

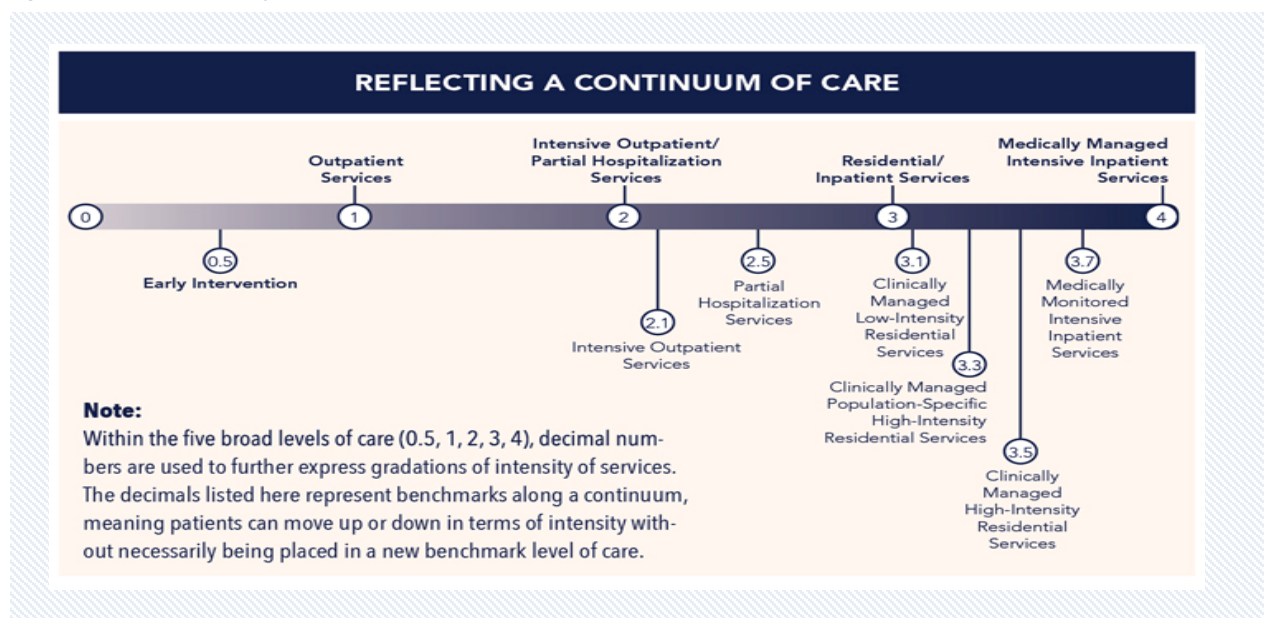
Developing a Substance Use Disorder Continuum of Care for Montana's American Indian Communities

A CONCEPT BRIEF

This concept brief explores options tribes in Montana could implement to build a strong, tribally-led prevention and treatment system for substance use disorders (SUD). Although each tribe operates treatment services for SUD, many patients and providers feel there are gaps in the services available. Specific gaps in services include in-state residential treatment, recovery housing (or “halfway housing” for people transitioning out of residential treatment), and outpatient care, both in urban hubs and in reservation communities for people leaving residential services. Additionally, tribes often use their own money to pay for services out of state that could otherwise be Medicaid reimbursable. The Tribal health directors and chemical dependency program directors in Montana have discussed the possibility of working together to create a stronger, culturally-based system of care. This concept brief outlines one option that tribes could consider.

Treatments for SUD are most successful when the holistic needs of the individual are met including health issues, culture, trauma, and co-occurring/mental health conditions.¹ A comprehensive continuum of care provides the supports needed to sustain each person's recovery and is crucial to prevent individuals from experiencing gaps in service, relapse, overdose deaths, incarceration. The continuum of care as defined by the American Society of Addiction Medicine (ASAM) identifies service needs from acute hospitalization through post-treatment aftercare needs as well as early intervention and allows for a flow between levels of care as appropriate.

Figure 1: ASAM Levels of Care²



Addressing the Need through a Tribal Collaborative Treatment Model

Tribal collaboration in developing a SUD continuum of care could provide a comprehensive network allowing tribal members throughout Montana to receive in-state, evidence-based, culturally appropriate treatment services with adequate support within the community to sustain recovery.

Appendix A provides a list of current SUD Treatment services in Montana. Based on a review of Montana Department of Public Health and Human Services (DPHHS) information, Montana's Substance Use Treatment services could be addressed with the following model.³

TREATMENT MODEL:

The following proposed model will provide SUD treatment services ranging from intensive non-acute hospital withdrawal management, low to intensive residential services, to out-patient services supporting long-term recovery.

- 6 Development of two culturally appropriate residential facilities licensed to treat **ASAM levels 3.3 to 3.5** that can safely manage care for individuals with SUD who may also have physical, cognitive, and/or mental health needs. Locating one facility in Billings and one in Great Falls could provide broad access for tribes throughout the state, with a capacity for ten males and ten females in each facility. A minimum of two rooms in the male and female facilities will be identified as family rooms in which a parent and up to two children under the age of 12 years may reside during treatment, thus reducing a barrier to treatment for individuals who require a 24-hour supportive treatment environment in order to initiate or continue a recovery process
- 6 Development of one 16 bed male and one 16 bed female, **ASAM level 3.1**, halfway house community-based single gender residential treatment facility (RTC), surrounding the level 3.3 and 3.5 facility to allow for transition to a lower level of care that provides treatment and a therapeutic living environment. In addition, develop one male and one female ASAM level 3.1 facility on each of the reservations that do not already have one, to allow for continuity of care when transitioning back to the community. Five hours of treatment will be provided per week at a minimum, allowing for a supportive transition back into the community including the ability to engage in off-site education and employment when appropriate. Cultural informed therapy, case management, and peer support are critical components of this level of care. Appropriate for individuals who need time and structure to practice and integrate their recovery & coping skills in a supportive environment.
- 6 Development of two outpatient facilities licensed to provide **ASAM level 2.1**, on or near the RTC campuses: one in Billings and one in Great Falls. Provides 9-19 hours of treatment per week. The individual must require only maintenance monitoring. Important components for Outpatient attendance are availability of transportation and access to telehealth services
- 6 For tribes that don't currently have early intervention, prevention and outpatient services, acknowledging many already do, an additional component would be the development of outpatient facilities licensed to provide **ASAM level 0.5 to 1.0** within their communities. Individuals will easily transition from the higher RTC level of care to outpatient services, thus preventing any gaps in services. Important components for outpatient attendance are availability of transportation and access to telehealth services. Early intervention and prevention activities will be provided through these community-based facilities, providing essential engagement and resources to at risk individuals, including youth and their families.

