

**Noojimo Zaagi'idiwin (Healing with Love): A Community-Centered Approach to  
Mitigating the Opioid Crisis in a Wisconsin Native American Tribe**

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## **Executive Summary**

### **Background**

Wisconsin is the geographical homeland of eleven federally recognized Sovereign Nations and Tribal communities (Wisconsin Depart. Of Public Instruction, 2024). These Sovereign Nations and Tribal communities support 43,759 Native Americans (Data Commons, 2022). In 2022, Wisconsin State Senator Tammy Baldwin and Tribal Leaders met at a Roundtable to discuss the opioid crisis sweeping across Wisconsin's Native communities. There were 1,350 opioid related deaths in Wisconsin in 2022; and of those deaths, Native Americans reported the highest rate over any other racial group (Tammy Baldwin United States Senator for Wisconsin, 2023) (**Appendix A**). The most common death related opioid in Wisconsin is Fentanyl, also known as the silent killer (Knapp, 2023).

### **Assessment**

American Indians and Alaska Natives (AI/ANS) are disproportionately susceptible to drug use, including opioids (Tipps et al., 2021). There are numerous complex and interconnected factors that play a role in the vulnerability of AI/Nas, including "social, structural, and systemic inequalities" (Gibson, 2023). AI/Ans face significant socioeconomic challenges, including poverty, unemployment, and limited economic opportunities (Lewis & Myhra, 2017). Traditional healing practices and culturally appropriate treatment options are often lacking in Western mainstream healthcare systems (Liddell & Meyer, 2022). Without access to culturally relevant resources, individuals may be less likely to seek help for substance abuse issues or may not receive effective treatment (Krawczyk et al., 2021). Native American communities have experienced centuries of colonization, forced removal from their lands, cultural suppression, and loss of autonomy. Historical trauma has had long-lasting effects on individuals and communities, contributing to higher rates of substance abuse as a coping mechanism (Arambula Solomon, 2022) (**Appendix B**). Intergenerational trauma, namely a family history of substance abuse, and family dynamics and adverse childhood experiences, such as instability, dysfunction, or abuse also factor into developing a substance use disorder (Greenfield et al., 2021) (**Appendix C**).

### **Purpose**

To mitigate opioid use within the Mashkiizibii (Bad River Tribe, n.d.-a) by implementing a compassionate and proactive approach with culturally sensitive prevention, treatment, and support initiatives, while fostering community resilience, and addressing barriers contributing to substance abuse (*"To Walk in the Beauty Way": Treating Opioid Use Disorder in Native Communities*, 2020).

### **Action Plan**

Outlines specific, measurable, achievable, realistic, prompt goals over a five-year period (**Appendix D**).

### **Milestones and Goals**

Milestones and goals are over a five-year goal implementation period (**Appendix E**).

### **Budget**

Bad River Tribe received an award of \$216,479,669 million dollars (**Appendix F**) and set up a five-year budget. Yearly budget projections for 2024 through 2028 focus on nine different opioid reduction initiatives (**Appendix E**). Bad River Tribe submits expenses each quarter for reimbursement. Budget projections are estimates and actual expenditures will be variable based on expensed reimbursements (**Appendix F**).

## **Methods**

### ***Unify Leadership***

Grand River Community Development (GRCD) will assess the opioid crisis within the Bad River Tribe and create an opioid use reduction plan. It is important to note that “while [GRCD] employ[s] American Indian consultants nationwide [across several Sovereign Nations], we do not utilize consultants who are not versed in systemic solutions,” or who are unfamiliar with the client’s Nation or surrounding Nations (Hodges, 2020, p. 118).

Local Native Americans employed with GRCD will be assigned to the project. However, if there are no consultants available, trust and respect must be proved between GRCD and the Bad River Tribe. Building a positive relationship is essential for successful collaborations. GRCD project members (GRCDPMs) will be introduced to the Tribal Liaison and the Tribal Chief Executive (Wisconsin Depart. Of Children and Families, 2021). The Tribal Liaison may delegate Tribal members to educate and aid GRCDPMs on the Tribe’s culture, history, and traditions, including Tribal customs, ceremonies, and values.

During this educational period, GRCDPMs will approach the Tribal community with respect, humility, and a willingness to listen and learn (Justo, 2023). GRCDPMs will be expected to honor the Federal Indian Trust Responsibility, respecting Tribal government, “lands, assets, and resources” (U.S. Depart. Of the Interior, 2017b). There is an established requirement for GRCDPMs to attend tribal events, meetings, and gatherings, and build personal connections with Tribal leaders and community members.

Following the initial educational period, The Tribal Liaison will identify and contact Tribal Leaders, including the Tribal Health Director, Tribal Health Board Representatives, Community Health Representatives, the Tribal Behavioral Health Director, Tribal Judicial Services, Tribal Elders, Tribal Spiritual Guides (SAMHSA, n.d.-a) and the Tribal Council, which is composed of elected representatives mandated to enact policies and drive initiatives for the betterment of the community (U.S. Depart. Of the Interior, 2017b). Tribal leaders will be contacted by letter (**Appendix I**). GRCDPMs will meet with and collaborate with Tribal leaders on the goals of the project.

Central to their approach is a deep reverence for Tribal customs and values. Drawing upon the wisdom passed down through generations, Tribal Elders play a pivotal role in guiding the Tribe towards not only healing, *Noojimo* (Pufall, 2021), but healing with love, *Zaagi’idiwin* (Bad River Tribe, n.d.-b). However, recognizing the urgency and complexity of the drug use epidemic, GRCDPMs and Tribal Leaders to leverage diverse expertise and formulate a multifaceted approach.

Tribal Council will enact a “Zero Tolerance Policy” of drug usage or trafficking in government housing, and ... drug-free workplace(s)” (Hodges, 2020, p. 119). In support of a drug-free community, Tribal leadership proposes urinalysis and hair screenings for selected members of the Tribe. The enforcement of the Zero Tolerance Policy involves the joint efforts of Tribal “law enforcement, judicial [system], housing, education, and workforce development” (Hodges, 2020, p. 119).

## **Prevention**

### ***Building Alliances***

The Tribal Council establishes and invests in an Opioid Overdose Task Force (OOTF), comprising of both Tribal members and external individuals and coalitions. Internal members include Tribal Leaders (see above) and concerned Tribe members, such as families affected by opioid use. External partners include local “Western” healthcare professionals, such as behavioral health providers, dentists, emergency responders, general practitioners, hospitals with in-patient mental health admitting privileges, law enforcement agencies, state and federal social service organizations, the Office of Tribal Affairs and Policy (OTAP), the Office of Indian Alcohol and Substance Abuse (OIASA) and the

substance Abuse and Mental Health Services Administration (SAMHSA, n.d.-b).

### ***Education and Awareness***

Tribal Council recognizes the importance of engaging Tribal member in the decision-making process. Tribal Council and Tribal OOTF members will hold regular community forums, meetings, and by-request consultations to solicit input, gather feedback, and ensure transparency in their governance. Fostering a culture of inclusivity and collaboration will empower Tribal members to take ownership of their collective well-being. Furthermore, educational classes will be offered to Tribal members. Education classes include the topics of Drug Awareness, Prevention, Early Intervention, and Access to Resources.

