

BEMIDJI AREA TRIBAL CONSULTATION ACCOMPLISHMENTS

PRESCRIPTION DRUG ABUSE:

Prescription Drug Abuse was a major issue for Bemidji Area Tribes at the 2012 HHS consultation meeting as well as for the Direct Service Tribes, all of whom passed Public Health Emergency Proclamations regarding abuse of prescription and illegal drugs in 2011. As a result, the Area partnered with Region V SAMHSA, HRSA, OMH and AOA to develop resources and a Summit for Area Tribes focused on developing a community plan. This meeting was held in Bloomington, MN on June 29, 2012. The Summit agenda utilized the White House Prescription Drug Abuse Plan pillars of Education, Monitoring, Appropriate Disposal and Enforcement. Speakers from each of the States, FDA, DEA, and SAMHSA provided education which Tribal groups then used during work sessions to develop the basics of a community plan. The regional partners established a monthly support call for Tribes as follow-up to the Summit which has successfully continued. The partners are working with Tribes to take the lead on these monthly calls. Resources were added to the Area website for use by Tribes. The Direct Service programs have seen a reduction in dispensed prescriptions for abusable medications (i 45% reduction in Vicodin tabs dispensed at one site) through education of providers, community, utilization of the Prescription Drug Monitoring Programs (PDMP) in Minnesota and surrounding States. The national lead for PDPM is a chief pharmacist at a Bemidji Service Unit and has assisted Tribes to work with the State PDMP's.

Alternatives for Treatment have been explored by Tribes and supported by the Area Office. These include new models for prescription drug abuse treatment, approaches to total treatment programs from detoxification to aftercare. In addition, the Area has added new contracts for youth treatment.

At the 2013 Consultation meeting, treatment using Methadone and Suboxone was raised as problematic in that for many who are prescribed these drugs it is a continuation of drug dependence with one Tribe reporting that two of three babies on their reservation are born to mother's using Methadone. Additionally, Tribes expressed concerns regarding over the counter synthetic drug use, i.e. bath salts, marijuana, etc. The Area is working with Tribes for ways to pay for treatment and provide education.

This subject was presented by Area leadership at IHS and BIA meetings.

ROTATION OF MEETINGS:

Tribes requested the Area rotate Area meetings (ITU and Pre-Negotiation meetings) in 2011. Prior to that time all area meetings were held in Minneapolis, MN. In 2012 the ITU meeting was held in Wisconsin and the Pre-Negotiation meeting was held in Michigan in May 2013.

AFFORDABLE CARE ACT TRAINING (ACA):

The Tribal Advisory Board asked the Area to provide ACA education in 2010. Since that time the Area has provided Nine full days of training throughout the Area as well as smaller sessions as part of other meetings. In addition, the Area added a resource page on the website where Tribes may post work they are doing with States and internally to prepare for ACA. The Area has worked with Tribal and consultant entities to provide useful training regarding ACA and opportunities for Tribes, patients and Health Care programs. Additional training is planned for the next six months and potentially into 201