RESIDENTIAL FACILITY STAFFING SUPPORTS FOR CONTINUITY OF CARE AND COORDINATION WITH TRIBAL CDCS

Utilizing licensed mental health staff (LCSW, LCPC), skilled in mental health issues including trauma and substance use disorders as Primary Counselors provides for a holistic approach to the individual's care allowing mental health issues to be addressed while in treatment. Licensed Addiction Counselors can also be an integral component of the individual's care specifically focused on substance use issues. Para-professional staff such as Peer Counselors provide education and support for patients. Staffing in the facilities identified can provide employment for American Indians and can also serve as a rich support network for individuals in recovery.

Facilitating seamless communication between the facility and tribal programs, using established data sharing agreements, will be an essential role for the case management staff. Case Managers will work in coordination with local tribal programs to identify and plan for community-based supports and services that will allow for continuity of care as individuals transition from supervised residential services to out-patient services.

TRANSITIONAL HOUSING AND AFTERCARE

As noted above, this concept design includes a 16-bed transitional housing (ASAM Level 3.1), one for men and one for women. The facilities will be staffed eight hours per day five days per week by a case manager who will assist participants in aftercare services to support stabilization during the early recovery period, gaining employment and/or educational opportunities, gaining life skills including care of their environment, nutrition, and parenting. For tribes that do not already have RTCs or half-way houses in their communities, they could also build local transitional housing and provide similar staffing and support for individuals in a closer to home setting.

CULTURAL COMPONENTS OF TREATMENT MODEL

Culturally Appropriate Treatment is a critical element to incorporate throughout treatment, at all levels of care, including prevention activities. Through reconnection to American Indian communities and traditional healing practices, an individual may reclaim the strengths inherent in traditional teachings, practices, and beliefs and begin to walk in balance and harmony. Examples of culturally adapted treatment approaches include motivational interviewing and trauma-informed treatment. Tribes can design services based on their own unique cultures. Standardized approaches such as the White Bison/Wellbriety Certified Program also exist. In this approach, specific elements are required, such as having access to an American Indian elder who will provide ceremonies and teachings and incorporating traditional American Indian healing practices such as smudging, pipe ceremony, and sweat lodge.⁴ Overall, culturally appropriate prevention activities can include spirit and cultural camps for youth, traditional hunting or fishing, and ceremonies. Importantly, prevention activities must be viewed as part of a wholistic approach to services provided in coordination with the residential facilities.

FISCAL OPTIONS:

Tribes can draw on multiple sources to fund construction and operations of SUD treatment facilities and services. Current and expected federal funding through the newly-enacted Infrastructure Bill may offer unprecedented opportunities for facility funding.

Options for funding services include the Montana Medicaid, Substance Abuse, Prevention and Treatment (SAPT) Block Grant, or through negotiation for the 638 IHS Encounter rate.

Table 2: Reimbursement Options by ASAM Level

ASAM Level	Medicaid Rate	Tribal Encounter Rate	Average Length of Stay
Level 3.7	\$246.05 per day	Negotiate for IHS Encounter Rate	5 to 7 days dependent on need
Level 3.5	\$246.05 per day	Negotiate for IHS Encounter Rate	45 to 120 days dependent on need
Level 3.1	Non-Medicaid reimbursement through AMDD contract. Providers bill fee for service, all psychoeducation is billed separately, all case management is billed separately	Negotiate for IHS Encounter Rate	120 to 240 days dependent on need
Level 2.5	\$123.02 per day	Negotiate for IHS Encounter Rate	
Level 2.1	High Tier \$99.54 per day Low Tier \$82.27 per day	\$512 per member contact for each OP group up to 5 contacts per day	NOTE: Can be bundled with Level 3.1 Medicaid rate
Level 1		\$512 per member contact for each OP group up to 5 contacts per day	6 to 12 months but could be lifetime service requirement

The treatment model described in the above section would generate a positive contribution margin and would not need to be subsidized by the Communities. As the blend of inpatient and outpatient services differ by location, it is best to aggregate the totals into the following projections:

Pro-forma Income Statement	
Total Revenue per Unit of Service	\$42,075 reimbursement per day
Total Expense per Unit of Service	(\$39,598) which includes personnel and operating costs
Net Margin per Unit of Service	\$2,477 per day or \$904,297 per year

As we study the operating model in detail, we will be able to refine the revenue and expense estimates to ensure our projections are in line. Though based upon the initial estimates, the margin of approximately 5% is congruent with similar healthcare models.

The initial capital costs to design, construct, and furnish the treatment centers as envisioned in the concept design is estimated to be \$15 million. The capital will be needed over the duration of the construction period, and fortunately the cost and sources of capital are plentiful at this time. Currently, there are funding options available such as new market tax credits, Recovery Act Funds (ARPA), Mental Health funding in the forms of grants, and interest rates are still at historically low levels. An important next step is identifying the best mechanism to fund the initial investment of \$15 million by leveraging the multitude of capital funding sources, without depleting cash resources in the Communities.

