



March 8, 2011

Dear Tribal Leader:

I am writing to initiate a consultation with Tribes on priorities for implementation of our updated Memorandum of Agreement with the Department of Interior on Indian alcohol and substance abuse prevention and treatment.

The Affordable Care Act's permanent authorization of the Indian Health Care Improvement Act (IHCIA) establishes timelines and requirements for coordinated actions by the Department of Interior (DOI), the Department of Health and Human Services (HHS), Tribes and Tribal organizations. Specifically, section 703 of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 provides new authorities that permit the DOI and HHS, acting through the Indian Health Service (IHS), to develop and enter into a Memorandum of Agreement (MOA), or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 United States Code 2411). The attached language from section 703 includes items that the MOA should address.

DOI and IHS signed an MOA on this topic in 2009, and have developed an amendment to that MOA that includes language consistent with the new IHCIA provision. A copy of the 2009 MOA and the updated amendment are attached. The MOA represents the formal mechanism to advance our partnership with Tribes and Federal stakeholders on alcohol and substance abuse prevention and treatment. The widespread prevalence of alcohol and substance abuse, mental illness, and family/school/community violence throughout American Indian and Alaska Native (AI/AN) communities is well-documented and concerning. Statistics indicate American Indian youths aged 12 through 17 have the highest percentage rate of illegal drug use. Further, the suicide rate for AI/AN youth aged 15 through 25 years is 3.5 times higher than the national average. By any measure, domestic violence and sexual assaults, child abuse and neglect cases, bullying, and gang-related activities threaten the safety of our communities. As we go forward, it is essential that the IHS, DOI, acting through the Bureau of Indian Affairs (BIA), and the Bureau of Indian Education (BIE), and Tribes confront these challenges through comprehensive evaluation and action.

The MOA shall include, but is not limited to, the coordination of data collection, resources, and programs of the IHS, BIA, and BIE. Among the goals of the MOA is the importance of promoting Tribal communities that are safe, healthy, and productive by the following means:

- Increase collaboration and coordination among the IHS, BIA, BIE, Tribes, and Tribal organizations;
- Facilitate resource sharing (funding, personnel, information, knowledge, and skills) among the IHS, BIA, BIE, Tribes and Tribal organizations; and

- Support and assist local BIA agencies and schools, BIE line offices, and IHS Area Service Units, in working with Tribes and Tribal organizations to develop and implement joint programs and services.

The IHCIA requires that we publish our update of the existing MOA in the Federal Register and provide a copy to each Tribe, Tribal organization and urban Indian organization no later than one year after the enactment of the Indian Health Care Improvement Reauthorization and Extension Act of 2009. As stated above, I have included a copy of the text of section 703, the 2009 MOA, and the updated amendment to the MOA for your review. Please provide your input on priorities for implementation of this updated MOA by **May 30, 2011**.

Comments may be submitted as follows:

- Send your comments by **E-MAIL** to DOIMOACOMMENTS@ihs.gov; or
- Send comments by **postal mail** to the following address:

Yvette Roubideaux, M.D., M.P.H.
Director
Indian Health Service
801 Thompson Ave, Suite 440
Rockville MD 20852

The IHS is committed to meaningful consultation with Tribes and Tribal organizations to implement the requirements of the MOA as soon as possible. I look forward to your input and recommendations.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director



Amendment to Memorandum of Agreement
Between
Department of Health and Human Services
Indian Health Service
and
The Department of the Interior
Bureau of Indian Affairs and Bureau of Indian Education
on
Indian Alcohol and Substance Abuse Prevention

PURPOSE

Pursuant to the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, Title X, Subtitle B, Part III, §10221(a), 124 Stat. 119, 935 (amending 25 U.S.C. §§ 1665, 1665a, and 2411), this amendment updates the “October 2009 Memorandum of Agreement (MOA) between the Department of Health and Human Services (DHHS) Indian Health Service (IHS) and the Department of the Interior (DOI) Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE) on Indian Alcohol and Substance Abuse Prevention.”

AMENDMENTS

The October 2009 MOA is amended, as follows:

(1) The first sentence of **Section I** is amended to read:

I. PURPOSE

The Memorandum of Agreement (MOA) emphasizes assisting tribal governments in their efforts to address certain behavioral health issues among Indians, specifically mental illness and dysfunctional and self-destructive behavior, including substance abuse, child abuse, and family violence.

