

Joint Treatment Coordinators, Women's Services Coordinators and State Opioid Treatment Authorities Session

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Substance Abuse and Mental Health Services
Administration U.S. Department of Health and Human
Services



Today's Topic Areas



SAMHSA Priorities, and Core Principles



CSAT's Mission, and CSAT's Contribution to
SAMHSA's Strategic Plan



Budget Overview



CSAT and the Opioid Crisis

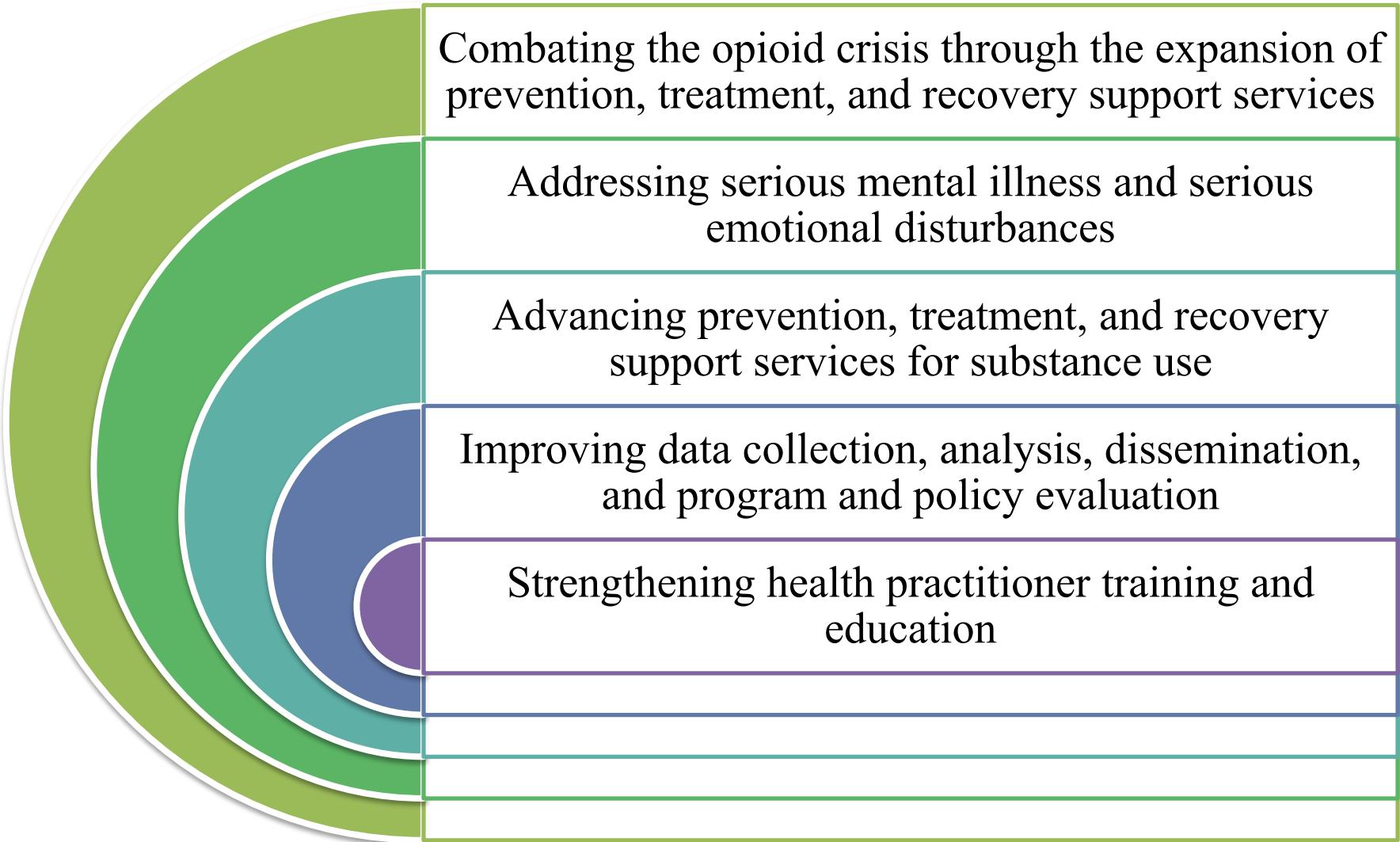


CSAT and the Pandemic



CSAT Looking Forward

SAMHSA Priorities



SAMHSA's Core Principles

Supporting	Supporting the adoption of EBPs
Increasing	Increasing access to full continuum of services for M/SUDs
Engaging	Engaging in outreach to clinicians, grantees, patients, and the American public
Collecting, analyzing, and disseminating	Collecting, analyzing, and disseminating data to inform policies, programs, and practices
Recognizing	Recognizing that the availability of mental health and SUD services are integral to everyone's health

Priorities and Goals Related to SUD



Funding



Policy/Regulation



Workforce

CSAT Mission

The mission of CSAT is to promote community-based substance abuse treatment and recovery services for individuals and families in every community. CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.

