


Developing a Tribal Action Plan

Promoting Holistic Healing


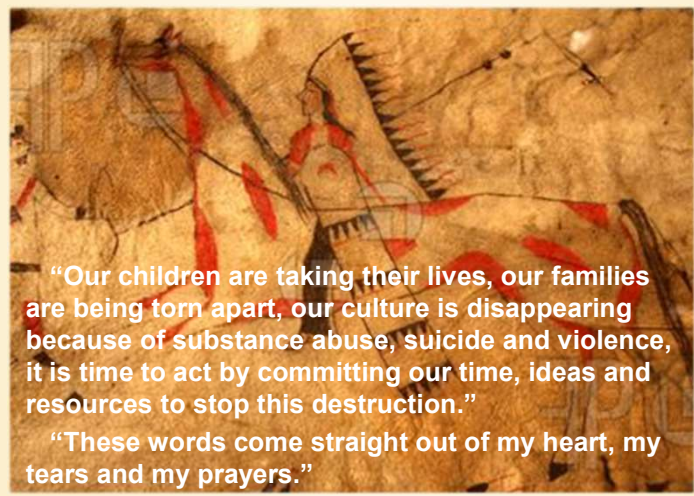
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Why we are Here Today?

“Our children are taking their lives, our families are being torn apart, our culture is disappearing because of substance abuse, suicide and violence, it is time to act by committing our time, ideas and resources to stop this destruction.”

“These words come straight out of my heart, my tears and my prayers.”

-TASA Focus Group, with collaboration of Northern Cheyenne elders



Sexual Violence and Stalking



Lifetime Prevalence of Sexual Violence, Stalking Victimization, and Intimate Partner Violence AI/AN vs. Non-Hispanic White Adults Age 18+ – NISVS, 2011 ^{a,b}						
	Women			Men		
	%	95% CI	Estimated N	%	95% CI	Estimated N
White Non-Hispanic						
Rape	20.5	18.8-22.3	16,475,000	1.6	1.2-2.2	1,232,000
Other Sexual Violence	46.9	44.9-48.9	37,661,000	22.2	20.5-24.1	16,846,000
Stalking	15.9	14.4-17.5	12,749,000	4.7	3.9-5.8	3,581,000
IPV: Rape	9.6	8.4-10.9	7,730,000	--	--	--
IPV: Other Sexual Violence	17.1	15.6-18.7	13,710,000	7.6	6.5-8.9	5,777,000
IPV: Physical Violence	30.5	28.6-32.4	24,469,000	26.6	24.8-28.6	20,190,000
IPV: Stalking	9.9	8.6-11.3	7,935,000	1.7	1.3-2.3	1,279,000
IPV: Psychological Aggression	47.2	45.2-49.2	37,888,000	44.8	42.7-46.9	33,959,000
American Indian/Alaska Native						
Rape	27.5	16.1-42.7	--	--	--	--
Other Sexual Violence	55.0	41.5-67.9	452,000	24.5	13.5-40.3	--
Stalking	24.5	14.2-38.8	--	--	--	--
IPV: Rape	--	--	--	--	--	--
IPV: Other Sexual Violence	--	--	--	--	--	--
IPV: Physical Violence	51.7	38.1-65.0	424,000	43.0	27.4-60.1	335,000
IPV: Stalking	--	--	--	--	--	--
IPV: Psychological Aggression	63.8	50.4-75.3	523,000	47.2	31.1-64.0	368,000

Estimates from Breiding, M. J. (2014). National Intimate Partner and Sexual Violence Survey, United States, 2011.



