK, so, Cindy, if you're not comfortable with advancing the slides, you can give it to me.

Captain Cindy Gunderson: OK, I'll give it to you, I'm not sure how to just-

Lacey Vaughn: OK. Great.

Tara Nokelby: I can go ahead and advance the slides, actually, if you just wanna-
[inaudible 0:32:29]

Lacey Vaughn: OK, great! Tara's going to do that. Great. Cindy, go ahead and just do a quick introduction and then talk away.

Captain Cindy Gunderson: OK, so, let me start by saying that I'm new back at Lac du Flambeau. I've only been here since July. So, in some ways I'll be a little short on understanding of the overall picture. I am trying to understand that better of what's going on in the larger picture in Lac du Flambeau, but since being here, have developed concerns for the elders and with talking with the director here, Sharon Thompson, about what we needed to do to help get in elders involved. So, is that a good enough introduction or is there something else you'd like to know?

Lacey Vaughn: No, that's perfect.

Captain Cindy Gunderson: Alright. So, we started to talk and have come up with a plan of what we're going to be doing, and the first- which is- the first step that we're going to be looking at is bringing in more information directly to the elders. So, I don't even see the slides, just so you know. If you're showing them, they're not coming up on my screen.

Lacey Vaughn: Yeah, I think Sarah might be working on that.

Captain Cindy Gunderson: It's OK, well, let's not hold everybody up with that, but what we're looking at is bringing someone in to talk about the problems directly for elders with the opiate abuses and the effects that opioids have had on the elders in the community and are continuing to have. One of the stories that I shared is that- there they are! Before coming here, I worked with the Adult Protective Services for the county and came across a case where there was a woman who I did a home visit because there were concerns about what was happening in the home, talked to her, she was, you know, very competent, answering questions, didn't seem to have much of memory issues, and the next week she ended up in the hospital. And at that point, I called and asked if they would please do a drug test. And they're like, "Well, no, there's no alcohol," you know, and I said, "No, I really think a drug test needs to be done." Well, eventually a drug test was done and, low and behold, she had an opioid overdose. And, you know, I think people don't think about elders in that frame, she had been on pain-prescription painkillers and things just had gotten out of hand. You know, there are other things where we see elders, who have been on painkillers for years, and now they're off painkillers and they're having symptoms as well. Not only what is going on in the community with the young, but what is happening with the elders in our community. So, that first step of bringing in a speaker and looking at a larger picture of what opiates are and what they are causing in the community. The next part, which is a- probably two slides down, I believe. Oop! Maybe the slides still aren't moving- but anyway, the next part that we wanted to do is to have those story-sharing times, and not- allow the elders to share some of the stories that they have once they become aware of what the issues are. And during that time, too, to help build that self-awareness and, not only that, to get that- build that sensitivity and awareness to the others that are being involved and suffering with these different side effects from having been on opiates or are seeing it within their families. So, that was kinda the next step that we wanted to look at doing. Following that, we were gonna- that would be the next slide- and what we wanted to talk to them about exactly how they've seen the end result, what they wanted to see at the end, how they want the community to look, how they want their families to look, and what they want for themselves, so that they have an opportunity to put those visions, objectives, and goals down. And that, overall- then the next slide, just kinda their overall solutions that they want to see. So, not only the way to end- know the way to the end, what they've seen as possible solutions for the things they discovered that would help them get to that end result. After that point, what we wanted to do then is share with all the elders because even the ones that aren't taking part in this particular piece, that we make sure word gets out to all the elders in the community about what's been going on and where we're at and allow everyone to give feedback. So, we have a couple methods, there's a newsletter that goes out to over four-hundred elders in the community. And then, we have the needle site here where people come in and there are some home visits that are being done, so allowing that to go out to the elders so that they have a chance to review it, and make sure that there's nothing we've missed, and if there's anything that they want changed at that point in time. And then, of course, the final step is going to be to present it to the Tribal Action Plan team, to see if it fits

with what they're already doing, if there's anything that we can add, and if there are participants from our group which they'd like to incorporate with their team. So, that's where we're at.

Lacey Vaughn: That was perfect. Thank you, Cindy, so much for sharing your personal experience on how- you know, the great story and in addition to how you're engaging elders as part of the Tribal Action Plan. So, I'm gonna send it back to Rhonda, and if you'll stay on the line for any questions, Cindy, and then I'm going to send it back to Rhonda to do a quick intro for Cheryl if she's back on the phone.

Captain Cindy Gunderson: OK. Certainly.

