Quality & Innovation: Tribal Behavioral Health Agenda & Tribal Action Plan (TAP)

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Today’s Presentation

This session provides an update on the National Tribal Behavioral Health Agenda (TGHA) and describes the Tribal Action Plan as mandated by the Tribal Law and Order Act of 2010.
AI/AN Behavioral Health
National Snapshot
Snapshot: Alcohol and Other Substance Misuse

- AI/AN people report lower rates of alcohol use than the national average.
- However, almost two-thirds of treatment admissions include alcohol as primary substance.
- AI/ANs report greatest intensity of drinking per binge (i.e. number of drinks per binge episode) compared to general population.
- AI/ANs are higher than national average in all other substance use and mental health measures.
## Alcohol, Tobacco, Illicit Drugs

<table>
<thead>
<tr>
<th>Substance Abuse—American Indians and Alaska Natives</th>
<th>Age</th>
<th>Al-AN</th>
<th>Nat’l</th>
<th>Comparison</th>
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</thead>
<tbody>
<tr>
<td>National Survey on Drug Use and Health 2013</td>
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<tr>
<td>Alcohol</td>
<td></td>
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<tr>
<td>alcohol use (current)</td>
<td>12+</td>
<td>37.3</td>
<td>52.2</td>
<td>↓</td>
</tr>
<tr>
<td>binge alcohol use</td>
<td>12+</td>
<td>23.5</td>
<td>22.9</td>
<td>↑</td>
</tr>
<tr>
<td>heavy alcohol use</td>
<td>12+</td>
<td>5.8</td>
<td>6.3</td>
<td>↓</td>
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<tr>
<td>Tobacco</td>
<td></td>
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<tr>
<td>tobacco use (current)</td>
<td>12+</td>
<td>40.1</td>
<td>25.5</td>
<td>↑</td>
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<tr>
<td>cigarette use (current)</td>
<td>12+</td>
<td>36.5</td>
<td>21.3</td>
<td>↑</td>
</tr>
<tr>
<td>cigar use (current)</td>
<td>12+</td>
<td>6.1</td>
<td>4.7</td>
<td>↑</td>
</tr>
<tr>
<td>smokeless tobacco (current)</td>
<td>12+</td>
<td>5.3</td>
<td>3.4</td>
<td>↑</td>
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<tr>
<td>Illicit/Drug Abuse/Substance Abuse/SUD</td>
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<td></td>
<td></td>
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<tr>
<td>illicit drug use (current)</td>
<td>12+</td>
<td>12.3</td>
<td>9.4</td>
<td>↑</td>
</tr>
<tr>
<td>substance abuse or dependence</td>
<td>12+</td>
<td>14.9</td>
<td>6.6</td>
<td>↑</td>
</tr>
<tr>
<td>Non-medical Use of Rx Pain Relievers (py)</td>
<td>12+</td>
<td>9.9</td>
<td>5.8</td>
<td>↑</td>
</tr>
</tbody>
</table>
### Mental Health

#### Mental Health—American Indians and Alaska Natives

<table>
<thead>
<tr>
<th>National Survey on Drug Use and Health 2013</th>
<th>Age</th>
<th>AI-AN</th>
<th>Nat’l</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Any Mental Illness/AMI (past year)</td>
<td>18+</td>
<td>26.0</td>
<td>18.5</td>
<td>↑</td>
</tr>
<tr>
<td>Serious Mental Illness/SMI (past year)</td>
<td>18+</td>
<td>5.8</td>
<td>4.2</td>
<td>↑</td>
</tr>
<tr>
<td>Major Depressive Episode (past year)</td>
<td>18+</td>
<td>8.9</td>
<td>6.7</td>
<td>↑</td>
</tr>
<tr>
<td>Mental health service utilization (past year)</td>
<td>18+</td>
<td>15.7</td>
<td>14.6</td>
<td>↑</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>18+</td>
<td>4.8</td>
<td>3.9</td>
<td>↑</td>
</tr>
<tr>
<td>Comorbidity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-occurring AMI-SUD</td>
<td>18+</td>
<td>7.4</td>
<td>3.2</td>
<td>↑</td>
</tr>
<tr>
<td>Co-occurring SMI-SUD</td>
<td>18+</td>
<td>1.1</td>
<td>1.0</td>
<td>↑</td>
</tr>
</tbody>
</table>
Snapshot: Domestic Violence

• AI/AN women report higher rates of victimization on all measures of violence than their White/Non-Hispanic counterparts, including rape, other sexual violence, stalking, and partner physical violence and psychological aggression.