Substance Misuse



Substance Misuse—American Indians and Alaska Natives				
National Survey on Drug Use and Health (NSDUH) 2013	age	AI-AN	Nat'l	Comparison
Alcohol				
alcohol use (current)	12+	37.3	52.2	↓
binge alcohol use	12+	23.5	22.9	↑
heavy alcohol use	12+	5.8	6.3	↓
Tobacco				
tobacco use (current)	12+	40.1	25.5	↑
cigarette use (current)	12+	36.5	21.3	↑
cigar use (current)	12+	6.1	4.7	↑
smokeless tobacco (current)	12+	5.3	3.4	↑
Illicits/Substance Abuse/SUD				
illicit drug use (current)	12+	12.3	9.4	↑
substance abuse or dependence	12+	14.9	6.6	↑
Non-medical Use of Rx Pain Relievers				
past year	12+	9.9	5.8	↑



Mental Health

Mental Health—American Indians and Alaska Natives				
National Survey on Drug Use and Health 2013	age	AI-AN	Nat'l	Comparison
Mental health				
Any Mental Illness/AMI (past year)	18+	26.0	18.5	↑
Serious Mental Illness/SMI (past year)	18+	5.8	4.2	↑
Major Depressive Episode/MDE (past year)	18+	8.9	6.7	↑
Mental health service utilization (past year)	18+	15.7	14.6	↑
Suicidal thoughts	18+	4.8	3.9	↑
Comorbidity				
Co-occurring AMI-SUD	18+	7.4	3.2	↑
Co-occurring SMI-SUD	18+	1.1	1.0	↑



2015 NSDUH Data

- AI/ANs 18 and older experienced higher rates of past year **mental illness** in 2015 compared with the general population (21.2 % vs 17.9%)
- AI/ANs 12 years and older had higher levels of past year **illicit substance** use than the general population (22.9 % vs 17.9%).
- AI/ANs 12 or older were more likely than the general population to have used **meth** in the past year (2.7% vs. 0.6%).
- AI/ANs 12 or older were more likely than the general population to have an **alcohol use disorder** in the past year (9.7% vs. 5.9%).



More Effective Together



- December 6: HHS released the first-of-its kind **National Tribal Behavioral Health Agenda**
 - Driven by tribal leaders and tribal input
 - Five foundational elements: (1) Healing from historical and intergenerational trauma; (2) using a socio-ecological approach; (3) increasing prevention and recovery supports; (4) improving behavioral health systems and services; (5) raising awareness and visibility
 - Cultural Wisdom Declaration: recognizes and supports tribal wisdom and traditional practices



More Effective Together



- December 6: HHS Secretary Burwell, DOI Secretary Jewell, and Attorney General Lynch signed a **new Memorandum of Agreement (MOA)** which replaces and supersedes two MOAs:
 - Indian Alcohol and Substance Abuse MOA pursuant to TLOA (HHS, DOI, and DOJ)
 - Indian Alcohol and Substance Abuse MOA pursuant to the Indian Health Care Improvement Act (IHS, BIA, and BIE)



Department of Health and Human Services

Substance Abuse and Mental Health Services Administration



- Tribal Behavioral Health Grant Program
 - \$30 M in FY 2016: 70 new grant awards—average \$200,000 per year
 - Purpose: prevent and reduce suicide and substance use, and promote mental health among Native young people
- Increased tribal eligibility across discretionary grant programs
- Areas for greater tribal engagement
 - Homelessness, Drug-Free Communities, Adult Treatment Drug Courts and Adult Healing to Wellness Courts, National Child Traumatic Stress, System of Care, Youth Treatment



FY 17 Grants System Transition



- SAMHSA has transitioned to NIH's electronic Research Administration (eRA) grants system
- Changes made to application registration, submission, and formatting requirements
- Applicants must register with NIH's eRA Commons in order to submit an application
- Applicants also must register with the System for Award Management (SAM) and Grants.gov
- Applicants should start registration process 6 weeks in advance of application due date



FY 17 Posted Grant Announcements

Grant Program	Tribes & Tribal Orgs Eligible?	Application Due Date
System of Care (SOC) Expansion and Sustainability Cooperative Agreements <ul style="list-style-type: none"> Funding Available: \$15,045,000 Number of Award/Years: 5-15 (4 years) 	Yes	1/3/17
Circles of Care VII <ul style="list-style-type: none"> Funding Available: \$4,600,000 Number of Awards/Years: 11 (3 years) 	Yes (also TCUs and urban programs)	12/20/16
Youth Treatment - Implementation <ul style="list-style-type: none"> Funding Available: \$9,600,000 Number of Awards/Years: 12 (up to 4 years) 	Yes	12/20/16
Addiction Technology Transfer Centers <ul style="list-style-type: none"> Funding Available: \$8.92 million Number of Awards/Years: 11 (up to 5 years) 	Yes	2/9/17



