

TRIBAL RISK MITIGATION PARTNERS DURING A PANDEMIC



SOURCE PAPER | TRIBAL BEHAVIORAL HEALTH RISK PREVENTION AND SERVICE CAPACITY DEVELOPMENT FROM 2015 TO 2021

A report on the performance of the first full cohort of grant-based Tribal partnerships to work with Indian Health Service (IHS) in the demanding field of behavioral health.

A Milestone Paper

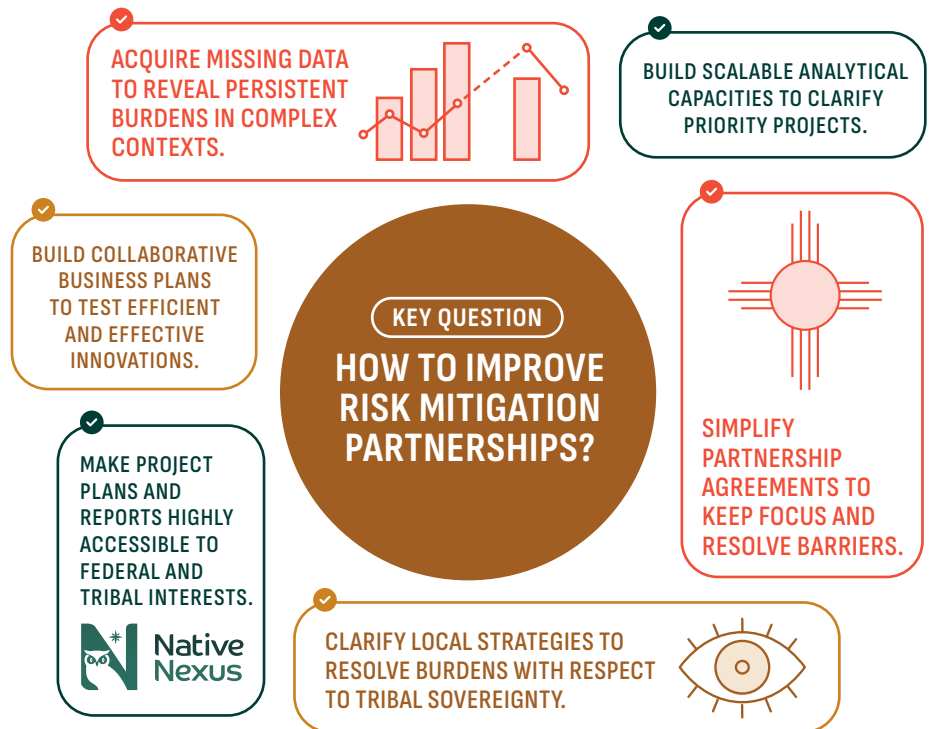
The report provides data at a time when Tribes, Tribal organizations, Indian Health Service, and the whole of the federal government are considering the 50-year progress and future of the Indian Self-Determination and Education Assistance Act of 1975 (ISDEAA), which protects the rights of Tribes to operate and manage their health services.

The 50-year anniversary of ISDEAA marks a time for rethinking the potential capacity of behavioral health strategies as they may be cooperatively organized by IHS and Tribal organizations.

50 YEARS OF WORK
LEADS TO PARTNERS IN INNOVATIONS

Impact of COVID-19

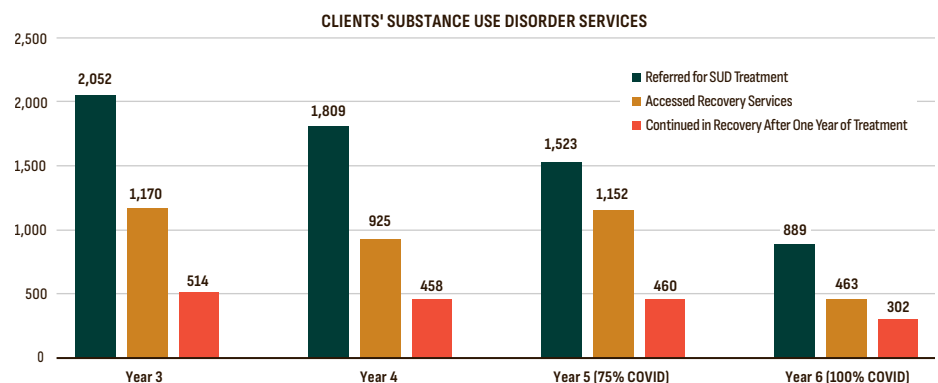
The COVID-19 pandemic led to social lockdowns in early 2020, causing significant disruptions in many activities, including behavioral health services. IHS and Tribal partners worked together to sustain risk prevention and mitigation services. Success was due to flexible, pre-arranged funding and technical assistance agreements.



RESOLVE SERVICE ENGAGEMENTS

Disconnections in Referrals, Treatment, and Recovery

- Slightly more than half (59%) of the patients referred move into SUD treatment, and nearly half (47%) of those who start treatment remain in recovery care a year later.
- Gap from needing treatment, to getting treatment, to sustaining recovery shows the need to strengthen patients' links to therapeutic services.
- IHS is testing tools that facilitate and reinforce access to recovery services.