Appendix A:

Current Substance Use Treatment Providers in Montana by ASAM Level of Care*

Inpatient Level of Care	Service Description	Provider
Level 3.7 Medically Monitored Intensive Inpatient Services	Designed for individuals whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but do not need the full resources of an acute care general hospital	Montana Chemical Dependency Center (MCDC) , Butte (8 beds) Recovery Center Missoula (2 beds) Rimrock , Billings (10 beds) Rocky Mountain Treatment Center of Great Falls (6 beds – not Medicaid billable/not state-approved/private pay only)
Residential Level of Care	Service Description	Provider
Level 3.5 Clinically Managed High Intensity Residential Services	Specifically, for individuals that require a 24-hour supportive treatment environment in order to initiate or continue a recovery process	Crystal Creek, Browning (16 beds)** MCDC , Butte (40 beds) Petty Creek Ranch , Alberton, (8 beds – not Medicaid billable/not state-approved/private pay only) Recovery Center Missoula (RCM) -Missoula (12 Beds) Rimrock, Main Building , Billings (40 beds, not Medicaid billable/private pay only) Rocky Mountain Treatment Center of Great Falls (20 beds – not Medicaid billable/not state-approved/private pay only) Rimrock , Billings (56 total beds) <ul style="list-style-type: none"> • Ada's House (female) – 8 beds • Cedar Way 1 – 6 beds • Cedar Way 2 – 6 beds • Cottonwood – 8 beds • Freedom House – 8 beds • White Birch Center – 8 beds • White Birch 2 – 6 beds • White Birch 3 – 3 beds • White Birch 4- 3 beds Montana Centers for Recovery – Columbia Falls (26 total beds – men only) <ul style="list-style-type: none"> • Main House – 10 beds • Unit D – 8 beds • Unit E – 8 beds
Level 3.3 Clinically Managed Population-Specific High Intensity Residential Services	Ability to care for individuals with special circumstance such as severe cognitive impairment or co-occurring mental health disorder	None currently
Level 3.1 Clinically Managed Low-Intensity Residential Services	Appropriate for individuals who need time and structure to practice and integrate their recovery & coping skills in a supportive environment	Men's Homes (9) (88 total beds) <ul style="list-style-type: none"> • Blue Thunder Lodge - Great Falls (8 beds) (Gateway Recovery) • Building Bridges – Thompson Falls (24 beds – <i>not BG billable/not state-approved</i>) • Butte SPIRIT Home – Butte (8 beds – <i>not BG billable/not state-approved/private pay only</i>) • White Sky Hope Lodge - Box Elder (8 beds) (White Sky Hope Center) • TLF - Helena (7 beds) (Boyd Andrew) • Olive Branch - Bozeman (7 beds) (Alcohol & Drug Services) • True North (6 beds) (Rimrock) • Instar Community Services – Helena (12 beds) Women's Homes (3) (24 total beds)

		<ul style="list-style-type: none"> • Selene House - Kalispell (8 beds) (Gateway Recovery) • New Day - Billings (8 beds) (New Day, Inc.) • White Sky Hope Lodge - Box Elder (8 beds) (White Sky Hope Center) <p>Women/Child Homes (4) (33 total beds)</p> <ul style="list-style-type: none"> • Willow Way & Michel's House - Billings (6 beds & 7 beds) (Rimrock) • Carole Graham Home - Missoula (6 beds) (Western MT Addiction Services – Turning Point) • Florence Crittenton - Helena (8 beds) (Florence Crittenton) • Safe Haven Home – Billings (6 beds) (New Day) <p>Single Gender (gender not specified) (4 locations)</p> <ul style="list-style-type: none"> • Park County - Livingston (14 beds) (Southwest CD)
Out-Patient Levels of Care	Service Description	Provider
Level 2.5 Partial Hospitalization (PHP)	Provides 20+ hours of treatment per week. Typically includes direct access to medical and behavioral health needs	Crystal Creek Lodge, Browning Recovery Center Missoula (RCM) -Missoula
Level 2.1 Intensive Out-Patient (IOP)	Provides 9-19 hours of treatment per week. The individual must require only maintenance monitoring	Rimrock Main Facility -Billings Crystal Creek Lodge, Browning Recovery Centers for Montana , Columbia Falls White Sky Hope-Rocky Boy Helena Indian Alliance -Helena Spotted Bull Recovery Center -Poplar Fort Belknap Indian Community Chemical Dependency -Harlem
Level 1 Out-Patient	Provides fewer than 9 hours of treatment per week. The individual must be stable medically and mental health	Rimrock Main Facility -Billings Crystal Creek Lodge, Browning Recovery Centers for Montana , Columbia Falls White Sky Hope-Rocky Boy Helena Indian Alliance -Helena Spotted Bull Recovery Center -Poplar Fort Belknap Indian Community Chemical Dependency -Harlem

*Source: Montana Department of Health and Human Services

**Green font indicates tribally operated

¹ Treatment Approaches for Drug Addiction Drug Facts,

<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

² American Society of Addiction Medicine ASAM CONTINUUM

<https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

³ Montana DPHHS, Substance Use Providers by Level of Care,

<https://dphhs.mt.gov/amdd/substanceabuse/treatmentproviderinformation#453185800-billings-residential-treatment-facilities>

⁴ SAMHSA, Behavioral Health Services for American Indians and Alaskan Natives, Tip 61,

https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf



BLACKFEET NATION

P.O. BOX 850 BROWNING, MONTANA 59417
(406) 338-7521 FAX (406) 338-7530

EXECUTIVE COMMITTEE

Timothy F. Davis, Chairman
Ilf "Scott" Kipp, Vice-Chairman
Lauren J. Monroe, Secretary
Joseph Gervais, Treasurer

BLACKFEET TRIBAL BUSINESS COUNCIL

Timothy F. Davis
Ilf "Scott" Kipp
Lauren J. Monroe, Jr.
Stacey Keller
Mark Pollock
Rodney Gervais, Jr.
Vera Weaselhead
Marvin Weatherwax, Jr.
Virgil Last Star

RESOLUTION

Supporting the Montana Healthcare Foundation's Effort to Create Tribally-led Substance Abuse Treatment Programs and a Facility in the State of Montana