The Drug Awareness class will first describe addiction as a disease, to remove the stigma of addiction. It is important that we respect, treat, and love those with addictive disease as we would an individual with any other disease, i.e., heart disease, cancer, etc. The class will also provide information about the physical, mental, behavioral effects of drugs, the social, economic, and legal risks associated with drug use, and how drugs can affect individuals, families, and communities (Mpofu et al., 2021). The Prevention class aims to equip individuals with the knowledge, skills, and resources to resist drug use, by focusing on building resilience, enhancing coping skills, and promoting healthy lifestyles (Blue Bird Jernigan et al., 2020).

Early Intervention and Access to Resources must be taken simultaneously, or Access to Resources may be taken alone. Early Intervention will train Tribal members to identify individuals who may be at risk of drug use or who are potentially already experimenting with drugs. Access to Resources will provide information on how and where to seek treatment options, empathizing crucial.

External Healthcare Task Force members must follow and practice “Culturally Adapted Treatment Approaches,” as provided in the SAMHSA Treatment Improvement Protocol (TIP) 61, (SAMHSA, 2018) (**Appendix J**). Tribal Spiritual Guides will collaborate with Western providers to integrate traditional healing practices alongside modern medical interventions. They will distribute flyers to high traffic areas(**Appendix N**).

### ***Harm Reduction***

Bad River Tribal Liaison collaborated opioid reduction efforts with the National Harm Reduction Coalition (National Harm Reduction Coalition, 2024) launching the Medication Drop Box Program (**Appendix K**), Naloxone education and distribution (**Appendix L**), Safe Syringe Exchange Program (**Appendix M**) and Fentanyl test strips kit distribution as evidence-based harm reduction strategies to combat fatal consequences of illicit drug use (ASPA, n.d.).

### ***Treatment***

Tribal Council, once aware of a struggling Tribe member, will partner with Noojimo Health, the first All-Indigenous Virtual Mental Health Wellness Clinic (Miikana, n.d.-a). Noojimo Health allows for Tribes and Nations to directly refer Indigenous clients via their website. When the referral is received, “Noojimo” will contact this referred client within forty-eight business hours of [their] operating schedule...the referrer will receive an email confirming [the] submission (Miikana., n.d. -b).

When further funding is available, an existing building will be converted into a Medication Assisted Treatment (MAT) clinic or a new treatment facility will be built, equipped with examination rooms, counseling offices, medication storage areas, and other necessary amenities. Clinicians, nurses, counselors, and administrative staff with experience and expertise in addiction medicine and behavioral health will be hired. The Native American Center for Health Professions will be contacted for referrals of Native American healthcare professionals in the area, or those looking to relocate to continue supporting

Native healthcare. Comprehensive training programs for staff members covering topics such as addiction treatment principles, medication management, counseling techniques, cultural competence, and trauma-informed care will be offered through the Tribe's partnership with SAMHSA. Clinical protocols and standardized processes for patient screening, assessment, medication management, counseling sessions, and monitoring will be established with the help of SAMHSA, the American Society of Addiction Medicine, and Indian Health Services. MAT providers will work with these entities to implement evidence-based practices, as well as follow TIP 61 (**Appendix J**)

## **Support**

### ***Internal***

In tandem with these efforts, Tribal Spiritual Guides will lead ceremonies and rituals that reconnect the tribe with its cultural heritage. These ceremonies instill a sense of purpose and belonging, reminding tribal members of their intrinsic worth and resilience, while providing spiritual nourishment, offering solace and strength to those grappling with addiction.

### ***External***

Western healthcare professionals that are not familiar with diagnosing addiction will be invited and encouraged to attend the Early Intervention and Access to Resources classes. They may also meet in-person or virtually with partnered Native American patients. Law enforcement will meet with Tribal Justice members to enhance punitive measures for drug manufacturing and trafficking; while individuals charged with possession, intention to use (not sell) will have greater drug-court options and access to treatment than in years prior (NCAI, 2019).

## **Resources**

Office of Juvenile Justice and Delinquency Prevention (OJJDP) invited Bad River youth stakeholders to participate in *Opioid Affected Youth Initiative*, *Mentoring for Youth Impacted by the Opioid Crisis and Drug Addiction*, and *Juvenile Drug Treatment Court Program* to target initiatives intended to strengthen youth support within the tribal community (OJJDP, 2020). Options to take part in Mashkiiziibii's text campaigns notify members about compassionate care approaches through warming shelters to aid children and adults who are homeless (**Appendix M**). Warming sites extend counseling services and resource management, offering drug-free safe housing options (**Appendix N**) (Bad River Tribe, n.d.-c).

## **Monitor and Evaluate**

Regularly document and monitor usage of non-opioid treatments, for pain usage of harm reduction strategies, adverse drug events, and deaths and evaluate action plan effectiveness. Conduct feedback and review data to ensure the effectiveness of the action plan and follow up on any unsuccessful items.

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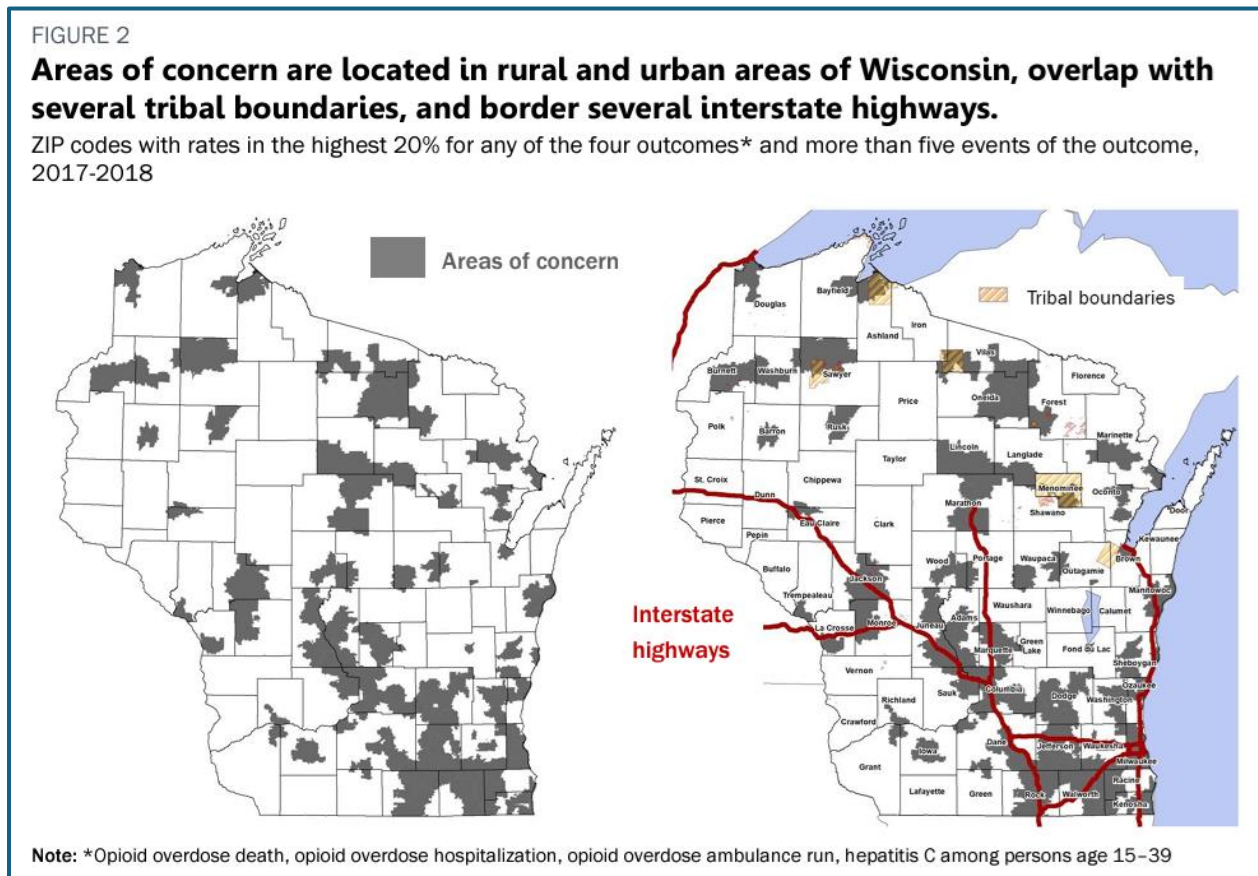
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## APPENDIX A OPIOIDS AREA OF CONCERN