• AI/AN men report higher rates of victimization than White/Non-Hispanic individuals in other sexual violence and partner physical violence and psychological aggression.
## Lifetime Prevalence of Sexual Violence, Stalking, Victimization, and IPV

<table>
<thead>
<tr>
<th></th>
<th>AI/AN vs. Non-Hispanic White Adults Age 18+ – NISVS, 2011&lt;sup&gt;a,b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td><strong>White Non-Hispanic</strong></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>20.5</td>
</tr>
<tr>
<td>Other Sexual Violence</td>
<td>46.9</td>
</tr>
<tr>
<td>Stalking</td>
<td>15.9</td>
</tr>
<tr>
<td>Physical Violence</td>
<td>30.5</td>
</tr>
<tr>
<td>Psych Aggression</td>
<td>47.2</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native</strong></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>27.5</td>
</tr>
<tr>
<td>Other Sexual Violence</td>
<td>55.0</td>
</tr>
<tr>
<td>Stalking</td>
<td>24.5</td>
</tr>
<tr>
<td>Physical Violence</td>
<td>51.7</td>
</tr>
<tr>
<td>Psych Aggression</td>
<td>63.8</td>
</tr>
</tbody>
</table>
Table 4: Prevalence of use for select substances by race/ethnic identification in Monitoring the Future 2010-2014\textsuperscript{a}

<table>
<thead>
<tr>
<th></th>
<th>— Grade 12 —</th>
<th>— Grade 10 —</th>
<th>— Grade 8 —</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AI-AN</td>
<td>Not AI-AN</td>
<td>AI-AN</td>
</tr>
<tr>
<td>Any 30-day alcohol use</td>
<td>35.61</td>
<td>39.90</td>
<td>25.08</td>
</tr>
</tbody>
</table>
Office of Tribal Affairs

• Primary point of contact for tribes, tribal organizations, urban Indian programs, and other stakeholders on tribal behavioral health
• Leads and supports SAMHSA-wide actions to improve behavioral health of tribal communities
• Leads SAMHSA tribal consultation, outreach, education, and engagement efforts
• Leads coordination of Indian alcohol and substance abuse efforts in response to the Tribal Law and Order Act.
Draft Report on Scope of the Indian Alcohol and Substance Abuse Problem

Examples of Data Sets/Data:

- National Survey on Drug Use and Health (SAMHSA)
- Treatment Episode Data Set (SAMHSA)
- National Health Interview Survey (CDC)
- National Violent Death Reporting System (CDC)
- National Intimate Partner and Sexual Violence Survey (CDC)
- National Crime Victimization Survey (DOJ)
- Uniform Crime Reporting Program (DOJ)
- Federal Justice Statistics Program (DOJ)
- Monitoring the Future (funded by NIH)
- Administrative Data (IHS and CMS)
National Tribal Behavioral Health Agenda (TBHA)

Coordination + Collaboration + Alignment = Better Outcomes

Alignment: a·lign·ment, əˈlīn·mənt

• position of agreement or alliance
National Tribal Behavioral Health Agenda (TBHA)

• Concerns by Tribal leaders gave impetus to concept.
• Consistent and continued call for coordination and collaboration to break silos and “work differently”.
• Continued high rates of behavioral health problems among American Indian and Alaska Native people.
• Behavioral health issues are not isolated—there are important connections (i.e., Housing, employment).
• Correlations with physical health, social determinants, and economic conditions that require a more collaborative approach.
Voices from Indian Country

- **Traumatic events have long-term impacts.**
  - Need to address the root causes of substance abuse and help tribal communities heal from historical and intergenerational trauma
- **Solutions must match the problem.**
  - Use a socioecological approach
- **Prevention is the Priority.**
  - Elevate prevention and support recovery
- **Infrastructure and delivery systems.**
  - Systems and services must be fixed
- **Lack of information and stigma are in the way.**
  - Raise awareness and educate tribal communities and partners
What the TBHA is …

• A document that provides a clear, national statement about the extent and need for prioritizing behavioral health problems

• A tool for improving collaboration on common issues across different entities/sectors

• A blueprint that harmonizes efforts and creates a coordinated approach for funding, programs, policies, activities—no single organization can change outcomes alone
What TBHA is Not...