No. 268-2022

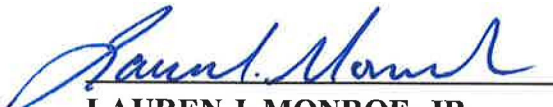
- WHEREAS,** The Blackfeet Tribal Business Council is the duly constituted governing body within the exterior boundaries of the Blackfeet Reservation, and
- WHEREAS,** The Blackfeet Tribal Business Council has been organized to represent, develop, protect and advance the views, interests, education, and resources of the Blackfeet Tribe of the Blackfeet Reservation, and
- WHEREAS,** Pursuant to the Blackfeet Constitution and By-Laws, Article VI, section 1(g), the Blackfeet Tribal Business Council is empowered to manage tribal affairs in an acceptable and businesslike manner and in accordance with the administrative plan, called the Plan of Operations, and
- WHEREAS,** The Montana Healthcare Foundation facilitates regular meetings of the Montana tribal health directors (a group informally known as the American Indian Health Leaders), and
- WHEREAS,** In these meetings, health directors, chemical dependency program directors, and tribal leaders have emphasized the need for more in-state, tribally-led treatment options for their members, and
- WHEREAS,** The Montana Healthcare Foundation, in an effort to support these conversations and efforts, commissioned a concept paper focused on options available to tribes for designing a regional treatment center for tribal members with substance use issues, and for building a stronger continuum of tribally-led, culturally-driven substance use prevention and treatment services, now


THEREFORE BE IT RESOLVED AS FOLLOWS,

1. That the Blackfeet Tribal Business Council on behalf of the Blackfeet Tribe supports the continued planning activities of the tribal health director, and requests the continued support of this effort by the Montana Healthcare Foundation.
2. Be it further resolved, that supported planning activities may include the hiring of consultants to carry out a feasibility study, facility design, business plan, and financing plan.
3. Be it further resolved, that the Blackfeet Tribal Business Council requests that tribal leaders be provided periodic updates and have the ability to share input at each of the planning stages so that tribal leaders have the opportunity to share their perspective on the project.
4. That the Chairman or Vice-Chairman, in the Chairman's absence, and Secretary of the Blackfeet Tribal Business Council are hereby authorized to execute this Resolution and the attached documents to effectuate the purpose of this Resolution.

ATTEST:

**THE BLACKFEET TRIBE OF THE
BLACKFEET INDIAN RESERVATION**


LAUREN J. MONROE, JR.
Secretary


TIMOTHY F. DAVIS
Chairman

CERTIFICATION

I hereby certify that the foregoing Resolution was adopted by the Blackfeet Tribal Business Council in a duly called noticed and convened General Session assembled for business the 3rd day of March, 2022, with Seven (7) members present to constitute a quorum and by a vote of Seven (7) For, Zero (0) Opposed and Zero (0) Abstained.

(SEAL)


LAUREN J. MONROE JR., Secretary
Blackfeet Tribal Business Council

**RESOLUTION
OF THE TRIBAL COUNCIL OF
THE CONFEDERATED SALISH AND KOOTENAI TRIBES
OF THE FLATHEAD RESERVATION, MT**

**RESOLUTION SUPPORTING THE MONTANA HEALTHCARE FOUNDATION'S
EFFORT TO CREATE TRIBALLY-LED SUBSTANCE ABUSE TREATMENT
PROGRAMS AND A FACILITY IN THE STATE OF MONTANA**

**BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE CONFEDERATED SALISH
AND KOOTENAI TRIBES THAT,**

WHEREAS, the Tribal Council, as primary governing body of the Flathead Nation, is entrusted with the responsibility to protect and preserve Tribal property, wildlife and natural resources, and to protect the health, security, and general welfare of the Tribes; and

WHEREAS, protection and preservation of property, wildlife, natural resources, health, security, and general welfare of the Tribes is among the highest priorities of the Tribes; and

WHEREAS, the Montana Healthcare Foundation facilitates regular meetings of the Montana tribal health directors (a group informally known as the American Indian Health Leaders); and

WHEREAS, in these meetings, health directors, chemical dependency program directors, and tribal leaders have emphasized the need for more in-state, tribally-led treatment options for their members; and

WHEREAS, the Montana Healthcare Foundation, in an effort to support these conversations and efforts, commissioned a concept paper focused on options available to tribes for designing a regional treatment center for tribal members with substance use issues, and for building a stronger continuum of tribally-led, culturally-driven substance use prevention and treatment services.

NOW THEREFORE BE IT RESOLVED, that the Confederated Salish and Kootenai Tribes support the continued planning activities of tribal health director, and requests the continued support of this effort by the Montana Healthcare Foundation. **Be it further resolved,** that supported planning activities may include the hiring of consultants to carry out a feasibility study, facility design, business plan, and financing plan. **Be it further resolved,** that the Confederated Salish and Kootenai Tribes request that tribal leaders be provided periodic updates and have the ability to share input at each of the planning stages so that tribal leaders have the opportunity to share their perspective on the project.

CERTIFICATION

The foregoing resolution was duly adopted by the Tribal Council of the Confederated Salish and Kootenai Tribes on March 31, 2022, with a vote of 10 for, 0 opposed, and 0 not voting, pursuant to the authority vested in it by Article VI, Sections 1 (a), (c) and (u) of the Tribes' Constitution and Bylaws; said Constitution adopted and approved under Section 16 of the Act of June 18, 1934 (48 Stat. 984), as amended.



Chairman, Tribal Council

ATTEST:


Tribal Secretary

**A RESOLUTION
SUPPORTING THE MONTANA HEALTHCARE FOUNDATION'S EFFORT TO
CREATE TRIBALLY-LED SUBSTANCE ABUSE TREATMENT PROGRAMS AND A
FACILITY IN THE STATE OF MONTANA**

Whereas, the Fort Peck Tribal Executive Board is the duly elected body representing the Assiniboiné and Sioux Tribes of the Fort Peck Reservation and is empowered to act on behalf of the Tribes. All actions shall be adherent to provisions set forth in the 1960 Constitution and By-Laws, and

Whereas, the Montana Healthcare Foundation facilitates regular meetings of the Montana tribal health directors (a group informally known as the American Indian Health Leaders); and

Whereas, in these meetings, health directors, chemical dependency program directors, and tribal leaders have emphasized the need for more in-state, tribally-led treatment options for their members; and

Whereas, the Montana Healthcare Foundation, in an effort to support these conversations and efforts, commissioned a concept paper focused on options available to tribes for designing a regional treatment center for tribal members with substance use issues, and for building a stronger continuum of tribally-led, culturally-driven substance use prevention and treatment services.