Areas of concern are in rural and urban areas of Wisconsin, overlapping with several tribal boundaries, and border several interstate highways.



Note: Wisconsin Department of Health Services. (2020b, February). *Preventing and treating harms of the opioid crisis: An assessment to identify geographic gaps in services, and a plan to address these gaps.* pp. 8. <https://www.dhs.wisconsin.gov/publications/p02605.pdf>.

**APPENDIX B**  
**NATIVE AMERICAN HEALTH DISPARITIES CONTRIBUTING FACTORS**

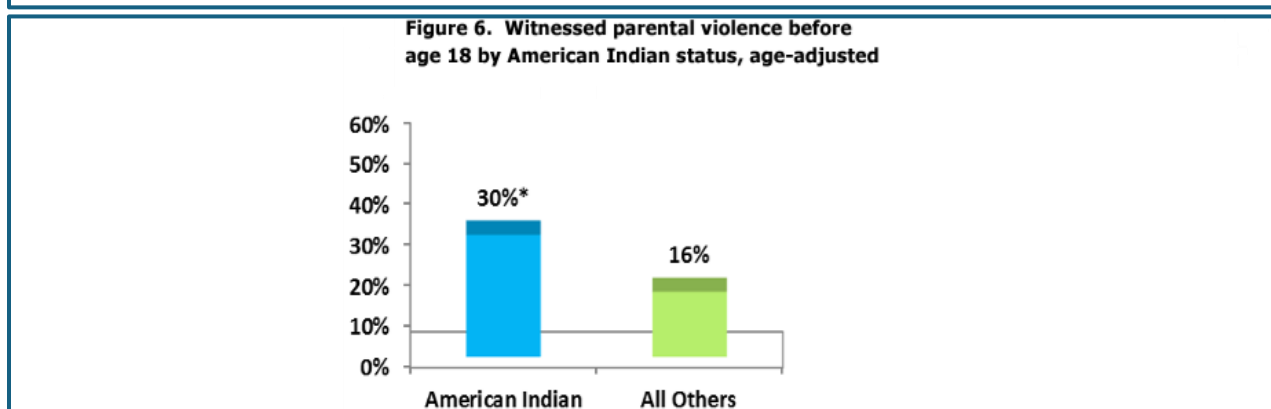
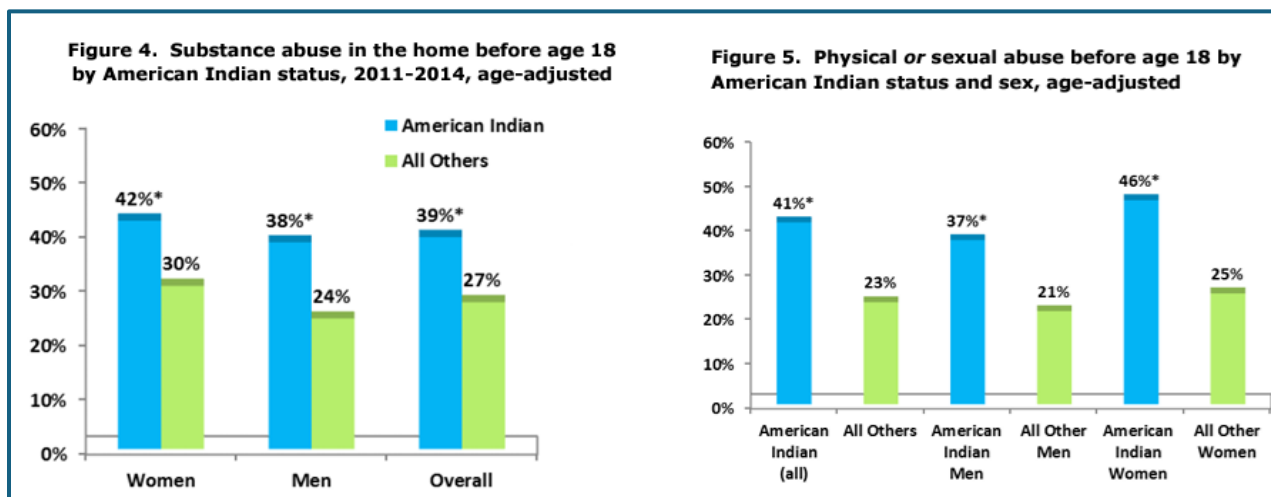
## Reasons of Health Disparities among Older Native Americans



*Note:* This figure was created in reference to Older Native Americans, yet each factor still applies to all Native Americans, regardless of age.

Sehar, U., Kopel, J., & Reddy, P. H. (2023). Alzheimer's disease and its related dementias in US Native Americans: A major public health concern. *Ageing Research Reviews*, 90, N.PAG. <https://doi-org.ezproxy.uwsp.edu/10.1016/j.arr.2023.102027>.

## APPENDIX C WISCONSIN NATIVE AMERICAN ADVERSE CHILDHOOD EXPERIENCES



**Table 1. Detail of adverse childhood experiences by American Indian status and sex, age-adjusted**

	Alcohol Abuse in Home, Women	Alcohol Abuse in Home, Men	Illicit Drug Use in Home, Women	Illicit Drug Use in Home, Men	Physical Abuse, Women	Physical Abuse, Men	Sexual Abuse, Women	Sexual Abuse, Men	Witnessed Parental Violence, Women	Witnessed Parental Violence, Men
<b>American Indian</b>	37%	32%	15%	18%	32%	34%	35%	--	24%	37%
<b>All Others</b>	27%	20%	10%	10%	16%	18%	15%	--	17%	15%

Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention/Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

Note: Wisconsin Department of Health Services. (2016a, May). *American Indian behavioral health: Wisconsin behavioral risk factor survey brief*. Office of Health Informatics, Division of Public Health. pp 2 -3. <https://www.dhs.wisconsin.gov/publications/p01258.pdf>.