CSAT:

- Works to close the gap between available treatment capacity and demand
- Supports the adaptation and adoption of evidence-based and best practices by community-based treatment programs and services
- Improves and strengthens substance abuse treatment organizations and systems

CSAT's work supports:

- States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program
- SAMHSA's free treatment referral service that connects people with substance abuse services in their community

CSAT's Contribution to SAMHSA's Strategic Plan

Priority 1: Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services

- **CSAT Opioid Grant Programs:**
 - State Opioid Response (SOR)
 - Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)
 - Provider Clinical Support System – Universities
 - Provider Clinical Support System
- **Opioid Treatment Programs**
- **Regulatory Oversight**
- **Administration of the DATA waiver**
- **Substance Abuse Prevention and Treatment Block Grant (SABG)**

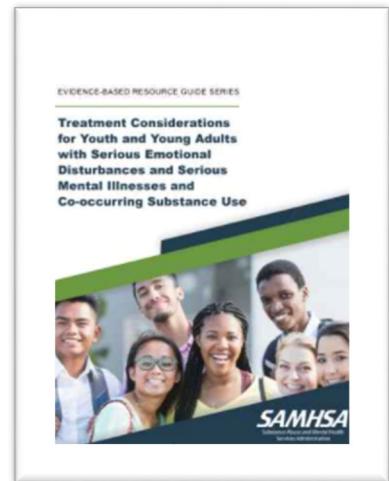
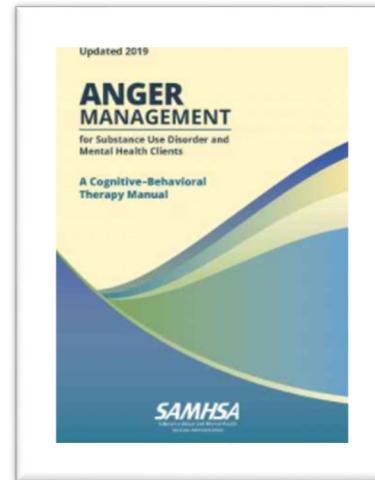
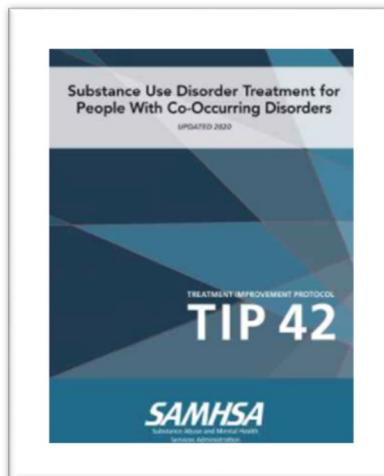
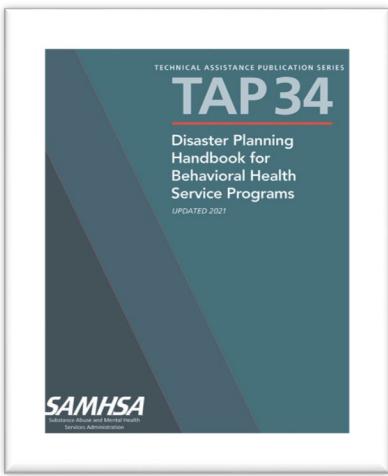
CSAT's Contribution to SAMHSA's Strategic Plan

Priority 3: Advancing Prevention, Treatment, and Recovery Support Services for Substance Use

CSAT Grant Programmatic Areas:

- Substance Abuse Prevention and Treatment Block Grant (SABG)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Pregnant and Postpartum Women (PPW)
- Children and Families
- Criminal Justice Programs
- Minority Aids Initiative (MAI)
- Treatment Systems for the Homeless
- Recovery Oriented Grants, Peer Support and Related Activities

Treatment Improvement Protocol (TIP) series, Technical Assistance Publications (TAPs), manuals, and other resources



CSAT draws on the experience and knowledge of clinical, research, and administrative experts to develops a wide array of products, including the Treatment Improvement Protocol (TIP) series, Technical Assistance Publications (TAPs), manuals, and other resources.

<https://www.samhsa.gov/kap/resources>

<https://store.samhsa.gov/>

Recent Publications



- TAP 34: Disaster Planning Handbook for Behavioral Health Service Programs, March 2021
- Treatment for Youth and Young Adults with Mood Disorders and other Serious Emotional Disturbances and Co-occurring Substance Use, February 2021
- Use of Medication-Assisted Treatment in Emergency Departments; January 2021

FY 2021 SAMHSA Enacted Budget

SAMHSA Program Level	Funding
Mental Health	\$1,792,000,000
Substance Abuse Prevention	\$208,000,000
Substance Abuse Treatment	\$3,855,000,000
Health Surveillance and Program Support	\$162,000,000
TOTAL, SAMHSA Program Level	\$6,017,000,000

COVID-19 Funding

[Home](#) » [Newsroom](#) » [Press Announcements](#)

With Pandemic Worsening the Mental Illness and Addiction Crisis, Biden Administration to Provide Nearly \$2.5 Billion to States, Territories for Treatment, Prevention Aid

Thursday, March 11, 2021

Substance Abuse and Mental Health Services Administration (SAMHSA) Funding to Support Comprehensive Community Prevention, Treatment, Recovery and Health Services

The Biden Administration will provide nearly \$2.5 billion in funding to states and territories to address the mental illness and addiction crisis, which has worsened during the COVID-19 pandemic.

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), will direct \$1.65 billion in Substance Abuse Prevention and Treatment Block Grant funding and \$825 million in Community Mental Health Services Block Grant funding to states and territories.