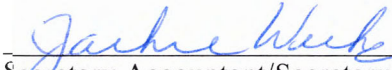
Now Therefore Be It Resolved, that the Fort Peck Tribal Executive Board supports the continued planning activities of tribal health director, and requests the continued support of this effort by the Montana Healthcare Foundation.

Be It Further Resolved, that supported planning activities may include the hiring of consultants to carry out a feasibility study, facility design, business plan, and financing plan.

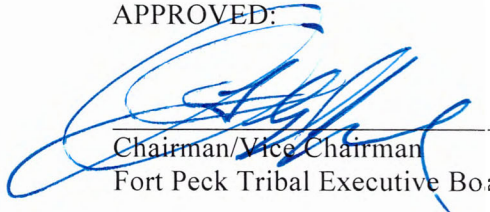
Be It Further Resolved, that the Fort Peck Assiniboiné and Sioux Tribal Executive Board requests that tribal leaders be provided periodic updates and have the ability to share input at each of the planning stages so that tribal leaders have the opportunity to share their perspective on the project.

CERTIFICATION

I, the undersigned Secretary/Accountant of the Tribal Executive Board of the Assiniboiné and Sioux Tribes of the Fort Peck Indian Reservation, hereby certify that the Tribal Executive Board is composed of 12 voting members of whom constituting a quorum were present at a Special Board meeting duly convened this 14th day of March, 2022, and that the foregoing resolution was duly adopted at such meeting by the affirmative vote of 12 for.


Secretary Accountant/Secretary

APPROVED:


Chairman/Vice Chairman
Fort Peck Tribal Executive Board



**RESOLUTION
LS-2022-04**

**RESOLUTION DULY ADOPTED BY
THE LITTLE SHELL TRIBAL COUNCIL**

**SUPPORTING THE MONTANA HEALTHCARE FOUNDATION'S EFFORT TO
CREATE TRIBALLY-LED SUBSTANCE ABUSE TREATMENT PROGRAMS AND
A FACILITY IN THE STATE OF MONTANA**

- WHEREAS,** The Constitution of the Little Shell Tribe of Chippewa Indians secures the right of self-government and the administration of internal tribal affairs; and
- WHEREAS,** Article I, Section II of the Constitution provides that the governing body of the Little Shell Tribe of Chippewa Indians of Montana shall be known as the Tribal Council consisting of the Chairman, First Vice Chairman, Second Vice Chairman, Secretary-Treasurer, and three Council Members; and
- WHEREAS,** Article I, Section III provides that the Executive Board shall consist of the Chairman, First Vice-Chairman, Second Vice-Chairman, and Secretary-Treasurer; and
- WHEREAS,** The Tribal Council is entrusted with providing for the health and safety of all Little Shell Tribal citizens; and
- WHEREAS,** The Montana Healthcare Foundation facilitates regular meetings of the Montana tribal health directors (a group informally known as the American Indian Health Leaders); and
- WHEREAS,** In these meetings, health directors, chemical dependency program directors, and tribal leaders have emphasized the need for more in-state, tribally-led treatment options for their members; and
- WHEREAS,** The Montana Healthcare Foundation, in an effort to support these conversations and efforts, commissioned a concept paper focused on options available to tribes for designing a regional treatment center for tribal members with substance use issues, and for building a stronger continuum

of tribally-led, culturally-driven substance use prevention and treatment services.

NOW THEREFORE, BE IT RESOLVED that that the Little Shell Tribe supports the continued planning activities of tribal health director and requests the continued support of this effort by the Montana Healthcare Foundation. **BE IT FURTHER RESOLVED** that supported planning activities may include the hiring of consultants to carry out a feasibility study, facility design, business plan, and financing plan. **BE IT FURTHER RESOLVED** that the Little Shell Tribe requests that tribal leaders be provided periodic updates and have the ability to share input at each of the planning stages so that tribal leaders have the opportunity to share their perspective on the project. **FINALLY, BE IT RESOLVED**, that this resolution takes effect immediately upon Tribal Council signatures.

ATTESTATION

We, the undersigned Tribal Council members acting in our official capacities as the legal leadership of the Little Shell Tribe of Chippewa Indians of Montana certify that the above resolution is the true and accurate resolution adopted at a meeting called and conducted on **February 10, 2022**, with a quorum being present. Each signatory below indicates the vote by circling the choice on Resolution **LS-2022-04** as follows:


Chairman Gerald Gray


☒ FOR / ☐ AGAINST

2/10/22
Date


1st Vice Chairman Clarence Sivertsen

☒ FOR / ☐ AGAINST

2/10/22
Date


2nd Vice Chairwoman Leona Kienenberger



☒ FOR / ☐ AGAINST

2/10/22
Date


Secretary-Treasurer, Colleen Hill

☒ FOR / ☐ AGAINST

2-10-22
Date


Council Member, Donald Davis


☒ FOR / ☐ AGAINST

2/10/22
Date

Kimberly McKeehan
Council Member Kim McKeehan

FOR / AGAINST

2-10-22
Date

Iris Kill Eagle
Council Member Iris Kill Eagle

FOR / AGAINST

02/10/22
Date

CERTIFICATION

I, Colleen Hill, the Secretary-Treasurer of the Tribal Council, or designated agent, hereby certify that a duly called meeting was held and that Resolution **LS-2022-04** was approved and enacted on **February 10, 2022**. The Tribal Council voted as follows:

7 in favor
____ opposed
____ abstain
____ absent

Colleen Hill, Secretary-Treasurer

By:

[Signature]
Signature

Colleen Hill
Printed Name

Title: Council Secretary/Treasurer

Date: 2-10-2022



Rocky Mountain Tribal Leaders Council

2929 3rd Avenue North, Suite 300, Billings, Montana 59101
Ph: (406) 252-2550 Fax: (406) 254-6355 Web: www.rmtlc.org