**APPENDIX D  
ACTION PLAN**

 <p align="center"> <b>GRAND RIVER COMMUNITY DEVELOPMENT</b>  <i>"Building a Brighter Future for the Next Seven Generations"</i>  <b>BAD RIVER TRIBAL OPIOID ACTION PLAN</b>  <b>Noojimo Zaagi'idiwin (Healing with Love)</b> </p>			
<b>Action Item</b>	<b>Description</b>	<b>Responsible Parties</b>	<b>Target Completion Date</b>
Trust Building	GRCDPMs to be educated on Tribal culture. Develop mutual trust and respect between GRCDPMs and Bad River Tribe.	GRCDPMs and Bad River Tribal Liaison, Tribe Chief Executive	Continuous, 0-12 months/Year 1.
Identify Tribal Leaders	Identify and contact Tribal Council, Tribal Elders, & other key Tribal stakeholders	Tribal Liaison & Tribal Chief Executive	Year 2, Quarter 1
Goal(s) Setting	Collaborate on setting Project Goal(s)	GRCDPMs & Tribal leaders	Y2Q1
Policy Enactment	Implement Zero Tolerance Policy, with randomized testing and consequences for positive drug-use results	Tribal Chief Executive, Tribal Council	Y2Q1
Build Alliances	Create Opioid Overdose Task Force	GRCDPMs, Tribal Liaison, Tribal Leaders, Internal & external partnerships	Y2Q-Y2Q3
Partner Cultural Education and TIP 61 Training	Provide necessary training and education to relevant partners, both internal and external	Tribal Liaison, Tribal Leaders, & SAMHSA	Y2Q1-Y2Q3
Implement Harm Reduction Strategies	Launch Tribal Drug Education classes, Naloxone & Fentanyl Test Strips Education & distribution, and Safe Syringe Exchange program. Set up medication drop boxes at predetermined locations.	GRCDPMs, Tribal Liaison, Tribal Leaders, Internal & external partnerships	Y2Q2

**APPENDIX D CONTINUED  
ACTION PLAN**



**GRAND RIVER  
COMMUNITY DEVELOPMENT**

*"Building a Brighter Future for the Next Seven Generations"*

**BAD RIVER TRIBAL  
OPIOID ACTION PLAN  
continued**

**GRAND RIVER  
COMMUNITY DEVELOPMENT, LLC**

<b>Action Item</b>	<b>Description</b>	<b>Responsible Parties</b>	<b>Target Completion Date</b>
"Build" MAT Clinic	Convert or build new building to house MAT Clinic	Tribal Liaison, Tribal Leaders, & samhsa	Y3Q4
Documentation, Monitoring and Evaluation	Regularly document and monitor usage of: non-opioid treatments, for pain usage of harm reduction strategies, adverse drug events, and deaths and evaluate action plan effectiveness	GRCDPMs, Tribal Liaison, Tribal Leaders, Internal & external partnerships	Ongoing
Review and Follow-up	Conduct feedback and review data to ensure the effectiveness of the action plan and follow up on any unsuccessful items results	GRCDPMs	Ongoing

Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with Love): A community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*

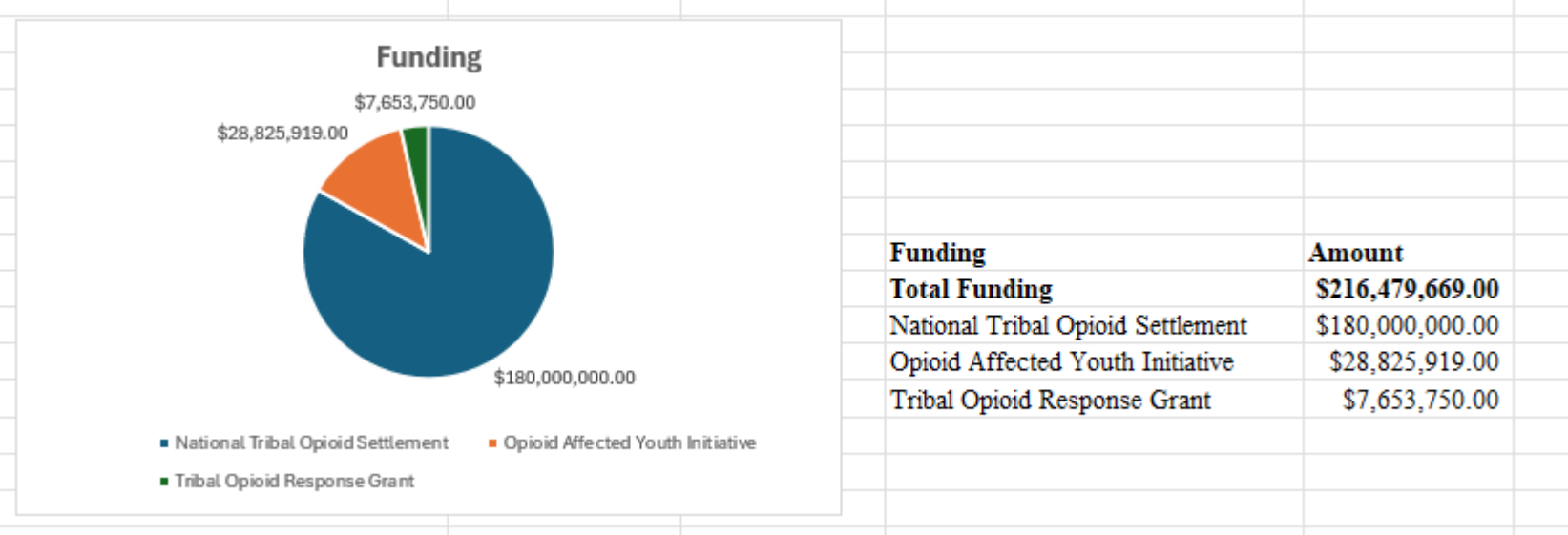
**APPENDIX E  
MILESTONES & GOALS**

	<b>Milestones &amp; Goals</b>	<b>Expected Completion Date</b>
<b>Goal 1:</b>	Establish Tribal relationships, alliances, and cultural education period.	Year 2
<b>Goal 2:</b>	Enhance Tribal community education on opioid risks and safe medication use by implementing monthly educational workshops, reaching at least 100 patients within first six months.	Year 2
<b>Goal 3:</b>	Reduce opioid-related adverse events by 30% within 24 months through provider training, community education and awareness, and the implementation of harm reduction strategies.	Year 3
<b>Goal 4:</b>	Increase the percentage of Native American patients prescribed non-opioid pain management modalities for chronic pain, such as physical therapy and cognitive-behavioral therapy, by 30% in 36 months by providing patient drug education and providing prescriber Tribal culture education and SAMHSA Treatment Improvement Protocol 61.	Year 4
<b>Goal 5:</b>	Decrease the number of opioid-naive patients receiving opioid prescriptions for acute pain by 50% within 36 months through the implementation of evidence-based prescribing guidelines.	Year 4
<b>Goal 6:</b>	Increase access to medication-assisted treatment (MAT) for patients with opioid use disorder (OUD) by establishing partnerships with addiction treatment centers and expanding MAT services within 48 months.	Year 5
<b>Overall Project Goal</b>	<b>Reduce opioid related deaths in the Bad River Tribe Population by 40% over the next five years.</b>	Year 5

Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with Love): A community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*



**APPENDIX F  
FUNDING**



Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with love): A community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*

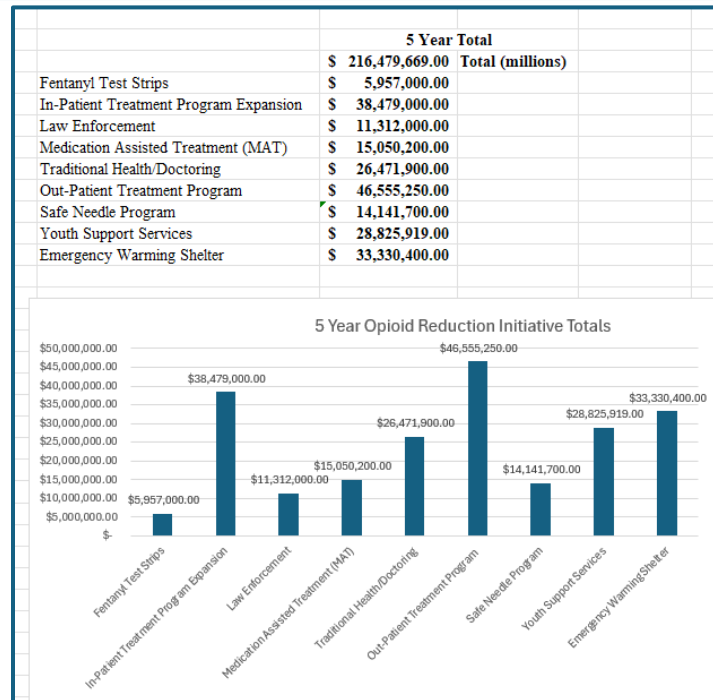
**APPENDIX G**  
**BUDGET ALLOCATIONS BY YEAR**

Budget Allocations 2024					
Category	Q1	Q2	Q3	Q4	Yearly
<b>Total (millions)</b>	\$ 13,935,100	\$ 8,255,900	\$ 9,954,950	\$ 11,378,000	\$ 43,523,950
Fentanyl Test Strips	\$ 750,000	\$ 275,000	\$ 200,000	\$ 200,000	\$ 1,425,000
In-Patient Treatment Program	\$ 2,400,000	\$ 1,700,000	\$ 2,100,000	\$ 1,400,000	\$ 7,600,000
Law Enforcement	\$ 875,000	\$ 547,000	\$ 691,000	\$ 500,000	\$ 2,613,000
Drug Monitoring/Medication Assisted Treatment (MAT)	\$ 3,010,100	-	-	-	\$ 3,010,100
Traditional Healing Doctoring	\$ 1,450,000	\$ 1,000,900	\$ 1,450,000	\$ 1,720,000	\$ 5,620,900
Out-Patient Treatment Program	\$ 2,000,000	\$ 1,245,000	\$ 2,500,250	\$ 4,000,000	\$ 9,745,250
Safe Needle Program	\$ 650,000	\$ 498,000	\$ 515,000	\$ 475,000	\$ 2,138,000
Youth Support Services	\$ 1,400,000	\$ 1,240,000	\$ 1,398,700	\$ 1,743,000	\$ 5,781,700
Emergency Warming Shelter	\$ 1,400,000	\$ 1,750,000	\$ 1,100,000	\$ 1,340,000	\$ 5,590,000
Budget Allocations 2025					
Category	Q1	Q2	Q3	Q4	Yearly
<b>Total (millions)</b>	\$ 10,749,000	\$ 11,506,100	\$ 8,973,900	\$ 10,726,000	\$ 41,955,000
Fentanyl Test Strips	\$ 500,000	\$ 200,000	\$ 215,000	\$ 210,000	\$ 1,125,000
In-Patient Treatment Program	\$ 2,700,000	\$ 1,750,000	\$ 2,100,000	\$ 1,600,000	\$ 8,150,000
Law Enforcement	\$ 600,000	\$ 540,000	\$ 545,000	\$ 592,000	\$ 2,277,000
Drug Monitoring/Medication Assisted Treatment (MAT)	-	\$ 3,010,100	-	-	\$ 3,010,100
Traditional Healing Doctoring	\$ 1,400,000	\$ 1,254,000	\$ 1,240,000	\$ 1,376,000	\$ 5,270,000
Out-Patient Treatment Program	\$ 2,000,000	\$ 1,320,000	\$ 1,250,000	\$ 3,320,000	\$ 7,890,000
Safe Needle Program	\$ 524,000	\$ 575,000	\$ 490,000	\$ 695,000	\$ 2,284,000
Youth Support Services	\$ 1,275,000	\$ 1,457,000	\$ 1,375,000	\$ 1,500,000	\$ 5,607,000
Emergency Warming Shelter	\$ 1,750,000	\$ 1,400,000	\$ 1,758,900	\$ 1,433,000	\$ 6,341,900
Budget Allocations 2026					
Category	Q1	Q2	Q3	Q4	Yearly
<b>Total (millions)</b>	\$ 10,144,000	\$ 10,321,000	\$ 13,373,000	\$ 9,439,000	\$ 43,277,000
Fentanyl Test Strips	\$ 375,000	\$ 250,000	\$ 375,000	\$ 210,000	\$ 1,210,000
In-Patient Treatment Program	\$ 2,300,000	\$ 1,760,000	\$ 2,200,000	\$ 1,850,000	\$ 8,110,000
Law Enforcement	\$ 498,000	\$ 550,000	\$ 519,000	\$ 487,000	\$ 2,054,000
Drug Monitoring/Medication Assisted Treatment (MAT)	-	-	\$ 3,010,000	-	\$ 3,010,000
Traditional Healing Doctoring	\$ 1,256,000	\$ 1,234,000	\$ 1,380,000	\$ 1,267,000	\$ 5,137,000
Out-Patient Treatment Program	\$ 2,000,000	\$ 2,890,000	\$ 2,300,000	\$ 1,920,000	\$ 9,110,000
Safe Needle Program	\$ 540,000	\$ 497,000	\$ 505,000	\$ 535,000	\$ 2,077,000
Youth Support Services	\$ 1,375,000	\$ 1,390,000	\$ 1,300,000	\$ 1,410,000	\$ 5,475,000
Emergency Warming Shelter	\$ 1,800,000	\$ 1,750,000	\$ 1,784,000	\$ 1,760,000	\$ 7,094,000
Budget Allocations 2027					
Category	Q1	Q2	Q3	Q4	Yearly
<b>Total (millions)</b>	\$ 10,508,000	\$ 10,340,210	\$ 10,142,100	\$ 13,513,000	\$ 44,503,310
Fentanyl Test Strips	\$ 283,000	\$ 275,000	\$ 250,000	\$ 310,000	\$ 1,118,000
In-Patient Treatment Program	\$ 2,100,000	\$ 2,220,000	\$ 1,850,000	\$ 2,150,000	\$ 8,320,000
Law Enforcement	\$ 500,000	\$ 475,000	\$ 485,000	\$ 501,000	\$ 1,961,000
Drug Monitoring/Medication Assisted Treatment (MAT)	-	-	-	\$ 3,010,000	\$ 3,010,000
Traditional Healing Doctoring	\$ 1,400,000	\$ 1,200,000	\$ 1,340,000	\$ 1,200,000	\$ 5,140,000
Out-Patient Treatment Program	\$ 2,350,000	\$ 2,440,000	\$ 2,380,000	\$ 2,730,000	\$ 9,900,000
Safe Needle Program	\$ 500,000	\$ 510,000	\$ 510,000	\$ 493,000	\$ 2,013,000
Youth Support Services	\$ 1,500,000	\$ 1,550,210	\$ 1,487,100	\$ 1,395,500	\$ 5,932,810
Emergency Warming Shelter	\$ 1,875,000	\$ 1,670,000	\$ 1,840,000	\$ 1,723,500	\$ 7,108,500

Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with love): A community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*

### APPENDIX G CONTINUED BUDGET ALLOCATIONS BY YEAR

Budget Allocations 2028					
Category	Q1	Q2	Q3	Q4	Yearly
<b>Total (millions)</b>	<b>\$ 11,393,500.00</b>	<b>\$ 9,990,509.00</b>	<b>\$ 10,724,000.00</b>	<b>\$ 11,112,400.00</b>	<b>\$ 43,220,409</b>
Fentanyl Test Strips	\$ 275,000.00	\$ 234,000.00	\$ 267,000.00	\$ 303,000.00	\$ 1,079,000
In-Patient Treatment Program	\$ 1,700,000.00	\$ 1,450,000.00	\$ 1,600,000.00	\$ 1,549,000.00	\$ 6,299,000
Law Enforcement	\$ 610,000.00	\$ 605,000.00	\$ 591,000.00	\$ 601,000.00	\$ 2,407,000
Drug Monitoring/Medication Assisted Treatment (MAT)	\$ 752,500.00	\$ 752,500.00	\$ 752,500.00	\$ 752,500.00	\$ 3,010,000
Traditional Healing Doctoring	\$ 1,320,000.00	\$ 1,370,000.00	\$ 1,287,000.00	\$ 1,327,000.00	\$ 5,304,000
Out-Patient Treatment Program	\$ 2,500,000.00	\$ 2,640,000.00	\$ 2,470,000.00	\$ 2,300,000.00	\$ 9,910,000
Safe Needle Program	\$ 497,000.00	\$ 489,000.00	\$ 501,000.00	\$ 499,000.00	\$ 1,986,000
Youth Support Services	\$ 1,839,000.00	\$ 1,110,009.00	\$ 1,497,500.00	\$ 1,582,900.00	\$ 6,029,409
Emergency Warming Shelter	\$ 1,900,000.00	\$ 1,340,000.00	\$ 1,758,000.00	\$ 2,198,000.00	\$ 7,196,000



Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with love): A community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*

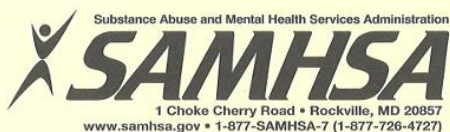
**APPENDIX H  
EXPENSE REPORT**

<b>2024 Expense Report</b>					
<b>Category</b>	<b>Previously Expended</b>	<b>FY 24 Q3 Expenditures</b>	<b>Cumulative Expenditures</b>	<b>Yearly Budget Allocations</b>	<b>Remaining Budget Allocations</b>
<b>Total (millions)</b>	\$ 12,000,807	\$ 6,025,219	\$ 18,026,026	\$ 43,523,950	\$ 25,497,924
Fentanyl Test Strips	\$ 467,340	\$ 114,792	\$ 582,132	\$ 1,425,000	\$ 842,868
In-Patient Treatment Program	\$ 1,749,023	\$ 383,080	\$ 2,132,103	\$ 7,600,000	\$ 5,467,897
Law Enforcement	\$ 281,290	\$ 320,178	\$ 601,468	\$ 2,613,000	\$ 2,011,532
Drug Monitoring/Medication Assisted Treatment (MAT)	\$ 3,010,100	-	\$ 3,010,100	\$ 3,010,100	\$ -
Traditional Healing Doctoring	\$ 1,982,999	\$ 734,072	\$ 2,717,071	\$ 5,620,900	\$ 2,903,829
Out-Patient Treatment Program	\$ 1,072,701	\$ 1,139,738	\$ 2,212,439	\$ 9,745,250	\$ 7,532,811
Safe Needle Program	\$ 638,082	\$ 451,008	\$ 1,089,090	\$ 2,138,000	\$ 1,048,910
Youth Support Services	\$ 1,399,999	\$ 1,224,219	\$ 2,624,218	\$ 5,781,700	\$ 3,157,482
Emergency Warming Shelter	\$ 1,399,273	\$ 1,658,132	\$ 3,057,405	\$ 5,590,000	\$ 2,532,595

Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with Love): A community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*

## APPENDIX I

### SAMPLE LETTER TO TRIBAL LEADERS



May 4, 2012

Dear Tribal Leader,

This letter is to inform you that the Administration is working diligently to implement the various provisions of the Tribal Law and Order Act (TLOA), which was signed into law by President Obama on July 29, 2010. One provision of TLOA provides that Federally Recognized Tribes may establish a Tribal Action Plan (TAP) to coordinate available resources and programs to prevent and treat alcohol and drug abuse among Tribal members.

As part of our efforts to assist Tribes in developing their TAP, we have developed guidelines that can be found at [www.samhsa.gov/tloa](http://www.samhsa.gov/tloa). The TAP Guidelines were created by a workgroup of the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee. The TAP Guidelines include sample model frameworks that Tribes can use as models for their TAPs, a sample Tribal resolution, and examples of resources and technical assistance provided by the Federal partners.

According to the law, if a Federally Recognized Tribe does not adopt a TAP, the Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), where appropriate, and the Indian Health Service (IHS) serving such Tribe(s) are required to enter into an agreement to identify and coordinate relevant available programs and resources that may be of assistance to the Tribe.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Indian Alcohol and Substance Abuse (OIASA) will be able to assist interested Tribes in identifying technical assistance resources from other Federal partner agencies that can assist Tribes developing their TAPs. Other Federal agencies include the Office of Justice Programs, Indian Health Service, Bureau of Indian Affairs and Bureau of Indian Education, among others.

Finally, Tribes are encouraged to send their official Tribal TAP Resolutions to SAMHSA's Office of Indian Alcohol and Substance Abuse at the address below. The Office will, in turn,

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

Note: SAMHSA. (2012, May 4). *Sample tribal leader letter*. SAMHSA.gov.  
[https://www.samhsa.gov/sites/default/files/deartriballeader\\_may2012.pdf](https://www.samhsa.gov/sites/default/files/deartriballeader_may2012.pdf).

**APPENDIX I CONTINUED**  
**SAMPLE LETTER TO TRIBAL LEADERS**

Page 2 – Tribal Leader

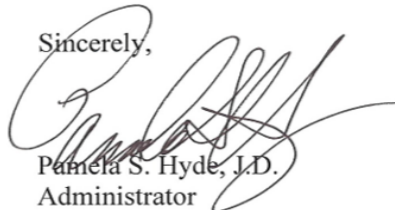
coordinate with the appropriate interdepartmental coordinating workgroups on your respective TAPs.