The Community Mental Health Services Block Grant program allows states and territories to provide comprehensive community mental health services and address needs and gaps in existing treatment services for those with severe mental health conditions.

The Substance Abuse Prevention and Treatment Block Grant program allows states and territories to plan, implement and evaluate activities to prevent and treat substance use disorder. This funding will also allow recipients to maximize efficiency in existing treatment and recovery infrastructure, promote support for providers and address unique local needs to deliver substance use disorder prevention.

"We know multiple stressors during the pandemic — isolation, sickness, grief, job loss, food instability and loss of routines — have devastated many Americans and presented unprecedented challenges for behavioral health providers across the nation," said Acting Assistant Secretary for Mental Health and Substance Use Tom Coderre. "During this time of increased urgency, we want to assure them that funding is in place to help states and territories provide pathways to prevention, intervention, treatment and recovery services, especially for underserved populations."

Recently, the U.S. Centers for Disease Control and Prevention released data confirming a rise in fatal overdoses during the pandemic, and this year's increases in calls to helplines across the country are indicative of growing anxiety, depression and trauma in Americans. The COVID-19 pandemic and the corresponding economic crisis have been especially devastating for Black and Latino communities, who are experiencing a disproportionate number of COVID-19 infections and deaths as well as higher-than-average unemployment rates.

"SAMHSA resources connect Americans to evidence-based treatment and services every day," said Coderre. "Focusing on both mental and substance use disorders — challenges that pre-date the COVID-19 pandemic but that

The Coronavirus Response and Relief Supplemental Appropriations Act, 2021 [P.L. 116-260] appropriated an additional

- **\$825 million** to states through the Community Mental Health Services Block Grant (MHBG) program
- **\$1.65 billion** to states through the Substance Abuse Prevention and Treatment Block Grant (SABG) program

to assist in response to the COVID-19 pandemic.

American Rescue Plan Act

HHS Announces \$3 Billion in American Rescue Plan Funding for SAMHSA Block Grants to Address Addiction, Mental Health Crisis

Tuesday, May 18, 2021

HHS Secretary Becerra forms new Behavioral Health Coordinating Council

The Substance Abuse and Mental Health Services Administration (SAMHSA) is distributing \$3 billion in American Rescue Plan funding — the largest aggregate amount of funding to date for its mental health and substance abuse block grant programs.

The Community Mental Health Services Block Grant (MHBG) Program and the Substance Abuse and Treatment Block Grant Program (SABG) will disperse \$1.5 billion each, with the SABG program awarding money to a tribe. This follows the March announcement of supplemental funding for these programs. SAMHSA, an operating division of the U.S. Department of Health and Human Services, has provided federal funding to grantees to help communities grappling with mental health and substance use needs during the COVID-19 pandemic.

The COVID-19 pandemic and the corresponding economic crisis have been especially devastating for Black, American Indian, Alaska Native and Hispanic communities, who are experiencing a disproportionate number of COVID-19 infections and deaths as well as higher-than-average unemployment rates. Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations have experienced increased stigma and hate due to COVID-19 anti-Asian rhetoric, which is impacting the behavioral health of AANHPI communities.

The Centers for Disease Control and Prevention (CDC) preliminary data points to 90,000 overdose deaths for the 12 months ending last September – about 20,000 more than the same period the year before. CDC data also shows that American adults in June 2020 reported elevated levels of adverse mental health conditions, substance use, and suicidal ideation. The prevalence of symptoms of anxiety was approximately three times those reported in the second quarter of 2019, and prevalence of depression was approximately four times that reported in the second quarter of 2019.

Last week, the Centers for Medicare & Medicaid Services (CMS) released data highlighting health services received by millions of Medicaid and Children Health Insurance Program beneficiaries during the COVID-19 Public Health Emergency. Despite an overall rebound for most of these services, mental health utilization remains below pre-pandemic levels.

With the nation's mental and substance use disorder needs squarely in focus, HHS Secretary Xavier Becerra is establishing a new Behavioral Health Coordinating Council (BHCC). The Assistant Secretary for Mental Health and

The American Rescue Plan Act of 2021 (H.R. 1319) into law appropriated an additional

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- **\$1.5 billion** to states through the Substance Abuse Prevention and Treatment Block Grant (SABG) program

this follows the March announcement of supplemental funding of nearly \$2.5 billion for these programs to help communities grappling with mental health and substance use needs during the COVID-19 pandemic.