Resolution # 2021-12-16.15

A RESOLUTION TO SUPPORT THE DEVELOPMENT OF AN AI/AN REGIONAL TREATMENT CENTER TO ADDRESS DISPROPORTIONATE SUBSTANCE USE DISORDERS OF TRIBAL MEMBERS

WHEREAS, the Rocky Mountain Tribal Leaders Council (TLC) has been created for the express purpose of providing its member Tribes with a unified voice and collective organization to address issues of concern to the Tribes and Indian people; and

WHEREAS, the Board of Directors of the TLC consists of duly elected Tribal Chairs, Presidents, and Council Members who are fully authorized to represent their respective Tribes; and

WHEREAS, as a manifestation of their solemn duty, the Tribal governments actively engage in policy formation on any matters that affect the Tribes and reservations; and

WHEREAS, the TLC is dedicated to assisting and promotion the health needs and concerns of Indian people; and

WHEREAS, the health status of American Indians is far below the general population, the unmet health needs are significant, and an unacceptable level of health disparity exists in Montana where American Indians die 20 years earlier than the white population; and

WHEREAS, mental health and substance misuse prevention are top priorities for Tribes in the Billings Area, which includes Montana and Wyoming Tribes; and

WHEREAS, illicit drug & alcohol use is a severe health and social problem facing the American Indian/Alaska Native populations today and the cost to the Indian people is great - measured in physical, mental, emotional, social and economic terms; and

WHEREAS, alcohol and substance abuse is the leading generic risk factor among our American Indians & Alaska Native people, and our people die from alcohol use disorders at over 4 times the age-adjusted rates for the United States population and alcohol and illicit drug use results in a rate of years of potential life lost nearly 5 times that of the United States, and

WHEREAS, drug and alcohol use is preventable and treatable; and

WHEREAS, there is an absence of access and availability of an effective & culturally relevant regional tribal treatment facility that is necessary for the American Indian/Alaska Native adult & youth populations in the Billings-Area dealing with substance use disorders; and

WHEREAS, there is a need for a Regional Tribal Treatment Center designed for American Indian/Alaska Native people by American Indian/Alaska Native people with the MT-WY CD Directors/Programs guiding and Native clinicians providing; and

WHEREAS, there is a need for a Regional Tribal Treatment Center that is available, accessible, effective and culturally relevant for our American Indian & Alaska Native people dealing with substance use disorders; and

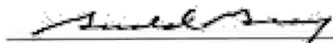
WHEREAS, the Montana Healthcare Foundation facilitates regular meetings of the Montana Tribal health directors (a group informally known as the American Indian Health Leaders). In these meetings, health directors, chemical dependency program directors, and tribal leaders have emphasized the need for more in-state, Tribally led treatment options for their members. To support these conversations the Montana Healthcare Foundation commissioned a concept paper focused on options available to Tribes for designing a regional treatment center for tribal members with substance use issues, and for building a stronger continuum of Tribally led, culturally driven substance use prevention and treatment services; and

NOW, THEREFORE, BE IT RESOLVED that the Rocky Mountain Tribal Leaders Council supports the continued planning activities of the tribal health directors, chemical dependency directors, and requests the continued support of this effort by the Montana Healthcare Foundation. Planning activities may include, for example, commissioning consultants to carry out a feasibility study, facility design, business plan, and financing plan.

BE IT FURTHER RESOLVED, that periodic updates and gathering input from tribal leaders at each stage of the above planning processes will be included in the overall study approach.

CERTIFICATION

We, the undersigned, as the Chair and Secretary of the Tribal Leaders Council, do hereby certify that the foregoing Resolution was duly presented and passed, with (7) voting in favor and (0) opposed with (0) abstaining, at a Board meeting of the Rocky Mountain Tribal Leaders Council on December 16, 2021, in Billings, MT.



Gerald Gray, Chairman
Rocky Mountain Tribal Leaders



Grant Stafne, Secretary
Rocky Mountain Tribal Leaders



Rocky Mountain Tribal Leaders Council

2929 3rd Avenue North, Suite 300, Billings, Montana 59101
Ph: (406) 252-2550 Fax: (406) 254-6355 Web: www.rmtlc.org

Resolution # 2021-12-16.16

A RESOLUTION REQUESTING MANDATORY FUNDING FOR CONTRACT SUPPORT COSTS AND 105(L) LEASE AGREEMENTS

WHEREAS, the Rocky Mountain Tribal Leaders Council (TLC) has been created for the express purpose of providing its member Tribes with a unified voice and collective organization to address issues of concern to the Tribes and Indian people; and

WHEREAS the Board of Directors of the TLC consists of duly elected Tribal Chairs, Presidents, and Council Members who are fully authorized to represent their respective Tribes; and

WHEREAS, as a manifestation of their solemn duty, the Tribal governments actively engage in policy formation on any matters that affect the Tribes and reservations; and

WHEREAS the TLC is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, unique to the Bureau of Indian Affairs and the Indian Health Service, Tribes participating in Indian Self Determination Act (ISDEAA) activities incur costs that should not be borne by tribes but should be fully reimbursable to tribes when they carry out Federal programs under the authority of ISDEAA; and

WHEREAS Contract support costs are categories of costs necessary to support tribal administration of 638 programs (Indirect and Direct Costs) and tribes should not have to bear the burden of these costs should the Federal Government not fully fund these costs; and


WHEREAS 105(l) Lease Agreements are entered into with the Federal government to reimburse tribes for the costs tribes incur when facilities are no longer adequate and in need of replacement, but the Federal Government is not replacing these facilities when needed. The replacement of aging and dilapidated buildings is often necessary to maintain compliance to quality facility standards required by the Federal Government. These standards must be met, or tribes run the risk of not being able to capture reimbursement to keep their ISDEAA programs operating and serving their tribal populations.

NOW, THEREFORE, BE IT RESOLVED, the TLC requests the Office of Management and Budget to fully fund the Indian Health Service and Bureau of Indian Affairs full mandatory funding in order that they in turn reimburse tribes fully their annual CSC costs and facility renovation/construction costs incurred by them in the ongoing administration of their respective ISDEAA programs. Further that these mandatory funds do not reduce the existing Federal appropriations of either federal agency used in support of the delivery of program services.