For more information on SAMHSA's OIASA activities, information, and resources available, please visit the Web site at [www.samhsa.gov/tloa](http://www.samhsa.gov/tloa), or contact:

Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
Office of Indian Alcohol and Substance Abuse  
U. S. Department of Health and Human Services  
1 Choke Cherry Road, Room # 4-1059  
Rockville, MD 20857  
Office: (240) 276-2400  
E-mail: [IASA@samhsa.hhs.gov](mailto:IASA@samhsa.hhs.gov)

We encourage you to contact your local IHS Service Unit Director or your local BIE or BIA Agency Superintendents if you have any questions regarding TAP resources for your Tribe. All of the TLOA Federal partners look forward to working with Tribes to improve the prevention, intervention, and treatment of alcohol and drug abuse in Indian Country.

Sincerely,



Pamela S. Hyde, J.D.  
Administrator

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

Note: SAMHSA. (2012, May 4). *Sample tribal leader letter*. SAMHSA.gov.  
[https://www.samhsa.gov/sites/default/files/deartriballeader\\_may2012.pdf](https://www.samhsa.gov/sites/default/files/deartriballeader_may2012.pdf).



## APPENDIX J

### SAMHSA TREATMENT IMPROVEMENT PROTOCOL 61

#### ENGAGING WITH TRIBAL COMMUNITIES

##### Etiquette Do's

- Listen and observe; be comfortable with silence.
- Correctly pronounce names (use American Indian/Alaska Native names when appropriate).
- Be transparent about your role and expectations.
- Establish rapport.
- Invite questions and knowledge seeking.
- Accept offers.
- Shake hands respectfully.

##### Etiquette Don'ts

- Don't talk too loud or fast.
- Don't impose personal values or beliefs.
- Don't claim a vague tribal affiliation.
- Don't point your finger.
- Don't rush things.
- Don't touch sacred items.
- Don't take pictures without permission.
- Don't shake hands aggressively or assertively.

*Source: Kauffman & Associates (personal email and document attachments, March 1, 2016).*

#### STRENGTHS OF TRIBAL SYSTEMS OF CARE

- Grassroots foundation
- Local leadership
- Culture as core
- Influence of language
- Vision for the future
- Power of communication
- Organizational infrastructure
- Tribal college and state university partnerships
- Integration of new treatments
- Tribal wraparound services
- Investment in advocacy
- Tribal-borough-county-state relationship
- Tribal peer support

*Source: National Indian Child Welfare Association, 2015.*

#### EXHIBIT 2.1-1. Evidence-Based Tribal Practices

In the Native American framework, there are several specific criteria for evidence-based tribal practices. These criteria are:

1. **Longevity:** A tribal practice rooted in long-held traditions (e.g., canoe journey, sweat lodge, and subsistence practices).
2. **Teachings:** A tribal practice based on specific teachings (e.g., the medicine wheel, origin stories).
3. **Values:** A tribal practice that incorporates the values and worldview of American Indian and Alaska Native cultures (e.g., a holistic tribal treatment practice focused on harmony and acceptance).
4. **Principles:** A tribal practice that is rooted in traditional principles (e.g., Mehl-Medrona's principles of treatment of chronic illness; 1997).
5. **Elders:** A tribal practice that is reviewed and approved by elders. It constitutes evidence of appropriateness and effectiveness within the Native American framework.
6. **Community:** A tribal practice that is guided by community feedback.

*Source: Oregon Addictions & Mental Health Division, n.d.*

Note: SAMHSA. (2018). *Behavioral health services for American Indians and Alaska Natives for behavioral health service providers, administrators, and supervisors TREATMENT IMPROVEMENT PROTOCOL TIP 61*. National Institute on Drug Abuse. pp. 127, 129, 133.  
[https://store.samhsa.gov/sites/default/files/tip\\_61\\_ainan\\_full\\_document\\_020419\\_0.pdf](https://store.samhsa.gov/sites/default/files/tip_61_ainan_full_document_020419_0.pdf).

**APPENDIX K**  
**DROP BOX INSTRUCTIONS AND LOCATIONS FLYER**

**SAFELY DISPOSE OF MEDICATIONS**

**“...WE LOOK AT OUR RESPONSIBILITY  
AS NOT TO OURSELVES AND NOT TO  
THE NOW, BUT TO THE PAST AND TO  
THE FUTURE”**

Aurene Martin  
Fmr. Acting Assistant  
Secretary - Indian Affairs  
+ Bad River Member



Help protect our environment  
and community.

-Empty all pills into a clear, sealable sandwich-sized bag, recycle empty pill bottles (caps on) and paper medication boxes.

-Liquids, powders & creams stay in original containers

-Drop off unused or expired medications (prescription or OTC) at one of the following locations available 24/7

**Bad River Health & Wellness Center 53585 Nokomis Rd., Ashland, WI 54806**  
**Ashland County Human Services 630 Sanborn Ave, Ashland, WI 54806**  
**Ashland Police Department 414 Ilh Ave W, Ashland WI 54806**  
**Iron County Human Services 300 Taconile St #201, Hurley, WI 54534**

Note: Rectorart, T. [@tracyreart]. 2024, March 17. *The Bad River Ojibwe people have defended their homelands against generations of threats to the environment and their way of life.* Instagram. [https://www.instagram.com/tracyreart/p/C4pGUfGroBw/?img\\_index=9](https://www.instagram.com/tracyreart/p/C4pGUfGroBw/?img_index=9).



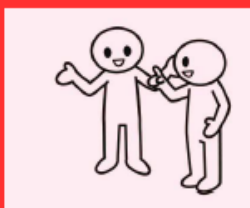
APPENDIX L  
FENTANYL WARNING AND PREVENTION FLYER

# FENTANYL WARNING

## Fentanyl Found Locally In Fake Pills

- Fentanyl may be in your drugs - in pills, powder & heroin.
- You can't smell or taste fentanyl.
- Fentanyl can put you at greater risk for overdose and death

## HOW TO AVOID OVERDOSE



**DO NOT USE ALONE**



**START WITH A TESTER SHOT**

Fentanyl is a potent drug about 100 times more powerful than other opioids



**WATCH AND WAIT BEFORE THE NEXT PERSON USES**



**HAVE NALOXONE READY**

You can get Naloxone at the Needle Exchange or visit [stopoverdose.org](http://stopoverdose.org) for more locations



**AN OPIOID OVERDOSE IS A MEDICAL EMERGENCY. CALL 911 RIGHT AWAY**

Don't worry the Good Samaritan Law protects you and the person overdosing.

Note: Flyer adapted from KOB-TV NBC5 & KOTI-TV NBC2. (2019, January 29). *Needle exchange program aims to protect drug users.* <https://kobi5.com/news/local-news/needle-exchange-program-aims-to-protect-drug-users-94722/>.