- Not a quick fix—will not fix problems, compounded over decades, overnight.

- Not a strategic plan—nor a replacement for existing strategic plans (existing plans have a purpose and legal and/or policy directives).

- Not a list of prescribed actions that tribal, federal, state, and local governments or other stakeholders must take.
TBHA Components

- Foundational Elements
- Priorities
- Strategies
TBHA Components - Relational View

Foundational Element 1: Historical and Intergenerational Trauma
- Support Systems
- Community Connectedness
- Breaking the Cycle

Foundational Element 2: Socioecological Approach
- Sustaining Environmental Resources
- Building a Reliable Infrastructure
- Supporting Healthy Families and Kinship

Foundational Element 3: Prevention and Recovery Support
- Programming That Meets Community Needs
- Community Mobilization and Engagement

Foundational Element 4: Behavioral Health Systems and Support
- Workforce Development
- Funding Mechanisms
- Tribally Directed Programs
- Youth-Based Programming
- Scope of Programming
- Law Enforcement and Justice Programs

Foundational Element 5: National Awareness and Visibility
- Tribal Capacity Building
- Tribally Directed Communication Strategies
- Partner Capacity Building
Historical & Intergenerational Trauma

This element supports development of priorities and evidence- and practice-based actions to support healing.

Priorities include:

- Ensure appropriate support systems are in place to support healing.
- Invest in community connectedness.
- Promote healing to break the cycle of trauma.
Socio-Ecological Approach

This element supports priorities and actions that capture the larger context within which AI/AN behavioral health issues are rooted and interventions to more effectively address them.

Priorities include:

- **Sustain environmental resources.**
- **Invest in necessary and reliable infrastructure.**
- **Support healthy families and kinship.**
Prevention and Recovery Support

This element supports priorities and actions to address issues that inhibit opportunities to intervene early and that are required to sustain positive emotional health.

Priorities include:

- Develop programming that meets community needs.
- Mobilize and engage communities.
Behavioral Health Services/Systems

This element supports priorities and actions to improve coordination, linkages, and access to behavioral health-related services.

Priorities Include:

- Target workforce recruitment, retention, and development.
- Support flexible and more realistic funding.
- Support tribally directed programs.
- Support youth-based programming.
- Expand scope of current programming.
- Reinforce law enforcement/justice programs.
National Awareness & Visibility

This element supports development of priorities and actions to improve understanding of AI/AN behavioral health disparities and their consequent impacts on physical health and well-being.

**Priorities include::**

- **Build Tribal Capacity.**
- **Build Tribal Partner Capacity.**
- **Support Tribally Directed Communication Strategies.**
The Power of the TBHA

• Authenticity - Tribal voices and priorities.
• Opportunity to shape policies and programs.
• Wisdom of cultural/traditional practices alongside western approaches.
• Attention to priorities focused on challenges.
• Mobilizes collaborators to act together.
• Uses existing platforms (i.e., strategic plans, national and local committees, etc.) to “work differently”. 
Tribal Law and Order Act (TLOA)
TLOA Mandate

- **Tribal Law and Order Act (TLOA):** Goals, Federal Partners, Indian Alcohol and Substance Abuse (IASA) Responsibilities, Role of SAMHSA, Coordination Structure

- **Tribal Action Plans:** Definition and Purpose, Minimum Requirement, Tribal Coordinating Committee, Guidelines, Actions
TLOA Guiding Principles

• Emphasize respect for tribal sovereignty.

• Support ability of 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.

*We do not inherit the earth from our ancestors, we borrow it from our children*

- Native American Proverbs
TLOA Goals

• Determine scope of AI/AN alcohol and substance abuse (SA) problem.

• Identify resources and programs relevant to a coordinated effort.

• Coordinate existing agency programs with those established under the Act.