(2) **Section IV A.** is amended to read as follows:

2. Youth Regional Treatment Centers (YRTC)

The IHS will continue to provide funding support for the operation of existing centers and the implementation within the centers of alcohol and substance abuse treatment programs. IHS will also advocate for additional resources. The BIE will provide resources and funding for the education of the young people receiving treatment in the YRTCs (curriculum, libraries, recreational facilities, computers, funds for teachers, etc.), and will actively identify and seek funding and resources available from the states and other entities. IHS and BIE will work collaboratively to meet the needs of the YRTC residents.

(3) A new paragraph is added to **Section IV A. Coordination Efforts:**

8. Certain Behavioral Health Issues

IHS, BIA, and BIE will collaborate to:

(a) Assess the scope and nature of mental illness and dysfunctional and self-destructive behavior, including substance abuse, child abuse, and family violence, among Indians;

(b) Identify existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians;

(c) Determine the unmet need for additional services, resources, and programs necessary to improve the mental and behavioral health of Indians;

(d) Support the right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access;

(e) Delineate the responsibilities of IHS and BIA, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and service unit, service area, and headquarters levels;

(f) Develop a strategy for the comprehensive coordination of behavioral health services provided by IHS and BIA, including:

(i) the coordination of alcohol and substance abuse programs of IHS, BIA, and Indian tribes and tribal organizations developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act with

behavioral health initiatives, particularly with respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment, and;

(ii) ensuring that IHS and BIA programs and services (including multidisciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services.

(g) Direct appropriate officials, particularly at the agency and service unit levels of BIA and IHS, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 702(c) [25 USCS § 1665a(c)] and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act.

(4) A new paragraph is added to **Section IV B. Organizational Responsibility:**

3. IHS shall assume responsibility for:

(a) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

(b) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse, and;

(c) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

(5) A new paragraph is added to **Section VI ADMINISTRATIVE PROVISIONS:**

5. The Secretaries of DHHS and DOI will conduct an annual review of this MOA which will be provided to Congress and Indian tribes and tribal organizations.

(6) Paragraph (4) in **Section VI** is amended to read:

4. Upon the last signature, this MOA shall remain in effect, unless modified or terminated by the Assistant Secretary - Indian Affairs or the Director, Indian Health Service or the Director, Bureau of Indian Education, or the Director, Bureau of Indian Affairs, upon 60 days' written notice.

(7) **Section V** is amended to read:

6. Indian Health Care Improvement Act of September 30, 1976 (90 Stat. 1400; 25 U.S.C. 1600 et seq.) as amended by Patient Protection and Affordable Care Act, Pub. L. No. 11-148, Title X, Subtitle B, Part III, § 10221(a), 124 Stat. 119, 935 (amending 25 §§ U.S.C. 1665, 1665a, 2411).

Signatures of Each Party

Director, Indian Health Service
Department of Health and Human Services
Date:

Assistant Secretary – Indian Affairs
Department of the Interior
Date:

**COPY FOR YOUR
INFORMATION**

3-CPS-10-0011

OCTOBER 2009
MEMORANDUM OF AGREEMENT
BETWEEN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
AND
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
AND
BUREAU OF INDIAN EDUCATION
ON
INDIAN ALCOHOL AND SUBSTANCE ABUSE PREVENTION

I. PURPOSE

The Memorandum of Agreement (MOA) emphasizes assisting tribal governments in their efforts to address substance abuse. It affirms the importance of a systematic approach to enhance the quality of life. This MOA shall include coordination of data collection, resources, and programs of the Indian Health Service (IHS), the Bureau of Indian Affairs (BIA), and the Bureau of Indian Education (BIE).

The Department of Health and Human Services (DHHS) and the Department of the Interior (DOI) shall coordinate and collaborate pursuant to this MOA. Special acknowledgment is given to the rights of tribes in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450, et seq.) and local control in accordance with Section 1130 of the Education Amendments of 1978 (25 U.S.C. 2010).

The tribes, in conjunction with Federal and state entities, will identify the need for services and their best applications.

II. GOAL

To promote tribal communities that are safe, healthy, and productive by the following means:

- Increase collaboration and coordination among the BIA, BIE, IHS, and tribes.
- Facilitate resource sharing (funding, personnel, information, knowledge, and skills) among the BIA, BIE, IHS, and tribes.
- Support and assist local BIA agencies, schools, BIE line offices, and IHS area and service units in working with tribes in developing and implementing joint programs and services.

III. BACKGROUND

Substance abuse, including alcohol, illegal drugs, and controlled substances, impact the whole community. Probable consequences include depression, domestic violence, child neglect and abuse, elderly abuse, property damage, gang activity, and violent crime. It increases the burden on communities and on those Federal, state, and tribal governments attempting to assist these communities.