Today's Discussion



Organizing the Complexities



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- **Tribal Law and Order Act (TLOA)**: Goals, Federal Partners, Responsibilities, Roles, Coordination Structure
- **Tribal Action Plans**: Definition and Purpose, Minimum Requirement, Tribal Coordinating Committee, Guidelines, Actions
- **TAP Example and Resources**: Northwest Tribal Substance Abuse Action Plan



About TLOA



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- TLOA signed into law on July 29, 2010
- Reauthorizes and amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986



TLOA: IASA Provisions

- Emphasize respect for tribal sovereignty
- Support tribes to achieve their goals in prevention, intervention, and treatment of alcohol and substance misuse
- Acknowledge need to align, leverage, and coordinate federal efforts and resources



TLOA: IASA Goals

- Determine **scope** of AI/AN alcohol and substance abuse problem
- Identify resources and programs relevant to a **coordinated effort**
- Coordinate **existing agency programs** with those under the Act
- Continued respect for tribal **sovereignty** embedded in all TLOA activities



TLOA: IASA Federal Partners



Shared roles:

- HHS: Prevent substance abuse and promote behavioral health (SAMHSA); support treatment and rehabilitation (IHS)
- DOI: Provide for education, social services, law enforcement
- DOJ: Public safety and law enforcement



TLOA: IASA Responsibilities



- | | |
|---|--|
| <ul style="list-style-type: none"> • Scope of the problem
<i>HHS, IHS, DOJ</i> • Identification of programs
<i>HHS, IHS, DOJ</i> • Minimum program standards
<i>HHS, IHS, DOJ</i> • Assessment of resources
<i>HHS, IHS, DOJ</i> • TAP development
<i>IHS, BIA, OJP</i> • Newsletter
<i>DOI</i> | <ul style="list-style-type: none"> • Law enforcement and judicial training
<i>BIA, DOJ</i> • Emergency medical assistance, <i>BIA</i> • Emergency shelters, <i>BIA</i> • Child abuse/neglect, <i>BIA</i> • Juvenile detention centers
<i>HHS, DOI, DOJ</i> • Model juvenile code
<i>DOI, DOJ</i> |
|---|--|



TLOA: IASA Structure



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- Executive Steering Committee
- Interdepartmental Coordinating Committee
- Workgroups
 - Communications
 - Inventory/Resources
 - Minimum Program Standards
 - Native Youth Educational Resources
 - Data
 - Memorandum of Agreement
 - Tribal Action Plan
 - Public Health & Safety



IASA Tribal Action Plan (TAP) Workgroup



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- Establish operating framework of the TAP
- Develop inventory of proven strategies for developing TAPs
- Manage coordination of tribal requests for assistance in developing a TAP
- Coordinate tribal assistance and support
- Collaborate in developing responses to tribes seeking assistance



TAPs Defined



- “Living” strategy developed by a tribe that is localized and specific to their community
- Map for how community will come together to improve overall quality of health and wellness (includes big picture and specifics)
- Involves members of the community, organizations, spiritual leaders, service providers, educators, Tribal Council members, and others



Why Does a Tribe Need a TAP?



- Proactive opportunity to address alcohol and substance abuse
- Identify strengths and resources
- Assess prevention and treatment needs and identification of service gaps
- Coordinate resources and programs
- Engage community in identifying urgent and emerging issues
- Develop a comprehensive strategy



TAP Development



- A Tribally-driven process for addressing alcohol and substance abuse
- Requires periodic updates as the Tribe's operating framework
- Requires tribal resolution prior to development
- Supported with technical assistance by IASA Federal partners
- Supported by agreements between federal area representatives and tribes implementing TAPs



TAP Roles



- **TLOA Section 241:**
 - Governing body of any tribe may, at its discretion, adopt a resolution for establishing a TAP
 - Tribal Coordinating Committee should be established in developing the TAP
 - Federal partners are to cooperate with tribes in developing a TAP and enter into agreements to implement tribal TAPs



