American Indian Behavioral Health Collaborative Meeting

SAMHSA Work with the Tribal Law & Order Act (TLOA), Resources, and Funding Opportunities

Dr. Jeffrey Coady
Regional Administrator, HHS Region V
Substance Abuse and Mental Health Services Administration

Keynote Speech
March 1, 2013
Mystic Lake Convention Center
Mission: to reduce the impact of substance abuse and mental illness on America’s communities

Roles:
- Voice and leadership
- Funding - service capacity development
- Information and communications
- Regulation and standard setting
- Practice improvement
SAMHSA Principles

PEOPLE
Stay focused on the goal

PARTNERSHIP
Cannot do it alone

PERFORMANCE
Make a measurable difference

www.samhsa.gov
SAMHSA’s Strategic Initiatives

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

Leading Change: A Plan for SAMHSA’s Roles and Actions 2011–2014
Defining the Scope of the Problem

• Congress describes Substance abuse as the “most severe health and social problem” facing Indian tribes

  ➢ Significant cost factors and consequences of SA

  ➢ Primary contributing factor to health impacts, injury rates, incarceration, violence, disability and death.
Substance Dependence or Abuse in the Past Year by Race/Ethnicity, Aged 12 & Older: 2010

- AI/AN: 18.0%
- Two or more races: 11.0%
- Hispanic: 11.0%
- White: 11.0%
- African/Americans: 7.0%
- NH/Pacific Islanders: 6.0%
- Asians: 4.0%
Indian Country Rates Nationally*

- 72 % higher suicide rate
- 92 % higher homicide rate
- 149 % higher unintentional injury rate (includes motor vehicle crashes)
- 195 % higher diabetes rate
- 500 % higher tuberculosis rate
- 519 % higher alcoholism rate

Health Disparities: A Snapshot

Urban Indian Rates Nationally*

• 38% higher accident mortality
• 54% higher diabetes mortality
• 126% higher chronic liver disease mortality
• 178% higher alcohol-related mortality
• Urban Indian youth are nearly 5 times more likely to attempt suicide requiring hospitalization than all other urban youth combined

Challenges in AI/AN Communities:

- Higher adolescent death rates
- Higher youth suicide rates
- Higher past month binge alcohol use
- Higher past month illicit drug use
- Higher sexual assault rates against females
- Higher homicide rates against women
- Higher rates of intimate partner violence
- Higher rates of historical trauma
SAMHSA/OIASA leads collaboration to implement TLOA in Indian Country

- **Problem** — the dramatic impact of substance abuse in Indian country

- **What is the approach?** — Congress’ solution and the federal response to concerns expressed by Tribes

- **How are we doing?** — progress to date implementing TLOA

- **What’s next?** — plans and works in progress
Tribal Law and Order Act of 2010

- Signed into law July 29, 2010
- Reauthorizes and amends: Indian Alcohol and Substance Abuse Prevention and Treatment Act (IASA) of 1986
Tribal Law and Order Act of 2010

Key Features:

• **Three main goals**
  
  (1) Determine scope of the problems faced by Tribes
  
  (2) Identify relevant resources and programs of each partner agency
  
  (3) Coordinate existing agency programs with those established under the Act
Tribal Law and Order Act of 2010

Key Features:

• Respect for Tribal sovereignty
  ➢ Unique historical, legal, moral responsibility
  ➢ Tribal sovereignty to determine what’s best for their people

Together, these are the basis of:

➢ Government-to-government relationship
Tribal Law and Order Act of 2010

Key Features:

• Encourage development of “TAPs”
  ➢ Tribal Action Plan → coordinate resources and programs to combat substance abuse in the tribe
  ➢ Federal cooperation → at the tribe’s request, federal partner agencies help develop a TAP
  ➢ Implementation → federal area representatives enter into agreement with tribe to implement TAP
• Most important role

➤ **Tribes**: accept the sacred responsibility for protecting and ensuring the well-being of their members”

➤ **Tribes**: have survived attempts to be exterminated, assimilated, allocated (land), re-located, and finally are recognized once again as Sovereign Nations!
Joint Effort—The Partners

Shared roles for addressing the issue

- **SAMHSA**: prevent substance abuse and promote behavioral health
- **IHS**: treatment and rehabilitation
- **BIA/BIE**: programs in education, social services, law enforcement
- **DOJ**: public safety and law enforcement issues critical to tribal communities
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

- Newsletter Workgroup
  Chair: BIA

- Educational Services Workgroup
  Chair: BIE
IASA Inter-departmental Coordinating Committee

TAP Coordination

Program Standards

Inventory/Resources

Educational Resources

Newsletter
Tribal Action Plan (TAP) Workgroup

Manage overall coordination of resources to support tribes developing a TAP

- Establish “Guidelines” document for Tribes building a TAP
- Inventory of current proven, practice-based models
- Coordinate assistance/support to Tribes as requested and as feasible
- Collaborate with other Workgroups in organizing and developing appropriate materials and information for tribes seeking assistance
Educational Services Workgroup

Identify federal resources appropriate to youth programs addressing substance abuse

- Gather, maintain, and update information on programs, materials, and resources on educational services or benefits to Indian children
  - Federal efforts/capacity
  - Tribal, State, local, & private resources