The Opioid Crisis

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630

people died from drug overdose in 2019²



1.6 million

people had an opioid use disorder in the past year¹



745,000

people used heroin in the past year¹



1.6 million

people misused prescription pain relievers for the first time¹



48,006

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³



10.1 million

people misused prescription opioids in the past year¹



2 million

people used methamphetamine in the past year¹



50,000

people used heroin for the first time¹



14,480

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

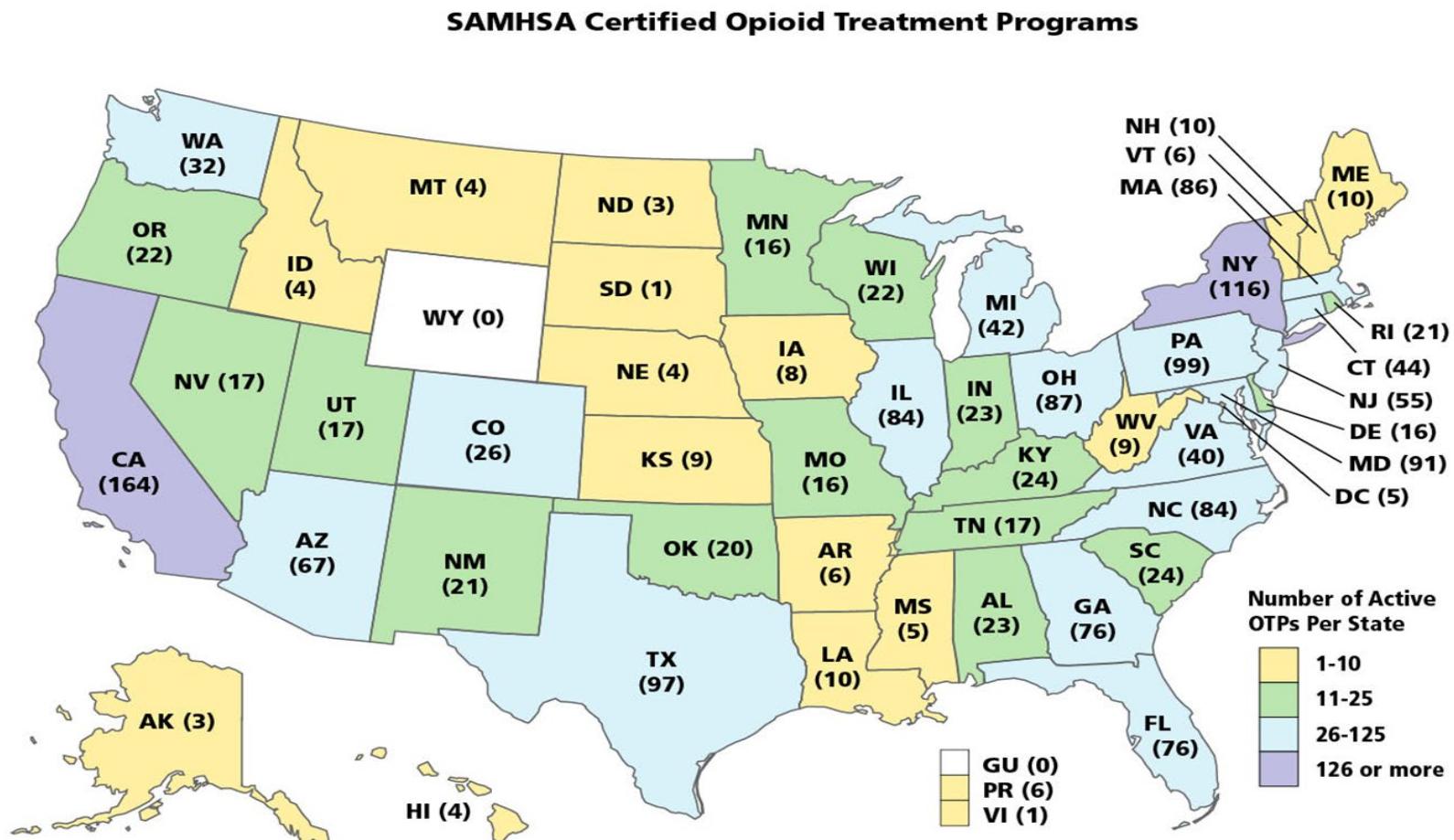


The Impact of COVID-19 on SUD

- Overdose death numbers have risen dramatically, reaching a predicted high of more than 91,800 deaths in 12 months leading up to October 2020.
- 41% of 5,412 respondents who completed CDC's survey reported symptoms of at least one adverse behavioral health condition, including about 26% of respondents who reported trauma- and stressor-related disorder symptoms related to COVID-19.
- 5,700 mental health provider shortage areas, with more than one-third of Americans (119 million people) living in these shortage areas.



Opioid Treatment Programs (OTP)



Source: SAMHSA, CSAT, OTP Database. March 2021

Waivered Prescribers

Practitioner and Program Data

Total: 100222

275 Patient
Certified

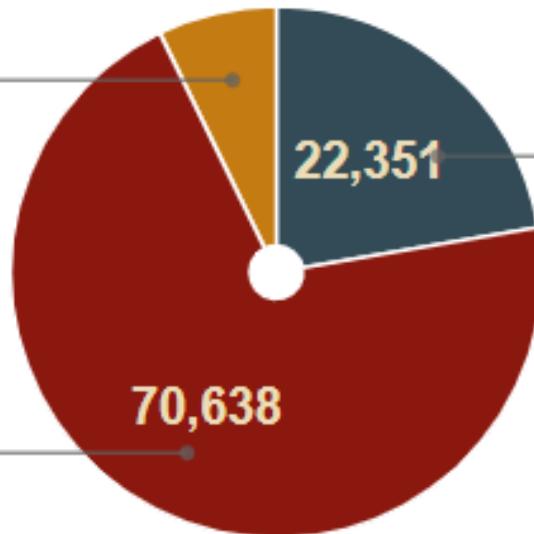
7.2%

100 Patient
Certified

22.3%

30 Patient Certified

70.5%



Source: <https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/DATA-program-data>
As of 5/20/2021

OTP Support during COVID-19

During the COVID-19 pandemic, support included:

- Weekly meetings held by OAS with the SOTAs, with the DEA for real-time guidance in the first phase of the pandemic.
- Blanket exemptions for all stable patients to receive 28 days of take-home and up to 14 days of Take-Home medication for patients less stable but who the OTP believes can safely handle this level of Take-Home medication (as of 3/16/2020)
- Developed FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency (April 21, 2020)
- In consultation with the DEA, flexibilities for telemedicine and utilizing mid-level practitioners in OTPs were established.
- OTP Guidance for Patients Quarantined at Home with the Coronavirus (3/30/2020) – allowing significant other to pick up or “doorstep” delivery.

