



Substance Abuse and Mental Health Services Administration

Tribal Technical Advisory Committee Meeting Summary

August 26, 2015



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SAMHSA Tribal Technical Advisory Committee (TTAC)

TTAC Meeting August 26, 2015

In Attendance

TTAC Members

Lisa Wade (alternate), Alaska Area
Vernon Miller, Great Plains Area
George Hamilton (designee), Nashville Area
Amber Kanazbah Crotty (alternate), Navajo Area
Kristi Brooks (designee), Oklahoma Area
Travis Brockie (designee), Portland Area
Anthony J. Francisco, Jr. (alternate), Tucson Area
Jerome “Brooks” Big John, At-Large

Federal Staff

Kana Enomoto, Acting Administrator, SAMHSA
Mirtha Beadle, Director, Office of Tribal Affairs and Policy (OTAP)
Sheila Cooper, Senior Advisor of Tribal Affairs, OTAP
David “Chipper” Dean, Center for Behavioral Health Statistics and Quality
Anne Herron, Director, Division of Regional and National Policy Liaison
Marcy Ronyak, Director, Office of Indian Alcohol and Substance Abuse

Tribal Technical Advisory Committee Meeting Summary

Opening

- Call to Order – *Sheila Cooper, Senior Advisor for Tribal Affairs, Office of Tribal Affairs and Policy (OTAP)*
- Traditional Blessing – *Iris Pretty Paint, SAMHSA Tribal Training and Technical Assistance (TTA) Center*
- Introductions of all Tribal Technical Advisory Committee (TTAC) delegates, federal staff, and contract staff represented
- Approval of April 2015 TTAC Meeting Summary



Acting Administrator's Remarks

Facilitated by Kana Enomoto, Acting Administrator, SAMHSA

Ms. Enomoto shared a letter addressed to the TTAC from former Administrator, Pamela Hyde, who resigned on August 21, 2015. The letter highlighted actions taken to improve the behavioral health of American Indians and Alaska Natives (AI/AN) during her administration and expressed her appreciation for the TTAC's work with SAMHSA. Ms. Enomoto, as the new Acting Administrator, introduced herself and discussed her experience and background, as well as her commitment to continue SAMHSA's programs and resources to support AI/AN communities. Ms. Enomoto reviewed what would be discussed during the Joint National Advisory Committees (Joint NAC), and National Advisory Council (NAC) meetings, and encouraged the TTAC to offer new priorities for work with SAMHSA. TTAC members were reminded there is limited time remaining with this administration and were advised to take full advantage of the SAMHSA support currently available. Kana concluded her remarks by stating that SAMHSA has prioritized an Indian behavioral health initiative, the national Tribal Behavioral Health Agenda (TBHA) and the Office of Tribal Affairs and Policy (OTAP) has been and will be seeking tribal input on the content for the TBHA until the end of the year.

Evaluation Discussion

Facilitated by Mirtha Beadle, Director, Office to Tribal Affairs and Policy (OTAP)

Tribal Grantee Evaluation Activities

Mirtha shared SAMHSA is interested in learning of appropriate avenues, which can be taken to support traditional practices for AI/AN communities to address substance misuse and mental health. Mirtha asked the TTAC members to provide SAMHSA insight and guidance in order to help other federal agencies understand and embrace the traditional practices for behavioral and mental health work in tribal communities. SAMHSA is working to prioritize and acknowledge the practices Indian Country wants to utilize for these efforts.

National Registry of Evidence-Based Programs and Practices (NREPP)

Facilitated by Lisa Patton, Branch Chief, Quality Evaluation and Performance Branch, Center for Behavioral Health Statistics and Quality (CBHSQ)

Lisa discussed NREPP in its current state, and how it will be updated to serve as a better resource for tribes and other communities. SAMHSA wishes to acknowledge promising practices by finding a balance between effective evaluation and promising approaches. Included in the new NREPP update will be an opportunity to further develop the NREPP Learning Center, a tool that has historically been underutilized.

Promising practices will be housed in the NREPP Learning Center, along with highlights of how the practices are being utilized. The Learning Center will be designed as a user-friendly forum, with a focus on practice-based evidence. Lisa asked for TTAC feedback on NREPP and Learning Center, which is outlined below:



Discussion was held about traditional practices versus evidence-based practices and shared the lack of evaluation for traditional practices in AI/AN communities. These practices can be challenging and complex to evaluate due to the diversity of different tribes, however from a traditional viewpoint, the fact that AI/AN traditional practices are working should be enough documentation of evidence. Spirituality is the central theme for traditional practices.

