Sustained Funding for Tribal Harm Reduction:
Essential for Community and Economic Recovery from the Opioid Crisis

Philomena Kebec, JD | Bad River Band of Lake Superior Chippewa

INTRODUCTION

American Indians experience disproportionately high rates of drug overdose mortality and morbidity related to substance use.[1] Social services and clinical programs often employ abstinence-based treatment models, which can be barriers to care for people actively using drugs.[2] Barriers to care reduce the effectiveness of services within a population. They also translate into economic loss for services that would otherwise be billed to a third-party payor.

Tribal harm reduction programs occupy a unique space, with programming and services designed for people who are actively using drugs in a culturally-centered setting. This focus sets harm reduction apart from other available programming and can bridge community members who are actively using drugs to higher threshold services.

To be successful, tribal harm reduction programs must gain the trust of communities of people who use drugs, which requires an investment of time: it can take months to years to build up a service population as this community experiences high levels of discrimination and criminalization. Effective implementation includes crafting policies that align with harm reduction principles and cultural norms. Best practices in this space include staffing programs with tribal members with lived and living experience,[3] adopting non-judgmental practices[4] and trauma-informed design,[5] and offering services and supplies needed and desired by the target population[6] (with feedback loops to receive and incorporate their input). Another key element is the capacity to appropriately incorporate needs of the broader community (e.g., emphasizing safe disposal of syringes).[7]

RECOVERY POLICY FELLOWS PROJECT

Tribal Nations face funding barriers in establishing and maintaining harm reduction programs. Accordingly, my project focused on how to financially sustain tribal harm reduction programming without impacting the low-barrier model. With my project mentor, Kim Freese, I identified various federal agencies, and individuals within those agencies on this question.

In late 2022, we met with CMS reps to discuss on Medicaid reimbursement for harm reduction activities – I was directed to study the Wisconsin Medicaid State Plan for billable activities consistent with harm reduction program services. At the most basic level, harm reduction services most closely resemble "peer support" or "recovery coaching," both of which are reimbursable as a service under CMS regulations.

CMS allows peer support services to be billed to Medicaid as long as they are consistent with an individualized plan and the provider is properly trained and supervised. However, the Wisconsin State Medicaid Plan restricts reimbursement for peer support services to managed care service units (CCS and CRS programs). The Bad River Band has chosen not to develop a CCS program due to human resource constraints. This means we have no opportunity to bill for peer support services within the current framework.

In further meetings with CMS and SAMHSA, we discussed how amendments to the Wisconsin Plan could extend care to incarcerated tribal members and facilitate greater independence in operating tribal health systems. As an attorney and judge who has worked for on issues involving tribal sovereignty and treaty rights for my entire professional career, I remain perplexed about the level of control states have over tribal health policy and am planning future projects to explore how other tribal nations have asserted their right to self-determination in this area.

SNAPSHOT OF SERVICES PROVIDED

- Drop-in center with fully-stocked kitchen, comfortable living area and bathroom for participants to shower, prepare and eat meals, rest and relax.
- Harm reduction supplies available on a needs basis to anyone who presents (tribal and non-tribal) or requests a delivery. Supplies include packs of sterile syringes, smoking supplies, hygiene supplies, overdose reversal kits (naloxone), screening tests for Covid-19, HIV, HCV, syphilis, etc., reproductive care supplies.
- Jail-based support. Groups to plan for safety upon release; one-on-ones for care coordination and safety planning upon release.
- Drug checking. Offers fentanyl and xylazine test strips, and in coordination with UNC Chapel Hill, can ships inert samples of a participant's substances for chemical analysis.
- Mail order services. Anyone located in the State of Wisconsin can order naloxone and other harm reduction supplies by going to nextdistro.org/wisconsin, completing online overdose reversal education and providing information. Packages are shipped from Bad River, with an emphasis on reaching American Indians and others underserved by brick-and-mortar programs in Wisconsin.
- Community-based peer support. Rides to healthcare appointments, job interviews, probation meetings, etc.; referrals to services and housing, assistance completing applications; wellness plans & incentives for progress; delivery of harm reduction supplies and naloxone; coaching around safer use practices and overdose reversal training; compassionate support for families and friends who have lost loved ones to overdose.
- Supports the safe disposal of used syringes by incentivizing returns and engaging in community clean-ups. Serves as an information clearinghouse on overdose prevention, offering naloxone and overdose reversal training to tribal programs and community members.

Figure 1. Eli Corbine, Harm Reduction Coordinator, preparing packages of naloxone for mail delivery.

Figure 2. Harm Reduction in rural communities means meeting people where they're at and often requires traveling great distances.