Training and Technical Assistance Related to COVID-19

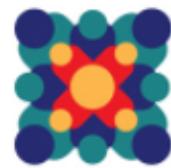
The screenshot shows the SAMHSA website's Newsroom page for COVID-19. The header includes the U.S. Department of Health & Human Services logo, the SAMHSA logo, and navigation links for Home, Site Map, Contact Us, and a search bar. The main content area features a large image of a coronavirus cell with the text "Coronavirus (COVID-19)". Below it is a section titled "Coronavirus (COVID-19)" with a sub-section "SAMHSA Resources and Information". This section includes links to "Training and Technical Assistance Related to COVID-19" (PDF | 532 KB), "Disaster Distress Helpline", and "Tips for Managing Stress During the COVID-19 Pandemic". To the left is a sidebar with links for Newsroom, Coronavirus (COVID-19), COVID-19 Information for SAMHSA Discretionary Grant Recipients, Media Guidelines for Bullying Prevention, Press Announcements, Statements, Speeches and Presentations, and Logo Use Guidelines. The right sidebar contains links to "Download SAMHSA Resources" such as "Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak", "TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs", "Infectious Disease Outbreaks - Caregivers, Parents and Teachers", and "Tips for Managing Stress During the COVID-19 Pandemic".

- Addiction Technology Transfer Center (ATTC) Network COVID-19 Response Resources
- Center of Excellence for Protected Health Information – Focus-PHI
- Opioid Response Network (ORN) Resources

Looking forward

- Continued focus on CSAT priorities: Opioids, Access to Treatment, Expansion, Recovery Support and T/TA
- Continue to examine data and expand resources where possible, e.g., stimulants, overdose deaths, maximize the impact of CSAT investments across the country
- Increase number of behavioral health providers in all allied fields and dissemination of workforce needs report

A New and Exciting SAMHSA DEI Initiative



African American Behavioral Health
CENTER OF EXCELLENCE

African American Behavioral Health Center of Excellence

Responding to the urgent need for greater
equity and effectiveness in behavioral health
services for African Americans...

- COVID-19 has had negative behavioral health impact on the general population and disproportionately has impacted more vulnerable populations
- Baseline access challenges have worsened with the pandemic despite efforts to relax regulatory restrictions
- SAMHSA has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE)
- Developing T/TA and resources to help healthcare practitioners eliminate behavioral health disparities within this large and diverse population.
- Will mobilize the scholarship and expertise of many distinguished voices in African American behavioral health and health equity

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Oregon SUD Initiatives – Expansion and Development in Rural and Frontier Oregon

NASADAD Annual Meeting – June 7th, 2021

John W. McIlveen, Ph.D.