• Continued respect for tribal sovereignty embedded in all TLOA activities.
TLOA Responsibilities

- **Scope of the problem.**  
  HHS, IHS, DOJ

- **Identification of programs.**  
  HHS, IHS, DOJ

- **Minimum program standards.**  
  HHS, IHS, DOJ

- **Assessment of resources.**  
  HHS, IHS, DOJ

- **TAP development.**  
  IHS, BIA, OJP

- **Law enforcement and judicial training.**  
  BIA, DOJ

- **Emergency medical assistance.**  
  BIA

- **Emergency shelters.**  
  BIA

- **Child abuse/neglect.**  
  BIA

- **Juvenile detention centers.**  
  HHS, DOI, DOJ

- **Model juvenile code.**  
  DOI, DOJ
SAMHSA’s IASA Roles

- Establish Office of Indian Alcohol and Substance Abuse.
- Appoint a director and staff.
- Lead coordination to monitor performance and compliance in achieving goals of TLOA and Memorandum of Agreement.
- In coordination and consultation with tribes, develop a framework for interagency and tribal coordination.
Office of Indian Alcohol and Substance Abuse (OIASA)

- OIASA is a component office within SAMHSA’s Office of Tribal Affairs and Policy (OTAP).
- OIASA Staffing:
  - Director: VACANT - pending job announcement
  - Communications Specialist
  - Youth Coordinator
  - TAP Coordinator
- Mission: Directly responsible to lead federal partners in the implementation of the TLOA.
Indian Alcohol and Substance Abuse
Interagency Coordinating Committee (IASA)

Federal Partners Shared roles:

**HHS:** Prevent substance abuse and promote behavioral health (SAMHSA); support treatment and rehabilitation (IHS).

**DOI:** Provide education, social services, law enforcement.

**DOJ:** Public safety and law enforcement.
IASA Inter-Departmental Coordinating Committee

Executive Steering Committee
Chair: SAMHSA/OIASA
Co-Chairs: IHS  OJP  OTJ  BIA  BIE  DoEd

- TAP Workgroup
  Chair: IHS

- Minimum Program Standards Workgroup
  Chair: SAMHSA

- Inventory/Resources Workgroup
  Chair: SAMHSA

- Communications Workgroup
  Chair: BIA

- Native Youth Engagement and Wellness Workgroup
  Chair: BIE
IASA Structure

- Executive Steering Committee.
- Interdepartmental Coordinating Committee.
- Workgroups (9):
  - Communications
  - Inventory/Resources
  - Minimum Program Standards
  - Native Youth Educational Resources
  - Data
  - Memorandum of Agreement
  - Tribal Action Plan
  - Public Safety & Health
TLOA TAP Mandate

- **Section 241**: Governing body of any tribe may, at its discretion, adopt a resolution for establishing a TAP.

- **Section 2411**: Federal partners are to cooperate with tribes in developing a TAP and enter into agreements with tribes to implement their TAP.

- **Section 2412**: Provides for establishment of a Tribal Coordinating Committee.
IASA Tribal Action Plan (TAP) Workgroup

- 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.
- Coordinate TAP trainings.
TAP 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.
TAP: Purpose

• 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

- Intended as a Tribally-driven process for addressing alcohol and substance abuse.
- Includes updates every two years and used by Tribe and partners as ongoing framework.
- Requires a tribal resolution prior to developing a TAP (must be send to OIASA).
- Supported with technical assistance by IASA Federal partners.
- Supported by agreements between federal area representatives and tribes implementing TAPs.
TAP: Minimum Requirement

Establish a Tribal Coordinating Committee (local level)

- Holds primary responsibility for implementing, conducting reviews and 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.
Tribal Coordinating Committee

Consider standing committees:
- Education, family and social services, law enforcement, judicial services, health services, youth services.

Consider subcommittees:
- Community needs assessment, service and resource inventory, goals and tasks prioritization, performance standards and indicators, data collection and analysis, quality assessment, training and evaluation.
TAP Guidance

• 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.
Significant TAP Outcomes

- Profiles population needs.
- Mobilizes/builds capacity to address needs.
- Develops comprehensive strategic plan.
- Implements infrastructure and evidence/practice-based prevention and treatment programs.
- Monitor, evaluate, sustain, and improve processes.
TAP Resources

• IASA Federal Partners Regional (free) TAP Trainings.

• SAMHSA Tribal Training and Technical Assistance Center.  

• SAMHSA Center for the Application of Prevention Technologies (Strategic Prevention Framework).  
IASA Next Steps

- Collaborative effort of IASA partners to host FY17 free TAP trainings at the DOJ National Advocacy Center (NAC) in No. Carolina.

- IASA ICC Technical Assistance for TAP training follow up.

- Implementation of a National TAP Strategy.
TLOA TAP Contacts

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Thank you

Questions & Answers