The production, distribution, and use of substances such as methamphetamine (meth) are not a new problem. Substance abuse threatens not only the user but threatens the well-being of the community. Related illicit acts encourage gang activities as well as organized crime on Indian lands. The production of meth results in toxic by-products that are left in buildings, fields, and waterways. Some of these chemicals can cause disfigurement, illness, or death.

American Indian youth, ages 12-17, have the highest percentage rate for illegal drug use according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Prevention efforts targeting youth and young adults are the most cost-effective in addressing this problem. It has been clearly demonstrated that the younger an individual is when he/she encounters a prevention message, the better the outcome.

Illegal drugs and controlled substances present a special challenge to agencies and organizations. Supply reduction, in combination with demand reduction, must be undertaken through a comprehensive and multidisciplinary approach if they are to be successful. The illegal production, distribution, and use of controlled substances within Indian Country is at an epidemic level. These challenges necessitate a *comprehensive evaluation* by the BIA, BIE, and IHS in order to address these issues.

IV. STATEMENT OF PURPOSE

A. Coordination Efforts

1. Juvenile and Adult Detention Centers

The IHS and BIA will collaborate to expand substance abuse resources for detoxification, treatment, and post-detention community re-entry and aftercare planning.

2. Youth Regional Treatment Centers (YRTC)

The IHS will continue to provide funding support for the operation of existing centers and to advocate for additional resources. The IHS will include BIE in the planning and identification of educational resources (curriculum, libraries, recreational facilities, computers, funds for teachers, etc.) for IHS-operated YRTC's.

The BIE will be active in considering the needs of tribally-operated YRTC's. The BIE and IHS will collaborate regarding the most suitable placement to meet the needs of the individuals.

3. Residential Schools

The IHS, BIA, and BIE will coordinate delivery of healthcare and wellness support services to boarding school residents and their families. The agencies will support efforts to align policies such that residents have appropriate access to healthcare services including a range of behavioral health services on-site. Such services will, where possible, be part of an integrated, holistic approach to student support that includes appropriate recognition and targeting of interventions to both general student populations and high risk students.

4. Community Based Adult Services

The IHS, BIA, and BIE will collaborate with tribes to enhance program coordination, planning, and implementation of community based prevention, referral, enforcement, treatment (both individual and family), recovery models, and implementation of programs with linkages to adjunct community services. These efforts will be implemented at the BIA agency, BIE line office, and IHS service unit levels jointly with the affected tribes.

5. Child Protection and Child Welfare

The BIA will include the BIE, IHS, and tribes in planning and implementation activities. These shall include defining the scope of services appropriate to tribal area needs and identifying resources to address the continuum of care for American Indian children at risk for abuse and/or neglect.

The BIA, BIE, and IHS will obtain input from local tribes on planning initiatives. This will strengthen the coordinated interagency multidisciplinary response for the protection of children and the prevention of child abuse and neglect in American Indian and Alaska Native communities, especially for drug endangered children. These agencies will continually reaffirm the need for coordinated approaches to prevent child abuse and neglect and its long-term social and economic consequences (poor academic performance, substance use, multiple disorders, suicides, etc.) and promote a full range of effective services for abused American Indian and Alaska Native children and their families.

6. Data Collection, Analysis, and Sharing

The BIA, BIE, and IHS will consult with tribes to determine the need for sharing information, data collection systems that are compatible with current systems in use, and data resources on substance abuse and collaboration and coordination on information collection and reporting will be encouraged. Linkages will be forged with other Federal, state, and local entities. This will facilitate appropriate recommendations and decisions about programs and initiatives.

7. Joint Multidisciplinary Meetings

The BIA and BIE Central Offices and IHS Headquarters staff, including participation by regional, line, and area office staff, will jointly conduct multidisciplinary meetings to discuss coordination and collaboration issues and identify barriers to the implementation of this MOA. These meetings will occur not less than every 6 months.

In addition, an annual, multidisciplinary meeting will be planned and coordinated that focuses on local BIA agency superintendents and BIE line officers (including superintendents or education specialists, IHS service unit chief executive officers, and tribal health directors and facility directors). It will address organizational coordination and effective responses to the impact of substance abuse in Indian Country.

B. Organizational Responsibility

1. Central Office/Headquarters

The BIA and BIE Central Office and IHS Headquarters are responsible for:

- Designing and delivering training and technical assistance;
- Identifying and advocating for financial resources; and
- Developing a biennial program plan, including specific objectives, performance improvement measures, benchmarks/milestones, and organizational responsibilities to be completed within 6 months of the last signature of this MOA.