Oregon State Opioid Treatment Authority

Gregory Bledsoe

Oregon State Women's Services Coordinator



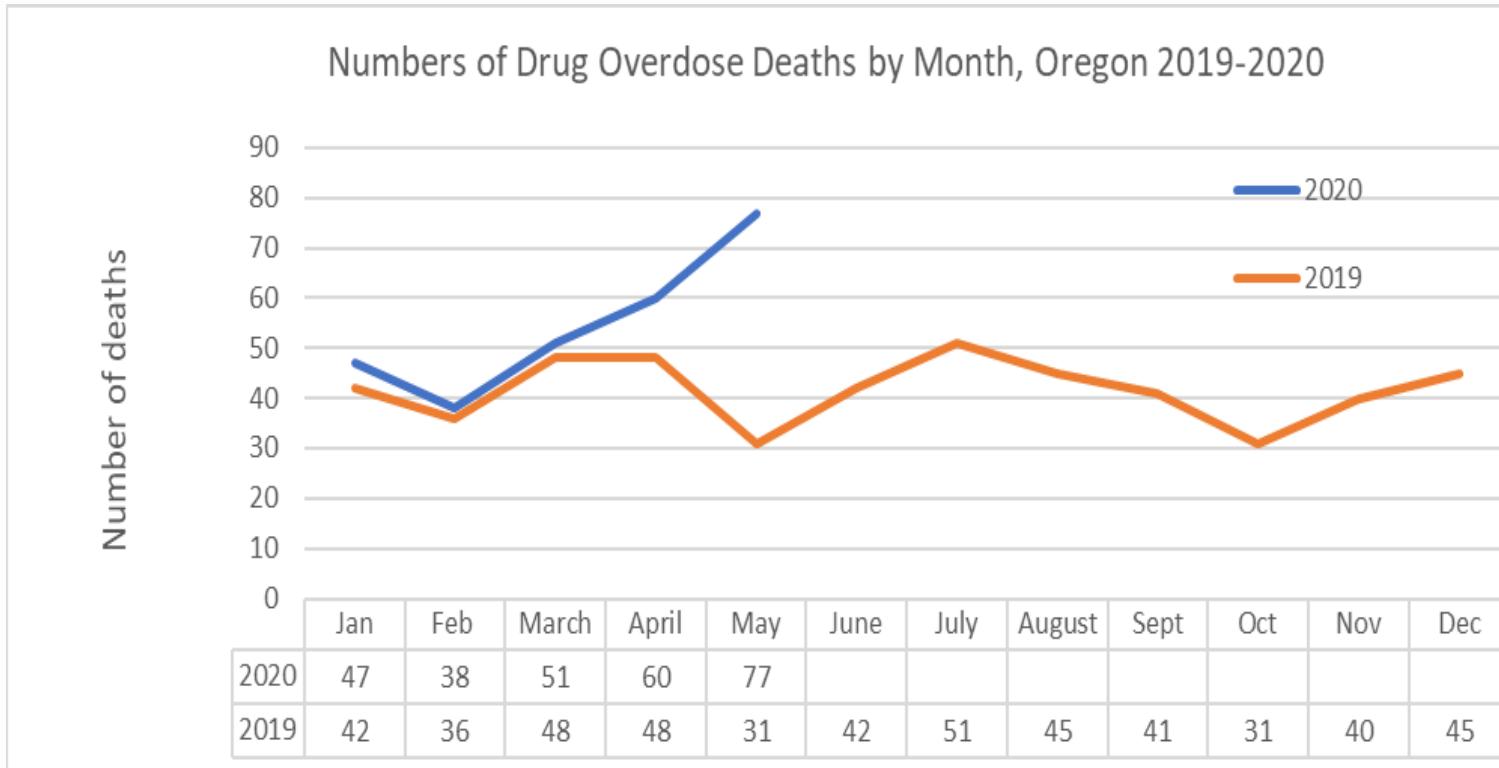
Drug Use in Oregon: Overview

- Approximately 21% of Oregonians 12 and older reported illicit drug usage in the past month, significantly higher than the national average of 11.2%
- Rate of individuals entering SUD treatment in Oregon with OUD reached 39% in 2019 – this rate doubled over the last 4 years
- Opioid related hospitalizations continue to rise dramatically in Oregon (3x since 2000), and, despite a reduction in opioid prescribing and overall overdose deaths related to prescription opioids, deaths related to drugs and drug use remain high in Oregon, increasing from 13.8 per 100K in 2007 to 14.2 per 100K in 2017
- Rapid increase of overdose death rates during COVID – 19 pandemic

Ongoing Challenges

- Despite large increases in DATA 2000 waivers, waivered providers in Oregon only prescribe MAT about 50% of the time (2019)
- Better integration of MAT needed in existing SUD settings/more integration into primary care
- Stigma/bias towards MAT/OUD patients in existing systems of care
- Better data to measure need/prevalence and target areas of need statewide
- Large geographical disparities in access to care
- More coordination between payers/providers to develop sustainable, effective continuum of care

Acute Challenges



Acute Challenges

- Rising Overdose Rates and Fentanyl
- 8% increase in the number of overdose deaths during the first quarter of 2020 when compared to the same time period in 2019
- 70% increase in the number of overdose deaths during April and May 2020 when compared to April and May 2019
- Changing profile of overdose fatalities
- Age (younger)
- Little to no recent contact with SUD or BH systems
- Low percentages of people were administered naloxone

Substance Use Disorders: Policy Developments

- Changes in administrative rules requiring certified and licensed SUD providers to provide MAT access for clients and potential clients
- Legislation - 2019 HB 2257/2018 HB 4143, and the pending
- “CCO 2.0”
- System modernization and achieving better access for individuals suffering from addictive disorders in Oregon.

Substance Use Disorders: Successes and Service Expansion

- Investments in training and education around addiction medicine and increasing numbers of DATA waivered professionals – appx. 300% increase 2016-2020
- Expansion of OTP system into rural and frontier Oregon
- Integrating MAT into “traditional” SUD treatment settings, with a focus on rural and frontier communities
- Naloxone Clearinghouse and Save Lives Oregon – resources and education around harm reduction
- Role of Measure 110 – more rapid access to the continuum of care

Addressing Stimulant Use in Oregon: Contingency Management (CM)

- SAMHSA State Opioid Response (SOR) 2 grant allowed to address stimulants AND opioids
- CM – Based around “operant conditioning”; using reward/reinforcement to encourage and enhance behavioral changes
- 1 pilot site @ new OTP for 1st year to address Stimulant Use Disorder
 - Very high rates of co-occurring methamphetamine/opioid use in the population
 - “Comparison group” will be utilized to contrast similar populations at a nearby clinic in SW Oregon
- 2-3 additional sites in 2nd year
- Working with the North West Addiction Technology Transfer Center (ATTC) for training, implementation, & evaluation support
- Free training series

<https://healtheknowledge.org/course/index.php?categoryid=52#NW-ATTC-CM>

Oregon SUD Projects: Workforce Development

- SAMHSA State Opioid Response Grant: Year 2 Funding
- Opportunity for rural and frontier Oregonians to obtain the educational hours required by the Mental Health and Addiction Counseling Board of Oregon (MHACBO) to become a Certified Alcohol and Drug Counselor Level I (CADC I)
- Paid tuition for 40 individuals, 20 spots will be reserved for individuals from diverse and marginalized populations, as well as communities most impacted by historical and intergenerational trauma



Questions



A close-up photograph of two hands clasped together in a heart shape against a warm-toned background.