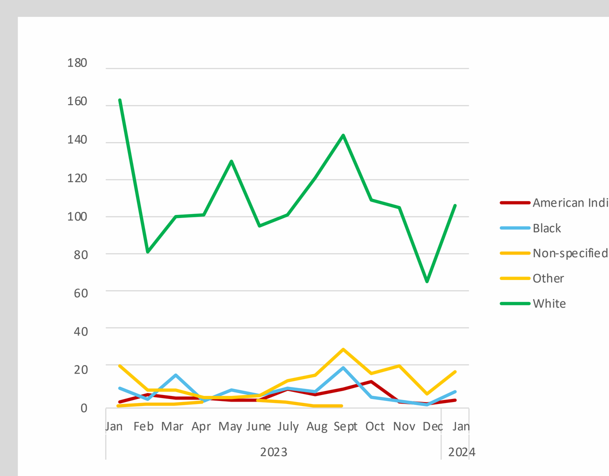


Chart 1. Number of packages of naloxone mailed statewide, by race of requestor, Jan 2023 to Jan 2024

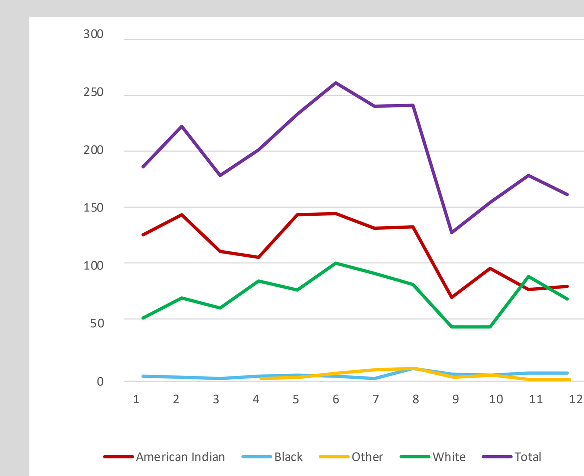
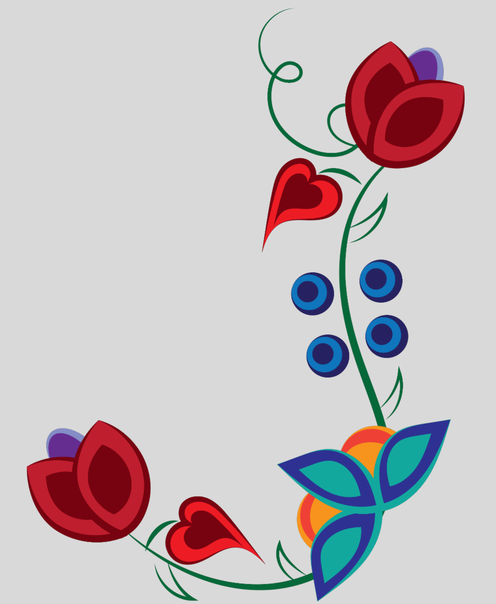


Chart 2. Number of peer support deliveries in 4 northern WI counties, by race and total, Feb 2023 to Jan 2024

TRIBAL HARM REDUCTION

- **Essential**
- **Low barrier**
- **Relationship focused**
- **Effective outreach**
- **Bridge to higher threshold services**
- **Critical workforce development for underserved populations**



SUSTAINABLE FUNDING NEEDED

Tribes in Wisconsin and elsewhere are leading efforts to reduce opioid overdose mortality in rural communities by offering low-barrier harm reduction programming. In this context, low-barrier means that Tribes are serving non-tribal individuals, along with tribal community members. Traditionally, funders have not contemplated that Tribes are serving a mixed service population.

- **Tribal Opioid Response (TOR) funds**, which are flexible funds available for harm reduction efforts, are calculated to serve a Tribe's IHS-user population.
- **State Opioid Response (SOR) funds** are also available to fund harm reduction efforts, but are allocated to states who have no obligation to share funding with Tribes, even when Tribes are serving non-tribal individuals.
- **Opioid Settlement Funds**. Amounts allocated for Tribes from opioid settlement funds were calculated using a Tribe's Native American population only.
- **Medicaid reimbursement**, which should be available for peer support services, is subject to gatekeeping by state Medicaid plans, although Tribes maintain civil regulatory authority.

To overcome the challenges faced by Tribes striving to reduce overdose mortality and infectious disease within and outside their respective communities through low-barrier harm reduction service models, funders need to recalibrate how overdose prevention funds flow to tribal communities. The failure of state, federal and private entities to recognize tribal leadership in this area perpetrates long-standing inequities. Tribal harm reduction programs should be eligible for funding streams that are flexible, multi-year, and generous in consideration for their large and mixed user-populations and significant needs of American Indian people for culturally-centered and low-barrier programming to interrupt trends related to disproportionately high mortality and chronic disease burden.

Contact

Philomena Kebec, J.D.
Bad River Band of Lake Superior Chippewa
Email: p.kebec@badriver-nsn.gov
Phone: (715) 292-1363
Website: badriverharmreduction.org

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