2. BIA Regions, BIE line offices, and IHS area offices

The BIA regional directors, the BIE line officers, and IHS area directors are responsible for encouraging the development of local MOA's between the IHS, BIA, and BIE in working with the local tribe(s) to increase collaboration and cooperation, facilitate resource sharing, and to develop joint programs/services to address substance abuse.

The BIA regional directors, BIE line officers, and IHS area directors are responsible for designating a staff member to attend the semi-annual organizational planning and implementation meetings (see item IV.A.7) and report activities (accomplished, ongoing, and unaccomplished) to BIA and BIE Central Offices and IHS Headquarters.

The BIA Central Office will compile a comprehensive list of Indian Country activities (accomplished, ongoing, and unaccomplished) semiannually for distribution to all BIA regions and agencies (through the Deputy Bureau Director for Field Operations), BIE line offices (through the BIE Deputy Director, School Operations), and IHS service unit chief executive officers (through the IHS Director).

V. IDENTIFICATION OF STATUTORY AUTHORITIES

1. Snyder Act of November 2, 1921 (42 Stat. 208; 25 U.S.C. 13)
2. Economy Act of September 13, 1982 (96 Stat. 933; 31 U.S.C. 1535)
3. Indian Self-Determination and Education Assistance Act of January 4, 1975 (88 Stat. 2203; 25 U.S.C. 450 et seq.)
4. Anti-Drug Abuse Act of 1988 (102 Stat. 4181; 21 U.S.C. 1501)
5. Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (100 Stat. 3207-137; 25 U.S.C. 2401)
6. Indian Health Care Improvement Act of September 30, 1976 (90 Stat. 1400; 25 U.S.C. 1600 et seq.)
7. Indian Child Protection and Family Violence Prevention Act of November 28, 1990 (104 Stat. 4544; 25 U.S.C. 3201)
8. No Child Left Behind Act of 2001 (115 Stat. 1425; 20 U.S.C. 6301)
9. Johnson-O'Malley Act of April 16, 1934, (48 Stat. 596; 25 U.S.C. 452 et seq.)
10. Victims of Child Abuse Act of November 29, 1990 (104 Stat. 4792; 42 U.S.C. 13001 et seq.)
11. Education Amendments of November 1, 1978 (92 Stat. 2143; 25 U.S.C. 2010 et seq.)

VI. ADMINISTRATIVE PROVISIONS

1. Nothing in this MOA may be construed to obligate BIA, BIE, IHS, or the United States to any current or future expenditures of resources in advance of the availability of appropriations from Congress. This MOA does not obligate BIA, BIE, IHS, or the United States to spend funds on any particular project or purpose, even if funds are available.
2. This MOA in no way restricts BIA, BIE, or IHS from participating in similar activities or arrangements with other public or private agencies, organizations, or individuals.
3. BIA, BIE, and IHS will comply with the Federal Advisory Committee Act to the extent it applies.
4. Upon the last signature, this MOA shall remain in effect, unless modified or terminated by the Assistant Secretary – Indian Affairs or the Director, Indian Health Service upon 60 days written notice. The Assistant Secretary – Indian Affairs, Director, BIA, Director, BIE, and Director, IHS shall review this MOA on a biennial basis.

VII. SIGNATURES OF EACH PARTY

Approved and accepted by:

/Assistant Secretary - Indian Affairs/
Assistant Secretary – Indian Affairs

10/13/09

Date

/Yvette Roubideaux/
Director, Indian Health Service

12/16/09

Date

/Acting Director, Bureau of Indian Education/
(Acting) Director, Bureau of Indian Education

10/15/09

Date

/Director, Bureau of Indian Affairs/
Director, Bureau of Indian Affairs

10/20/09

Date

1 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
2 Not later than 1 year after the date of enactment of the
3 Indian Health Care Improvement Reauthorization and
4 Extension Act of 2009, the Secretary, acting through the
5 Service, shall make an assessment of the need for inpa-
6 tient mental health care among Indians and the avail-
7 ability and cost of inpatient mental health facilities which
8 can meet such need. In making such assessment, the Sec-
9 retary shall consider the possible conversion of existing,
10 underused Service hospital beds into psychiatric units to
11 meet such need.

12 **“SEC. 703. MEMORANDA OF AGREEMENT WITH THE DE-**
13 **PARTMENT OF INTERIOR.**

14 “(a) CONTENTS.—Not later than 1 year after the
15 date of enactment of the Indian Health Care Improvement
16 Reauthorization and Extension Act of 2009, the Sec-
17 retary, acting through the Service, and the Secretary of
18 the Interior shall develop and enter into a memoranda of
19 agreement, or review and update any existing memoranda
20 of agreement, as required by section 4205 of the Indian
21 Alcohol and Substance Abuse Prevention and Treatment
22 Act of 1986 (25 U.S.C. 2411) under which the Secretaries
23 address the following:

1 “(1) The scope and nature of mental illness and
2 dysfunctional and self-destructive behavior, including
3 child abuse and family violence, among Indians.