Nurture Oregon

Background

Project Nurture Pilot Project started in 2015

- ▶ 3-site pilot in Multnomah County
- ▶ Innovative care model integrating maternity care, substance use treatment, and social service coordination
- ▶ Provided pregnant people with access to peer support specialists, clinical care, and links to social services

Nurture Oregon

2020-2022 Expansion Pilot

OHA Health Systems Division Behavioral Health Services is building on and expanding the original pilot.

- ▶ 6 sites/counties across Oregon
- ▶ Legislative mandate to focus on rural areas and sites serving BIPOC families
- ▶ New components:
 - ▶ Cross-site learning collaborative and support
 - ▶ Mental health counseling to address trauma
 - ▶ Opportunity for recovery peers to receive doula certification
 - ▶ State-level Child Welfare collaboration

Who is involved?

Implementation

- ▶ Oregon Health Authority – Health Systems Division
- ▶ Comagine Health

Evaluation

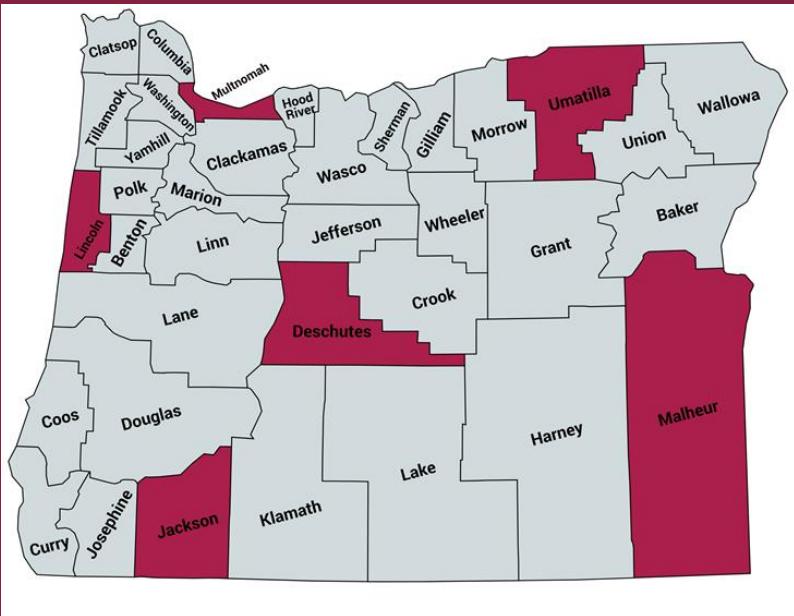
- ▶ Oregon Health & Sciences University

Partner Agency

- ▶ Child Welfare – Oregon Department of Human Services

Sites

Counties/Sites



- ▶ **Deschutes:** BestCare Treatment Center
- ▶ **Jackson:** Oasis Center of the Rogue Valley
- ▶ **Lincoln:** Reconnections Counseling
- ▶ **Malheur:** Malheur County Health Department
- ▶ **Multnomah:** Holistic Healing Behavioral Health
- ▶ **Umatilla:** Oregon Washington Health Network

Comagine & OHSU Roles

OHA & Comagine: Implementation

- ▶ Individual and cross-site meetings
- ▶ Learning Collaborative
- ▶ Advisory Committee / Expert Group
- ▶ Program implementation materials; promotional templates; educational materials
- ▶ Monitoring and reporting

OHSU: Evaluation

- ▶ Phase 1 (current): qualitative interviews and data collection
 - ▶ Gain a deep understanding of the Model
 - ▶ Explore experiences with implementation
 - ▶ Identify strategies and supports necessary for sustainability
- ▶ Phase 2: NIH proposal
 - ▶ Connecting administrative data

ODHS Child Welfare: Partner Agency

- ▶ Goal: partner in effort to *eliminate* Child Welfare involvement and create predictable Child Welfare response for families
- ▶ Steps: Develop plans of care template and process for use of plans (tools for sites/hospitals/caseworkers and patients). Pilot with Nurture Oregon sites.



Nurture Oregon Core Elements

- ▶ Team based model of care
 - ▶ Clinicians who can provide prenatal and postpartum care
 - ▶ Substance use disorder treatment, including access to medications
 - ▶ Peer recovery support
 - ▶ Pediatric care for infant
 - ▶ Case management team
 - ▶ Mental health counseling
 - ▶ Facilitated support groups
 - ▶ Optional elements
 - ▶ Doula or midwife
 - ▶ Home visiting nurse
 - ▶ Other local components

Core Elements Continued

- ▶ Connected resources
 - ▶ Transparent relationship with local DHS Child Welfare
 - ▶ Coordination with hospitals for maternity stay
 - ▶ Supported access to social services
- ▶ Other implementation elements
 - ▶ Community outreach and development of referral pathways to engage pregnant people who are not connected to the program
 - ▶ Participation in peer learning collaborative and site meetings
- ▶ Completion of data collection and reporting
- ▶ Sustainability planning



Thank you!