- Collaborate with TAP and other Workgroups in developing appropriate materials for tribes seeking assistance
Minimum Program Standards Workgroup

Develop/establish appropriate standards for substance abuse prevention, intervention, and treatment

- Based on existing federal, state, tribal standards in use
- Consult with tribes to identify culturally relevant standards
- Collaborate with TAP and other Workgroups in developing appropriate materials for tribes seeking assistance with finding successful models of care
Inventory/Resources Workgroup

- Research funding resources available to tribes
- Develop a sorting matrix of these resources in a manner that makes it easier for tribes to access
- Create a centralized location for tribes to use when seeking resources
- Ensure that this centralized location is updated on a continuous basis
Newsletter Workgroup

- Publish quarterly
- Include reviews of exemplary AI/AN programs
- Provide contact and follow-up information about the programs
What’s Next for TLOA, IASA and OIASA/SAMHSA

- Continued federal collaboration to:
  - Identify and create easier access to resources, help guide formal needs assess and evaluation, make T/TA available in a more coordinated fashion.
  - TAP guidance: Webinars, tool-kits, TA outreach
  - Communicate directly with Tribes
  - Conduct a Tribal Policy Academy – SAMHSA/CMHS
  - Creation of the National AI/AN Addiction Technology Transfer Center – SAMHSA/CSAT
Examples of SAMHSA Programs Currently Serving AI/AN Communities

- 17 Strategic Prevention Framework Tribal Incentive Grants
- 54 Drug Free Communities Support grants
- 29 Garrett Lee Smith Tribal Youth Suicide Prevention grants
- 65 Native communities served by Native Aspirations (bullying, violence, and suicide prevention)
- 7 Circles of Care Infrastructure grants for Children’s Mental Health Systems
- 1 Project LAUNCH grantee
- Native American Center for Excellence (provides technical assistance to native communities)
SAMHSA Resources
SAMHSA Website

Consolidation of all SAMHSA Web information onto one website: www.samhsa.gov

Funding Information
- Draft FY 2014 - 2015 Black Grant Application is available for review and comment
- FY 2012 Budget
- FY 2012 Grant Announcements
- FY 2011 Grant Awards
- Grant Awards by State
- Contracts

Data Spotlight for 9.10.2012
8.6 Million Adults Had Suicidal Thoughts in Past Year

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Enter your e-mail address to get updates on the latest news and information from SAMHSA:
The SAMHSA Store

http://store.samhsa.gov/home
AI/NA SAMHSA Store Resources

• 269 AI/NA-focus **free** resources found on www.store.samhsa.gov
  – Includes: posters, brochures, fact-sheets, TIPs and other resources

• There are 95 **free** resources found on prescription drug abuse
  – Includes: PPt presentations, fact-sheets, and population-specific information (adolescents, etc.)
SAMHSA Grants

FY 2012 Grant Announcements

The Grants.gov Contact Center is now available 24 hours a day, 7 days a week, excluding Federal holidays, at 1-800-518-4726 (1-800-518-GRANTS).

Before your organization can submit an electronic application, it needs:
1. DUNS Number registration, can take up to 5 business days.
2. Central Contractor Registry registration, can take 3-5 business days.
3. Grants.gov registration, can take up to 4 business days.

For more information, read Tips on Submitting an Electronic Grant Application (PDF, 100KB).

Center for Substance Abuse Prevention (CSAP) RFAs

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<th>RFA Title</th>
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<td>SP-12-001</td>
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Grants Information

- FY 2011 Grant Awards
- Applying For a SAMHSA Grant
  - New Grants
  - Continuation Grants
  - Apply Online
- Performance Measures / OPA Tool
- Peer Review Process - PDF 796K
- State Agencies Directory - PDF 144K
- Grants Management

http://samhsa.gov/grants
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<td>CSAP SP-13-002</td>
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<td>DFC Mentoring Program</td>
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<td>CMHS SM-13-001</td>
<td>System of Care Expansion Planning Grants</td>
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<td>Statewide Family Network Program</td>
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<td>Statewide Consumer Network Program</td>
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<td>Targeted Capacity Expansion Peer-to-Peer</td>
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<td>Grants to Expand SA Tx Capacity in Adult, Juvenile and Family Drug Courts</td>
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<td>CSAT TI-13-007</td>
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<td>CSAT TI-13-010</td>
<td>Enhancing Opioid Treatment Program Patient Continuity of Care through Data Interoperability</td>
<td>4/3/2013</td>
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<td>CSAT TI-13-012</td>
<td>Cooperative Agreement for SBIRT</td>
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CAPT is a national substance abuse prevention training and TA system dedicated to strengthening prevention systems and the nation’s behavioral health workforce.

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[Link to CAPT website: Captus.samhsa.gov]
GLATTC is part of the ATTC Network, whose audience includes treatment leadership, clinicians and supervisors, recovery support and faith-based providers, medical professionals, and the criminal justice system.

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NACE is a national resource center for up-to-date information on AI/AN substance abuse prevention programs, practices, and policies. NACE also provides technical assistance support for urban and rural prevention programs serving AI/AN populations.

NACE
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nace.samhsa.gov
Fetal Alcohol Spectrum Disorders
Center for Excellence

FASD-CFE is devoted to preventing and treating FASD. The Center is dedicated to providing training, technical assistance and conference/event speakers.

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THANK YOU

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