Rhonda Schwartz: Thank you very much, Lacey, and thank you, Cindy, that was a great presentation. Our next speaker- Cheryl, I'm assuming you're back on the phone with us, hopefully she's- Cheryl back on the phone? We don't seem to have Cheryl. (Cheryl joins the call) Alright, Cheryl, let me do a quick introduction. Cheryl wears many hats with the Mashpee Wampanoag Tribe in Mashpee, Massachusetts. She's a member of the Tribal Council, she's their Health and Human Services Liaison, she's their Education Liaison, she's a member of their Tribal Action Plan Committee, and she also is a major driving force behind their tribe's efforts with respect to the opioid epidemic. And without further ado, Cheryl, I'll turn it over to you.

Cheryl Frye-Cromwell: Thank you very much. So, first of all, I'd like to thank everyone for allowing me to be on this webinar and to speak to, you know, what Mashpee's doing during this opioid crisis, and specifically how it pertains to the elder population. So, in 2016, the Tribal Council declared a State of Emergency. That year we had eleven deaths and they were between the ages of eighteen and thirty-four. So, not only did we lose that one tribal member, we lost, you know- children lost their moms, and their aunts, and then, you know, we also had the grandparents that had to step in to take care of those children, so that's the connection that, you know, really was alarming for us where we had these children without a mom or a dad and bringing in the elders to see where they could help out. In 2017, we lost one tribal member, and in that year, from 2016 to 2017, we really vamped up our efforts. We knew it was a priority, however, after experiencing almost one death per month, it really, you know, pushed us to really say to ourselves, like, "Are we really doing as much as we should be doing?" And so, that's why we declared a State of Emergency. And what that did for us was to go into partnership with the Indian Health Service leadership agency, and to ask them, you know, as a government-to-government relationship, what are some of the things that you can help us with as we fight this opioid crisis? And so, with many meetings with the leadership and- the tribal leadership as well as IHS leadership, folks from our clinic, and also from the many departments that the tribe has, we talked about, you know, having NARCAN access, we talked about education awareness, we did a community forum in

the beginning of 2017, which we opened up to the entire community, not just the tribal community, but we had tribal leadership there as well as IHS leadership. And so, we wanted to show the community that, as partners, we were doing everything that we thought that we could do, or we could- you know, had ability to do, and that gave the community a sense of relief, if you will, just to know that it's not just looking at the Mashpee Tribe, it's just not looking at the Mashpee town, or the neighboring towns of doing certain things to combat this disease, but it was also, you know, a much bigger problem in that, you know, leadership- it was a priority on their list. So, that was very helpful, the community forum. What we also had at that community forum were disciplines from the Sheriff's Department, you know, correction officers, police officers, we had folks that were the admissions for treatment centers, we had our local doctors, we had our local counselors. Just many different disciplines that- the people from the court room, you know, how to section someone. So, it was actually about a five-hour forum, which could've been like a two-day seminar, really, because I mean, we can talk about this all day long, but that was very helpful and what we pulled out of that was a lot of education needed to happen. The community was looking for awareness, you know, what are opioids? How do we, you know, kinda recognize an overdose? What do we do in such a case? And what are our options? How can we help? So, what we did was we partnered with the HRSA agency under Health and Human Services out of Boston, region one, and we began an Education and Awareness Campaign. But we've been working on developing materials for the past year, and we wanted to make sure that we had information on there that was pertinent to the immediate response to the questions that we were getting. And we also wanted it to be very basic because we wanted it to be geared to a person that is a layman's person in this area and that didn't, you know, know much about the medical field or the health field or the education. So, we- our materials, which we just had an opening, a presentation of the materials a couple weeks ago, we did it to the elders, and we have a brochure, we have large posters in every area of the community center, we have little lap cards, little cards that you can put in your wallet, you know, who to call, what to do- of course, you call 911, but just information that they could, you know, tangibly have and put on the refrigerator, put in their pocket book, pass them out, we have them all over the center. And that was big to be able to put this information in the brochure or, you know, somewhere where it's really visible, and to be basic about it. You know, we listed in the materials the different types of the narcotics and, I'm telling you, when we did this presentation to the elders, they were so amazed that what they were holding onto, the pain medication that they were taking, was on that list. And that was a huge eye-opener for us and, you know, they say- even in talking in discussion- you know, they say, "Oh, I have it in my cabinet," you know, "Oh, that explains my grandson who's fighting addiction that comes over and then I notice it's missing," you know, so, it kinda put in- the pieces of the puzzle together to really open up their mind to say, you know, "Wow, this really brings awareness to what am I- what do I have in my home," and not only what do I have in my home, but also, "What is it that I'm taking?" You know, because in the speaker before, when she mentioned, you know, this overdose- the elder who overdosed, like, we don't think about that a lot. We think about the ones who are in the younger age, that are doing the partying, and you know, doing- doing the drugs, but we don't think about the elder that's at home that's been in chronic pain for so many years that are being prescribed this. So,