CERTIFICATION

We, the undersigned, as the Chair and Secretary of the Tribal Leaders Council, do hereby certify that the foregoing Resolution was duly presented and passed, with (7) voting in favor and (0) opposed with (0) abstaining, at a Board meeting of the Rocky Mountain Tribal Leaders Council on December 16, 2021, in Billings, MT.

Gerald Gray, Chairman
Rocky Mountain Tribal Leaders



Grant Stafne, Secretary
Rocky Mountain Tribal Leaders



Rocky Mountain Tribal Leaders Council

2929 3rd Avenue North, Suite 300, Billings, Montana 59101
Ph: (406) 252-2550 Fax: (406) 254-6355 Web: www.rmtlc.org

Resolution # 2021-12-16.17

A RESOLUTION TO SUPPORT THE DEVELOPMENT OF A TRAUMA TO RESILIENCY INITIATIVE

WHEREAS, the Rocky Mountain Tribal Leaders Council (TLC) has been created for the express purpose of providing its member Tribes with a unified voice and collective organization to address issues of concern to the Tribes and Indian people; and

WHEREAS, the Board of Directors of the TLC consists of duly elected Tribal Chairs, Presidents, and Council Members who are fully authorized to represent their respective Tribes; and

WHEREAS, as a manifestation of their solemn duty, the Tribal governments actively engage in policy formation on any matters that affect the Tribes and reservations; and

WHEREAS the TLC is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, mental health is the number one priority for tribes in the Billings Area. The health status of American Indians is far below the general population, the unmet health needs are significant, and an unacceptable level of health disparity exists in Montana and Wyoming where American Indians die an average of 20 years earlier than the white population. These long-standing health disparities exist in large part due to historical and current intergenerational traumas imposed on tribal populations, creating a mental health emergency; and

WHEREAS, according to the CDC in 2017, the top three leading causes of death among Native males and females for the age group 1-19 are unintentional injuries, suicide, and homicide. For the age group 20-44, the top three leading causes of death are unintentional injuries, suicide, and chronic liver disease; all of which can be directly related to drug and alcohol use; these statistics remain true in 2022; and

WHEREAS, Congressional findings state that, "Indians between the ages of 15 and 24 years of age are more than 2 times as likely to commit suicide as the general population and approximately 80 percent of those suicides are alcohol-related and/or drug related."; and

WHEREAS the TLC views the recent IHS physician pedophile actions against native male youth, consequently affecting not only the immediate family but the entire tribal community, as another example of current trauma, resulting in another layering of new trauma on top of a long history of trauma imposed on members of the regional tribes in Montana and Wyoming; and

WHEREAS the RMTLC, serves to support needed regional health care efforts; and

NOW, THEREFORE, BE IT RESOLVED, the TLC requests funds to support a multi-year initiative to fund Tribes and Urban Indian Programs, working together across Montana and Wyoming, to develop and implement a new “Trauma to Resiliency” approach that will support tribal members in their ability to recognize specific behaviors and needs they may have because of past or ongoing trauma. This initiative will include measures to lessen the impacts of trauma and will be specific to recognizing how trauma impacts a person’s mental, behavioral, emotional, physical, and spiritual wellbeing. It is the desire to develop and strengthen a resiliency approach that is unique to the tribal cultures of this region and will help to move this regions’ tribal members fully toward, physical, mental, social, and spiritual health.

CERTIFICATION

We, the undersigned, as the Chair and Secretary of the Tribal Leaders Council, do hereby certify that the foregoing Resolution was duly presented and passed, with (7) voting in favor and (0) opposed with (0) abstaining, at a Board meeting of the Rocky Mountain Tribal Leaders Council on December 16, 2021, in Billings, MT.

Gerald Gray, Chairman
Rocky Mountain Tribal Leaders



Grant Stafne, Secretary
Rocky Mountain Tribal Leaders



Rocky Mountain Tribal Leaders Council

2929 3rd Avenue North, Suite 300, Billings, Montana 59101
Ph: (406) 252-2550 Fax: (406) 254-6355 Web: www.rmtlc.org

Resolution # 2021-12-16.18

A RESOLUTION TO SUPPORT THE DEVELOPMENT OF TRIBAL DATA SYSTEMS TO ENHANCE PLANNING AND OPERATIONAL NEEDS OF REGIONAL TRIBES

WHEREAS, the Rocky Mountain Tribal Leaders Council (TLC) has been created for the express purpose of providing its member Tribes with a unified voice and collective organization to address issues of concern to the Tribes and Indian people; and

WHEREAS, the Board of Directors of the TLC consists of duly elected Tribal Chairs, Presidents, and Council Members who are fully authorized to represent their respective Tribes; and

WHEREAS, as a manifestation of their solemn duty, the Tribal governments actively engage in policy formation on any matters that affect the Tribes and reservations; and

WHEREAS, the TLC is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the TLC is committed to assisting and promoting data sovereignty, which is the right of a nation to govern the collection, ownership, and application of its own data; and

WHEREAS, according to Native Nations Institute's Policy Brief on Indigenous Data Sovereignty in the United States, Tribal data is information that impacts a Tribe and can include "any facts, knowledge, or information about a Native nation and its tribal citizens, lands, resources, programs, and communities"; and

WHEREAS, the health status of American Indians is far below the general population, the unmet health needs are significant, and an unacceptable level of health disparities exist in Montana and Wyoming where American Indians die an average 20 years earlier than the white population; and

WHEREAS, existing Tribal data is often inconsistent, inaccurate or negatively impacted by lack of data infrastructure, and

WHEREAS, the collection, ownership, application of Tribal data is often controlled by external entities; and

WHEREAS, Tribal data sovereignty should be incorporated into tribal, federal, and other entities' data policies; and

WHEREAS, the social determinants of health framework is a model to inform a holistic tribal data system; and