APPENDIX M  
SAFE SYRINGE EXCHANGE FLYER

# SAFE SYRINGE EXCHANGE PROGRAM

## WHEN

EVERY MONDAY,  
WEDNESDAY, AND  
FRIDAY  
2PM – 4PM

## WHERE

ADMINISTRATIVE OFFICE  
RED CLIFF TRIBE  
88455 PIKE RD.  
BAYFIELD, WI 54814  
(715) 779-3700

BUREAU OF INDIAN AFFAIRS  
GREAT LAKES AGENCY  
916 WEST LAKESHORE DR.  
ASHLAND, WI 54806  
715-682-8897

SYRINGE EXCHANGE AND DISPOSAL  
IS AN EVIDENCE-BASED PUBLIC  
HEALTH PROGRAM DESIGNED TO  
REDUCE THE SPREAD OF HIV,  
HEPATITIS C AND OTHER BLOOD-  
BORNE INFECTIONS AMONG PEOPLE  
WHO INJECT DRUGS, THEIR FAMILIES  
AND LARGER COMMUNITY.

## SERVICES PROVIDED ARE ANONYMOUS

- EXCHANGE USED POINT FOR NEW POINTS
- SAFE INJECTION SUPPLIES
- WOUND CARE SUPPLIES
- SAFE SEX SUPPLIES
- RISK REDUCTION COUNSELING
- REFERRALS TO
  - MEDICAL CARE TRIBAL
  - HEALING AND DOCTORING
  - STD TESTING & TREATMENT
  - MENTAL HEALTH
  - ALCOHOL TREATMENT
  - DRUG TREATMENT
  - MED ASSIST TREATMENT
- NALAXONE
- FENTANYL TEST STRIPS



Note: King County, Washington (n.d.). *King County needle exchange.*

<https://kingcounty.gov/en/legacy/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction/needle-exchange>.

## APPENDIX N FLYER DISTRIBUTION

### Tool 2: Potential Settings for Strategy Implementation

SECTION	SETTING
<b>Behavioral Health</b>	<ul style="list-style-type: none"> <li>» Syringe service programs</li> <li>» Addiction treatment and recovery facilities</li> <li>» Mental/behavioral health treatment facilities</li> <li>» Homeless shelters</li> <li>» Recovery housing</li> <li>» Department of Community-Based Services</li> </ul>
<b>Health Care</b>	<ul style="list-style-type: none"> <li>» Emergency department</li> <li>» Health department</li> <li>» Pharmacy</li> <li>» Inpatient service</li> <li>» Outpatient clinics</li> <li>» Ambulatory surgery</li> <li>» Dental clinics</li> </ul>
<b>Criminal Legal</b>	<ul style="list-style-type: none"> <li>» Jails</li> <li>» Community Supervision programs</li> <li>» First responder stations</li> <li>» Pretrial services</li> <li>» Drug courts or other specialty courts</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>» Media outlets</li> <li>» Chamber of Commerce</li> <li>» Libraries</li> <li>» Colleges, universities, and trade schools</li> <li>» Religious organizations and houses of worship</li> <li>» Restaurants/bars</li> <li>» Gas stations</li> </ul>

Note: SAMHSA. (2023). *Opioid-overdose reduction continuum of care approach (ORCCA) practice guide 2023*. National Institute of Drug Abuse. pp. 17 – 18.  
<https://store.samhsa.gov/sites/default/files/pep23-06-01-001.pdf>.

**APPENDIX O**  
**SAMPLE NOTIFICATION FOR TEXT CAMPAIGN**

**BAD RIVER BAND OF LAKE SUPERIOR**  
**TRIBE OF CHIPPEWA INDIANS**

**CHIEF BLACKBIRD CENTER**

**P.O. BOX 39 ODANAH, WI 54681**

The Mashkiiziibii (Bad River Tribe) in conjunction with Ashland and Iron County Public Health officials, launched a new text message alert system on April 20<sup>th</sup>, 2024. The Mashkiiziibii's new communication capabilities will enable people experiencing homelessness to receive urgent information and prompt updates directly on their cell phones. The inaugural alerts were sent to over 3,500 unhoused residents who opted in to receive emergency weather and housing alerts.

“Emergency weather text alerts are not only vital but can be the difference between life and death for individuals experiencing homelessness,” said Vickie Taylor, Ashland County Public Health Director. “These alerts serve as their first line of defense against the unforgiving forces of nature. When a storm, extreme cold, or sweltering heat strike, a straightforward text message can mean the opportunity to find shelter, access warming centers, or be aware of life-threatening conditions.” The Homeless Strategy Division has now set up a direct connection with thousands of vulnerable community members. Crucial preparedness guidance will be issued via text message to those experiencing homelessness during a variety of circumstances including flood events, elevated seasonal wildfire risk, summer heat advisories, and winter storms.

“The importance of emergency text alerts for individuals experiencing homelessness cannot be overstated,” said Robert Blanchard, Chief Executive Office & Tribal Chairperson. “Tailoring these messages to people experiencing homelessness exemplifies the power of technology and community spirit to provide a lifeline and hope when it is needed most. It proves that we, as a community, are committed to protecting the most vulnerable among us during times of crisis.” The Homeless Strategy Division intends to quickly expand the use of technology solutions to deliver messages to unhoused residents about lifeline services like monthly Pop-Up Resource Clinics hosted by Ashland & Iron County Emergency Medical Services, freezing weather shelter activations, and more.

“Importantly, during a significant event that limits the Mashkiiziibii's capacity to provide in-person welfare checks to a multitude of unhoused residents, two-way communication capabilities can be activated to support remote engagement, improved situational awareness, and prioritized response,” said Patrick Bigboy, Tribal Vice Chairperson.

The Homeless Strategy Division will soon launch an educational campaign focused on enrolling unhoused Austinites who have mobile phones to receive text notifications. Outreach teams will be equipped with flyers that have a QR code for a fast and easy subscription to the homeless alerts service. Ashland and Iron County Public Health began using mass text messaging notifications early in the COVID-19 response. Text messages proved to be an efficient, unobtrusive, and cost-effective means of sharing vaccine appointment reminders and other relevant advice with area residents.

The development of this new alert service was supported by Mashkiiziibii's Public Health Information Technology, the City's Watershed Protection Department, and a variety of community partners.

The homeless alert system is intended for a specific and highly vulnerable population with unique needs. Mashkiiziibii Tribal Chairpersons encourage all members – regardless of housing status – to sign up for Warn Mashkiiziibii's Tribal Members emergency notifications [www.warnmashkiiziibii.org](http://www.warnmashkiiziibii.org).

Note: City of Austin. (2023, October 29). *City launches text message alert system for people experiencing homelessness*. AustinTexas.gov. <https://www.austintexas.gov/news/city-launches-text-message-alert-system-people-experiencing-homelessness>.

**APPENDIX P**  
**WARMING SHELTER BUSINESS CARD**

**EMERGENCY**  
**WEATHER AND HOUSING ALERTS**

Sponsored By



**BAD RIVER BAND**  
**OF LAKE SUPERIOR CHIPPEWAS**



**REGISTER NOW**

Note: Adapted from Bernander, K. & Cardona, B. (2024). *Noojimo Zaagi'idiwin (healing with Love): a community-centered approach to mitigating the opioid crisis in a Wisconsin Native American Tribe.*