4 “(2) The existing Federal, tribal, State, local,
5 and private services, resources, and programs avail-
6 able to provide behavioral health services for Indi-
7 ans.

8 “(3) The unmet need for additional services, re-
9 sources, and programs necessary to meet the needs
10 identified pursuant to paragraph (1).

11 “(4)(A) The right of Indians, as citizens of the
12 United States and of the States in which they re-
13 side, to have access to behavioral health services to
14 which all citizens have access.

15 “(B) The right of Indians to participate in, and
16 receive the benefit of, such services.

17 “(C) The actions necessary to protect the exer-
18 cise of such right.

19 “(5) The responsibilities of the Bureau of In-
20 dian Affairs and the Service, including mental illness
21 identification, prevention, education, referral, and
22 treatment services (including services through multi-
23 disciplinary resource teams), at the central, area,
24 and agency and Service unit, Service area, and head-

1 quarters levels to address the problems identified in
2 paragraph (1).

3 “(6) A strategy for the comprehensive coordina-
4 tion of the behavioral health services provided by the
5 Bureau of Indian Affairs and the Service to meet
6 the problems identified pursuant to paragraph (1),
7 including—

8 “(A) the coordination of alcohol and sub-
9 stance abuse programs of the Service, the Bu-
10 reau of Indian Affairs, and Indian tribes and
11 tribal organizations (developed under the Indian
12 Alcohol and Substance Abuse Prevention and
13 Treatment Act of 1986 (25 U.S.C. 2401 et
14 seq.)) with behavioral health initiatives pursu-
15 ant to this Act, particularly with respect to the
16 referral and treatment of dually diagnosed indi-
17 viduals requiring behavioral health and sub-
18 stance abuse treatment; and

19 “(B) ensuring that the Bureau of Indian
20 Affairs and Service programs and services (in-
21 cluding multidisciplinary resource teams) ad-
22 dressing child abuse and family violence are co-
23 ordinated with such non-Federal programs and
24 services.

1 “(7) Directing appropriate officials of the Bu-
2 reau of Indian Affairs and the Service, particularly
3 at the agency and Service unit levels, to cooperate
4 fully with tribal requests made pursuant to commu-
5 nity behavioral health plans adopted under section
6 702(e) and section 4206 of the Indian Alcohol and
7 Substance Abuse Prevention and Treatment Act of
8 1986 (25 U.S.C. 2412).

9 “(8) Providing for an annual review of such
10 agreement by the Secretaries which shall be provided
11 to Congress and Indian tribes and tribal organiza-
12 tions.

13 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
14 randa of agreement updated or entered into pursuant to
15 subsection (a) shall include specific provisions pursuant to
16 which the Service shall assume responsibility for—

17 “(1) the determination of the scope of the prob-
18 lem of alcohol and substance abuse among Indians,
19 including the number of Indians within the jurisdic-
20 tion of the Service who are directly or indirectly af-
21 fected by alcohol and substance abuse and the finan-
22 cial and human cost;

23 “(2) an assessment of the existing and needed
24 resources necessary for the prevention of alcohol and

1 substance abuse and the treatment of Indians af-
2 fected by alcohol and substance abuse; and

3 “(3) an estimate of the funding necessary to
4 adequately support a program of prevention of alco-
5 hol and substance abuse and treatment of Indians
6 affected by alcohol and substance abuse.

7 “(c) PUBLICATION.—Each memorandum of agree-
8 ment entered into or renewed (and amendments or modi-
9 fications thereto) under subsection (a) shall be published
10 in the Federal Register. At the same time as publication
11 in the Federal Register, the Secretary shall provide a copy
12 of such memoranda, amendment, or modification to each
13 Indian tribe, tribal organization, and urban Indian organi-
14 zation.

15 **“SEC. 704. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
16 **VENTION AND TREATMENT PROGRAM.**

17 “(a) ESTABLISHMENT.—

18 “(1) IN GENERAL.—The Secretary, acting
19 through the Service, shall provide a program of com-
20 prehensive behavioral health, prevention, treatment,
21 and aftercare; ~~including Systems of Care, which,~~
22 *which may include, if feasible and appropriate, sys-*
23 *tems of care, and shall include—*

24 “(A) prevention, through educational inter-
25 vention, in Indian communities;