that was an eye-opener for me, listening to that part of the presentation, and so, that's going to go on my list so that we can make sure that we share that information with our elders as well. And that's why it's so important that we share these stories and I really appreciate it. So, we just sent out- we just finished up with the brochures, as I was saying. We can share them, I can send them to whoever, share them, make them your own, we actually have a TAP plan that we're continuing to work on our TCC, which is the Trauma Coordinating Committee, we do have a member who is an elder, she is also a nurse, and she brings a lot of- she's an asset to that committee in representing the elder population. So, it's important that, you know, when you're working on your TAP that you do include in that TCC committee that you also have representation for the elders. We do have the Title VI grant and we do luncheons twice a week. So, during those times, we always like to bring in folks from the clinic, which is the Community Nurse, maybe the Nutritionist, or the Community Substance-Abuse Case Manager, just to talk about, you know, the addiction, the opioid crisis, any information that we can give you. Do you have any questions? So, we make sure that that communication is open in case they have any questions. We don't want to just do one presentation and then just leave it as that. So, we make sure that they come in at least once or twice a month to interact with our elders. In that manner, we do have a once-a-month Elders' Meeting. And we also have folks come in to speak about the opioid crisis and getting their input. We also bring in our clan mothers, we have five different clans in our tribe, and we bring in the five clan mothers to also have input in how we can address this issue in the community, and they have a lot to offer. We have a place near the Elders' area, suite, in the Tribal Building, that folks can discard their old prescriptions, and that seems to be working out really well, and especially now where this information is out there, and we actually listed the different- even the generic names- of the prescriptions. So, it's bringing a lot of interest that, you know, they be involved, that they help in some way. And a lot of times, you know, it's not only the person who's fighting the addiction, it's the families around, and we know that, you know, we have to make sure we're putting our attention on the families that are dealing with folks that are- you know, dealing with this disease because it affects everyone. So, that's where a lot of our education is going to be around with our elders, and the more that we educate them on this crisis, I believe the more they want to help and the more that they can help. You know, a lot of times we naturally want to, you know, help people, but sometimes our helping could enable them, and we want to make sure that we're helping the situation and not, you know, just caring for them that day. So, a lot is being done here with the tribe and it just, you know, having an opportunity to speak on this call is really going to give me the energy to [inaudible 0:50:38] to go back and meet with our Elders' Department staff and really kind of [inaudible 0:50:46] the activities the elders have.

Rhonda Schwartz: Thank you so much, Cheryl, that was really great, and it was great to hear you focus on how important it is for older adults to be aware of this epidemic and to help fight this epidemic, and what could even be in their homes and they may not even realize, and it was very generous of you to offer to share your materials that you've created. I've seen the brochures and they're great. I guess we are now at the point of the presentation where we'll open it up for questions?

Tara Nokelby: And again, if you have any questions, please feel free to press star-one or you may put it in the chat box on WebX and I can read that allowed.

Operator: Absolutely, the lines are open now. As stated, if you would like to ask a question, please press star-one. One moment as we wait for any questions. At this time, I do not show any questions in queue.

Rhonda Schwartz: Lacey, did you want to make a couple of final comments before we close?

Lacey Vaughn: Sure, yes, as, you know, you continue to think of some questions- or not- you know, certainly appreciate each of our speakers. You know, it was very important for us to highlight that SAMHSA series and promote the education opportunities that are out there. You know, as Cheryl and Cindy both mentioned, you know, the education of the elders is very important to addressing the epidemic. So, having something like the SAMHSA series available for- even for your elders to listen to, is going to be very important as you work to address this issue. So, definitely thank both of the speakers, they're very informative, doing great things with the elders, keeping them engaged, and, Rhonda, I'm going to kick it back to you for any final comments as well.

Rhonda Schwartz: Thank you, and I echo Lacey's comments, please do try to listen to those webinars, we think they are helpful and provide some useful information. We also do- just before we close- want to remind you that the National Title VI Conference for this year is taking place August 13th to 16th. It'll be in Washington D.C. So, look out for some more formal information about that upcoming conference. That was it for me!

Cheryl Frye-Cromwell: I just had a question. This is Cheryl Cromwell.

Rhonda Schwartz: Sure!

Cheryl Frye-Cromwell: So, I had a question about the national meeting, will you be focusing in on the opioid crisis aspect of it? At some point on the agenda?

Rhonda Schwartz: The agenda is a work-in-progress and we are hoping to include a session on the opioid epidemic during this- during the conference.

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Cheryl Frye-Cromwell: OK, good.

Tara Nokelby: Awesome, and thank you so much to all the speakers, and thank you for everyone joining and bearing with our technical difficulties. Hopefully next week we'll- er, next month we'll have that result. If you have any questions or if you would like to see- or if you would like the link to the-video please feel free to contact myself, Tara Nokelby, at tara.nokelby@teyaservices.com. Thank you again!

Operator: Thank you for your participation in today's conference, you may disconnect at this time.

[END 0:54:55]