TAP #1: Initial Requirement



Obtain a Tribal Resolution



TAP #2: Minimum Requirement



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- Establish a Tribal Coordinating Committee (TCC)
 - Primary responsibility for developing, implementing, conducting reviews/evaluations, and making recommendations for the TAP
 - Comprised of a tribal representative (Chair), BIA, BIE, as appropriate IHS, and representatives of the community and service providers (behavioral health, law enforcement, judicial services, etc.)
 - Responsible for ongoing review and evaluation



TAP #3: Guidelines



- Individualized—no one approach works for all
- Consider methods that support prevention, intervention, treatment, rehabilitative, and aftercare activities
- Consider all programs (culturally based, community, peer, western resources)
- Modify or supplement education, family and social services, law enforcement, judicial services, victim services, and health services to further purpose of their TAP



TAP #4: Important TAP Actions



- Profile population needs
- Mobilize/build capacity to address needs
- Develop comprehensive strategic plan
- Implement infrastructure and evidence- and practice-based prevention and treatment programs
- Monitor, evaluate, sustain, and improve processes



EXAMPLE: NW Tribal Action Plan



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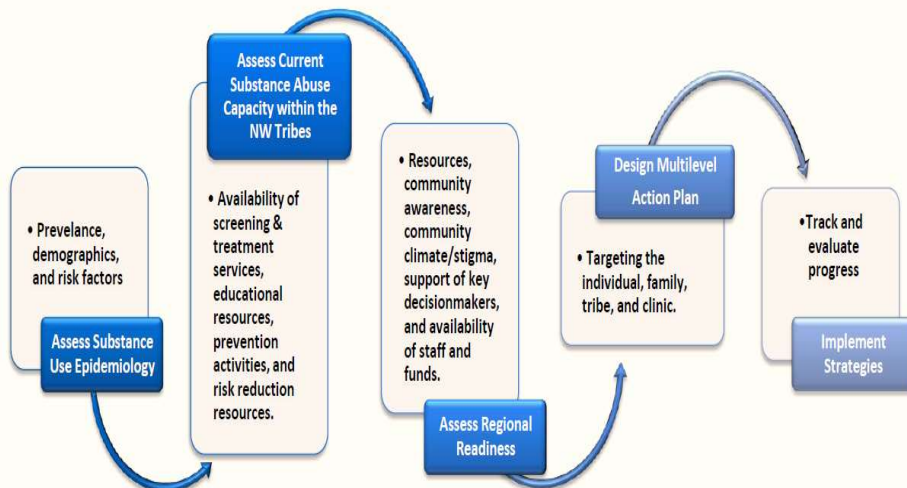
- 43 Tribes—Idaho, Oregon, Washington
 - Passed resolution to create a TAP
 - I/T/U clinics, health departments, behavioral health, youth prevention, rehabilitation, treatment, law enforcement, etc
 - Regional and national prevention and treatment partners
 - Collaborative planning process initiated by Northwest Portland Area Indian Health Board
 - Multi-phased planning process—used information on needed services and assessed capacity of region’s tribes to address substance abuse
 - Used Community Readiness Model—collaboratively designed strategies based on capacity and readiness



Process: NW Tribal Action Plan



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Goals: NW Tribal Action Plan



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- **Goal 1**: Increase capacity of Tribal health to prevent, screen, and treat substance abuse in culturally-appropriate ways
- **Goal 2**: Increase knowledge and awareness about substance abuse
- **Goal 3**: Improve tribal policies and procedures
- **Goal 4**: Improve intertribal/interagency communication
- **Goal 5**: Increase knowledge and understanding among decision-makers



REGISTER!



- TAP Training **January 25-27** at the DOJ National Advocacy Center, South Carolina
- No cost to selected participants
- In-depth orientation, discussion on content, and guidance on developing tribally-generated draft TAPs
- Post training consultations



TAP Resources

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- SAMHSA Tribal Training and Technical Assistance Center
 - <http://www.samhsa.gov/sites/default/files/tribal-tta-center-fact-sheet.pdf>
- Center for the Application of Prevention Technologies (Strategic Prevention Framework)
 - <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>



TAP Contacts

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