Red Lake Band of Chippewa Indians Indian & Free Prevention and Treatment Program

“7 Grandfather Teachings”

Reyna Lussier, ADC I
Project Director

Salena Beasley, ADC 1
Administrative Officer



Red Lake Band of Chippewa Indians

The tribal government has full sovereignty over the reservation, subject only to the federal government.

Red Lake, because of its unique status is often referred to as a "closed" reservation. The land is held in common, and few non-members live at Red Lake. The Tribe has the right to limit who can visit or live on the reservation.

The Red Lake Nation is exempt from Public Law 280, consequently the state courts or government have no jurisdiction at Red Lake. Laws are made by the Tribal Council and enforced by the Tribal Council and Federal Courts.



Photo: Wikipedia

Indian & Free Prevention And Treatment Program

The Indian & Free Drug Prevention/Treatment Program strengthens all efforts to provide alternatives for the youth and adults on the Red Lake Reservation to promote social and behavioral skills needed to live a chemical free lifestyle.

Most importantly, to promote a healthy lifestyle to all four communities:

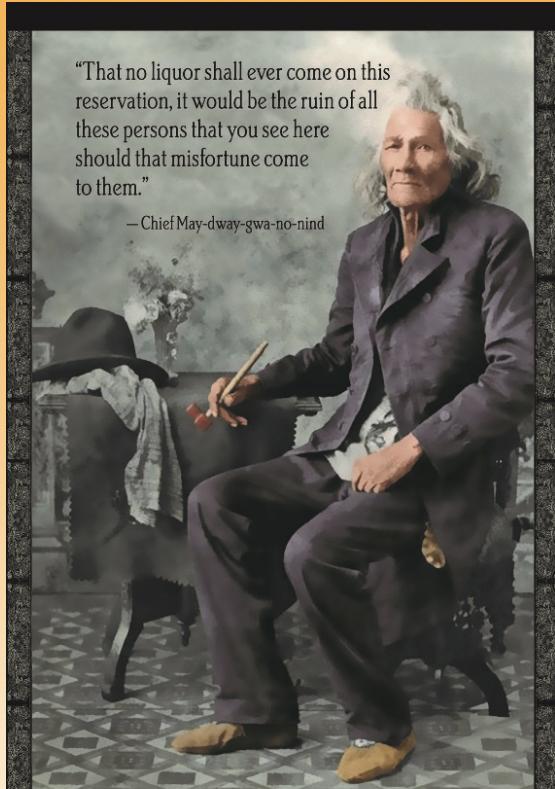
- Ponemah
- Little Rock
- Redby
- Red Lake



Our unique aspect with the Indian & Free Drug Prevention/Treatment Program is that it is the only Federal Block Grant Awarded to an Indian Reservation.

Chief May-Dway-Gwa-No-Nind

‘He that is Spoken to’



“That no liquor shall ever come on this reservation, it would be the ruin of all these persons that you see here should that misfortune come to them.”

— Chief May-dway-gwa-no-nind

The Agreement of 1889

*“Honor the past . . .
protect the future”*



CHEMICAL HEALTH PROGRAMS

Due to Red Lake reservations status as a “Closed Reservation”, Chief May-Dway-Gwa-No-Nind stated that no liquor shall ever come on this reservation saying, “It would be the ruin of all these persons that you see here should that misfortune come to them”

- Agreement of 1889

Source: https://www.epa.gov/sites/production/files/2021-03/documents/attachment_f - 1889_agreement.pdf

Seven Grandfather Teachings



HONESTY

Better to fail with honesty than succeed by fraud.



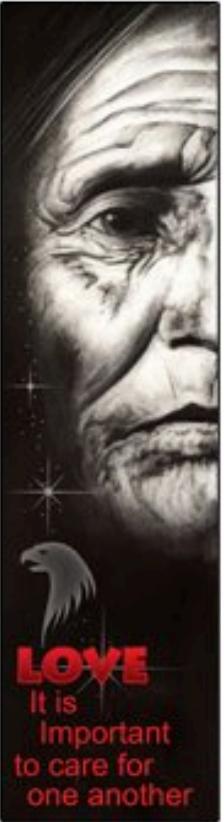
TRUTH

It is always easiest to speak the truth.



HUMILITY

To be humble about your accomplishment is to be strong.



LOVE

It is important to care for one another.



WISDOM

With hard work and dedication will come knowledge.



COURAGE

Let nothing stand in the way of doing the right thing.



RESPECT

Give it, earn it, receive it.



Honesty

- Better to fail with honesty than succeed by fraud.

Admitting that you are powerless to alcohol/drugs and that our lives have become unmanageable.

Truth

- It is always easiest to speak the truth.

Relatives must learn how to be truthful with themselves on their recovery journey.



Humility

- To be humble about your accomplishment is to be strong.

Accepting help and feedback from peers. Setting healthy boundaries to maintain recovery.

Love

- It is important to care for one another

Repair and maintain healthy relationships

Wisdom

- With hard work and dedication will come knowledge.

Utilizing the skills that are provided during the treatment episode to maintain recovery.

Courage

- Let nothing stand in the way of doing the right thing.

Courage to create new sober friendships and leave the active using circle.



Respect

- Give it, earn it, receive it.

Respecting each relative's recovery pathway.

7 Teachings YouTube Video

- https://www.youtube.com/watch?v=ZGhIBXrf_Os



Thomas Barrett, aka Thomas X
Red Lake Band of Chippewa Indians

Contact Information



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