WHEREAS, there should be an improved generation of resources to build support for Indigenous data governance by growing tribal data capacities, including establishing data governance policies and procedures and recruiting and developing Tribal professionals and community members who are skilled at creating, collecting, and managing data; and

WHEREAS, strengthening relationships between tribal leaders and tribal data expertise is critical to community public health; and

WHEREAS, Tribal Leaders oversee a large, diverse array of programs and services within their respective communities. Building the collection and access to tribal program data and the analysis of this data will enhance each tribes' leadership ability to make data-informed decisions regarding the programs serving their respective communities; and

WHEREAS, the RMTLC, which manages the regional Tribal Epidemiology Center, will work with each tribe to develop their data reporting capacity and capabilities to manage, strategically plan, budget, and prioritize community improvements and program services. RMTLC Tribal Epidemiology Center will focus on data leadership, data infrastructure, data quality improvements, Indigenous methodologies, strategies, resources, ideas, and support for regional tribes; and with improved access to tribal program data and data analytics, Tribal governmental leaders will better strategically plan and manage their respective diverse array of programs and services for the benefit of their residents and tribal members.

NOW, THEREFORE, BE IT RESOLVED that the Rocky Mountain Tribal Leaders Council Epidemiology Center will assist local and regional Tribal efforts to develop collaborative, meaningful partnerships rooted in cultural values to create and strengthen tribal data systems, data technology, research and evaluation agendas, and data sovereignty frameworks; and

BE IT FURTHER RESOLVED, that RMTLC establish a Tribal Data System Advisory Board, representative of each Tribes' data subject matter experts, to determine the analytical and reporting system to employ.

CERTIFICATION

We, the undersigned, as the Chair and Secretary of the Tribal Leaders Council, do hereby certify that the foregoing Resolution was duly presented and passed, with (7) voting in favor and (0) opposed with (0) abstaining, at a Board meeting of the Rocky Mountain Tribal Leaders Council on December 16, 2021, in Billings, MT.

Gerald Gray, Chairman
Rocky Mountain Tribal Leaders



Grant Stafne, Secretary
Rocky Mountain Tribal Leaders

The Chippewa Cree Tribe of the Rocky Boy's Reservation

Phone: (406) 395-4478 or 4210 - Finance Office
(406) 395-4282 or 4321 - Business Committee

96 Clinic Road
Box Elder, Montana 59521

Resolution No. 38-22

A RESOLUTION

HEREBY SUPPORTING THE MONTANA HEALTHCARE FOUNDATION'S EFFORT TO CREATE TRIBALLY-LED SUBSTANCE ABUSE TREATMENT PROGRAMS AND A FACILITY IN THE STATE OF MONTANA

WHEREAS, the Chippewa Cree Tribal Business Committee is the governing body of the Chippewa Cree Tribe ("Tribe") of the Rocky Boy's Indian Reservation, Montana, by authority of the Constitution and By-Laws of the Chippewa Cree Tribe approved on the 23rd day of November 1935, and;

WHEREAS, pursuant to their inherent sovereignty and Constitution and By-Laws, the Chippewa Cree Tribal Business Committee is charged with the duty to promote and protect the health, security and general welfare of the Chippewa Cree Tribe, and;

WHEREAS, the Montana Healthcare Foundation facilitates regular meetings of the Montana tribal health directors (a group informally known as the American Indian Health Leaders), and;

WHEREAS, in these meetings, health directors, chemical dependency program directors, and tribal leaders have emphasized the need for more in-state, tribally-led treatment options for their members, and;

WHEREAS, the Montana Healthcare Foundation, in an effort to support these conversations and efforts, commissioned a concept paper focused on options available to tribes for designing a regional treatment center for tribal members with substance use issues, and for building a stronger continuum of tribally-led, culturally-driven substance use prevention and treatment services, and;

WHEREAS, the Chippewa Cree Tribal Business Committee affirms that all resolutions, or parts of the same, that are inconsistent with the provisions of this Resolution, are hereby repealed to the extent of such inconsistency, now;

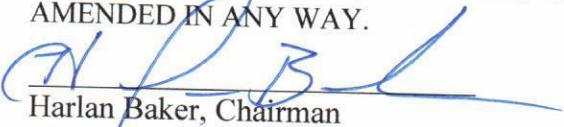
THEREFORE BE IT RESOLVED, that the Chippewa Cree Tribe shall support the continued planning activities of tribal health director and requests the continued support of this effort by the Montana Healthcare Foundation. The Tribe understands that supported planning activities may include the hiring of consultants to carry out a feasibility study, facility design, business plan, and financing plan.

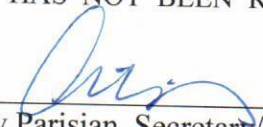
REVIEWED
BY CCT-OAG

BE IT FINALLY RESOLVED, that the Chippewa Cree Tribe requests that tribal leaders be provided periodic updates and have ability to share input at each of the planning stages so that tribal leaders have the opportunity to share their perspective on the project. This Resolution shall have an effective date as confirmed within the certification.

CERTIFICATION

I, THE UNDERSIGNED, AS SECRETARY/TREASURER OF THE BUSINESS COMMITTEE OF THE CHIPPEWA CREE TRIBE HEREBY CERTIFY THAT THE BUSINESS COMMITTEE IS COMPOSED OF NINE (9) MEMBERS OF WHOM ~~EIGHT (8)~~ MEMBERS CONSTITUTING A QUORUM WERE PRESENT AT THE MEETING THEREOF, DULY AND SPECIALLY CALLED, NOTICED, CONVENED AND HELD THIS 3rd DAY OF March, 2022, AND THAT THE FOREGOING RESOLUTION WAS DULY ADOPTED AT SAID MEETING BY THE AFFIRMATIVE VOTE OF seven (7) MEMBERS FOR AND zero (0) MEMBERS AGAINST AND zero (0) MEMBERS ABSTAINED, AND THAT THE RESOLUTION HAS NOT BEEN RESCINDED OR AMENDED IN ANY WAY.


Harlan Baker, Chairman
Chippewa Cree Tribe


Chassidy Parisian, Secretary/Treasurer
Chippewa Cree Tribe