RESOLVE JUSTICE BARRIERS

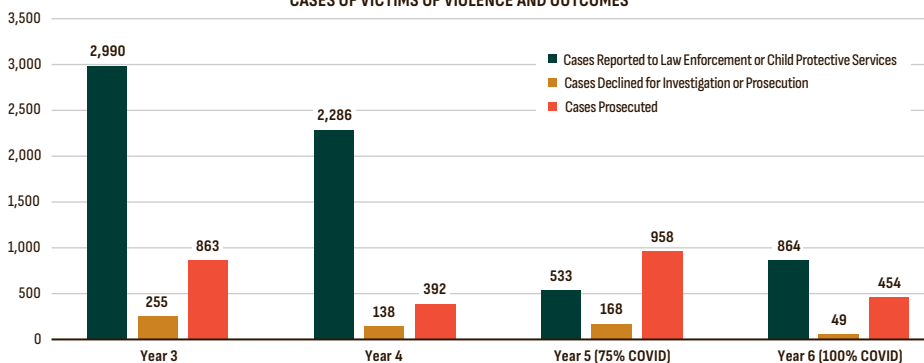
Cross-Sector Needs for Victims of Violence

- Tribal partners completed over 380,000 screenings for victims of violence.
- 6,673 victim cases were identified and reported to law enforcement, and child protective services as warranted.
- 40% of the cases were prosecuted, but we do not know the outcome of the prosecutions.
- 51% of the cases have unknown outcomes after they were reported—which is a cause for concern.
- Tribal partners should not have to overcome federally created sector barriers that interfere with optimal services for victims.
- IHS has established an interagency agreement to work with Tribes to test local, innovative methods of screening for risk and managing cases.

COVID-19 IMPACT

- High levels of screening for all years except Year 5, the start of the COVID-19 pandemic.
- Only 9% of the cases were declined for investigation or prosecution—this appears to have kept up with reported cases and even included previous cases.
- Were there fewer victims during COVID-19, or were there fewer cases reported or identified?
- Did COVID-19 lockdowns allow service personnel the opportunity to resolve previous cross-sector challenges between health services and justice services?

CASES OF VICTIMS OF VIOLENCE AND OUTCOMES

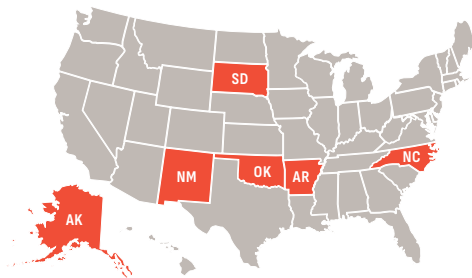


PRIORITIZE RISK INVESTIGATIONS

Defining the Persistent and Worsening Places

In response to the report, IHS used applied medical geography techniques to analyze cases of American Indians and Alaska Natives who have died from underlying alcohol or drug use causes, per data from the U.S. Centers for Disease Control and Prevention.

As these analyses improve, IHS can now organize cooperative analyses with Tribes and Tribal organizations to examine potential strategies for risk mitigation. The expectation is that these strategies will need to be undertaken in collaboration with local partners in order to succeed.



78 COUNTIES ARE NOW PRIORITY INVESTIGATION AREAS (PIAs). WHERE THERE ARE PERSISTENT AND WORSENING DEATH RATES.

89% OF THE PIA DEATHS

OCCUR IN ALASKA, ARIZONA, NEW MEXICO, NORTH CAROLINA, OKLAHOMA, AND SOUTH DAKOTA.

Key Steps to Improve Applied Research

1. VALIDATE THE LOCAL FIT OF PATIENT THERAPEUTIC ENGAGEMENT APPLICATIONS
2. TEST THE FIT OF INNOVATIVE METHODS FOR EFFICIENT SCREENING FOR HUMAN RISKS
3. REINFORCE THE LOCAL PROTOCOLS FOR MANAGING CASES TO THEIR COMPLETION
4. VERIFY PROTOCOL EFFECTS ON VOLUNTEER SERVICES IN SUBSTANCE USE RECOVERY
5. TEST OTHERS' INNOVATIONS: ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

INCREASE INFORMATION VISIBILITY

Testing Improved Access to Information

Working with other agencies, IHS is piloting a national clearinghouse called Native Nexus that optimizes tools for finding contextual sources—the reports, studies, and cases that include data or information about American Indians, Alaska Natives, Tribes, or Tribal organizations, and matters that correspond to health, wellbeing, and risk mitigation.

Native Nexus will help Tribal users quickly find information from disparate archives and will assist federal officers in overcoming unintentional barriers between their sectors and issues of interest to Tribal users.

OPEN ISSUES

Policy-Level Questions

- Which Tribal partnerships achieve mitigation of severe human risks?
- Do interagency agreements remove federal barriers for Tribes?
- Is national innovation efficacy testing cost effective for Tribes?
- Which combined services strengthen psychological resilience?