Mirtha shared that SAMHSA remains open to the use of traditional practices in programs and would like to share this information with other federal agencies via the TBHA, with the hope; these agencies will become supportive of these practices, as well.

Navajo Nation was shared as an example to follow for integrating traditional practices within a primary care setting. Navajo uses their traditional medicine men and encourages the use of specific traditional practices, while being able to compensate for this work.

TTAC delegates expressed approval that SAMHSA's NREPP is re-evaluating the Learning Center to be more user friendly and applicable for AI/AN communities.

Cross-Site Evaluation Review

Facilitated by Lisa Patton, Branch Chief, Quality Evaluation and Performance Branch, Center for Behavioral Health Statistics and Quality (CBHSQ)

Lisa provided a brief review of the history of SAMHSA evaluation practices. In 2013, the SAMHSA Evaluation Team (SET) was created in an effort to centralize the review of evaluation contracts. This evaluation team will be adding a "culturally appropriate" component to SAMHSA evaluations (contracts, instruments, training). SAMHSA would like the tribes included in this process moving forward.

TTAC encouraged SAMHSA to not solely rely on national organizations such as the National Congress of American Indians (NCAI) serving as the sole voice on behalf of tribes. Not all tribes are members of NCAI and tribes who are underrepresented may have the greatest needs with no access to resources, which consequently means they are not succeeding or being represented adequately. TTAC members requested information on the timelines for the new evaluation process.

Mirtha stated SAMHSA would move forward with seeking participants for the evaluation process. TTAC members requested an additional step be added to the process, by which the grantee could provide additional information evaluators may be seeking, to avoid any negative reviews.

SAMHSA's Role in Public Health Crisis Response

Facilitated by Anne Herron, Director, Division of National and Regional Liaison, OPPI

Anne discussed SAMHSA's historical involvement responding to disasters by following the current protocol in place and acknowledged these protocols impact states and tribes differently. Anne shared how SAMHSA has recently been pulled into community level crises with no

protocol in place. Anne stated the importance of understanding the distinct difference between national disaster and a behavioral health crisis, as there are different protocols to follow. SAMHSA has some emerging questions in follow-up to recent involvement in responding to crises in tribal communities:

- There is no protocol for responding to a public health crisis on the community level, and SAMHSA is not always confident as to whom they should be speaking or working with. SAMHSA asks the TTAC to assist in the development of a response protocol, while also asking the TTAC what that protocol should look like (i.e. connecting communities with TTA Centers or should it be more involved than that?).
- How can SAMHSA be as helpful to the communities as possible, while also empowering communities to be proactive in developing community tools to utilize in times of crisis?
- Who should SAMHSA's point of contact be during a tribal community crisis? An example was shared about Pine Ridge, as the school district was the point of contact and not the Tribal Leadership – was the school the correct contact?

TTAC members requested information on how tribally declared disasters fit into the protocol. Anne noted SAMHSA does not have anything codified for a tribal disaster, and this needs to be addressed. Additionally, information was shared about the FEMA Tribal Work Group. FEMA is striving to share information about resources currently available for more than natural disasters; however tribes are allowed to join a presidentially declared disaster at their own discretion. FEMA has a TTA Center and other resources available for tribes. Information about the little known SAMHSA Disaster Technical Assistance Center (DTAC) was shared. The DTAC has recently developed culturally appropriate fact sheets designed specifically for tribes. TTAC members were asked to provide Anne any follow-up information and feedback to this session.

TTAC Priorities Update and Emerging Priorities Discussion

Facilitated by Mirtha Beadle, Director, OTAP

Access to Funding

SAMHSA shared the substantial increase in funds awarded to tribes in Fiscal Year 2014. SAMHSA acknowledged tribes are not pleased with the competitive nature of discretionary funding, however the agency is limited in addressing this legislated issue. SAMHSA is interested in finding a good balance between two opposing goals with the competitive nature of grants combined with tribal desires and needs. Mirtha shared information about tribes who receive multiple grants through SAMHSA, which raises a critical question why other tribes are not applying or receiving this grant funding.

TTAC members shared the importance of SAMHSA realizing tribes often contract out for grant writers, and most tribes are limited in capacity as they work diligently to prioritize the most pressing needs in the community. Communication and process are critical elements for SAMHSA to support regarding grant applications, and it is important SAMHSA prioritize successful sharing of grant information with a broader range of tribes.



TTAC delegates also shared about the importance of Tribal Action Plans as a key component for tribes being able to administrate grants. Further, TTAC shared concern that larger tribes with more resources are often the tribes awarded, while smaller tribes with limited resources, who may lack the capacity to fulfill grant applications and requirements, are not. TTAC delegates requested information from SAMHSA regarding those tribes who are not involved with SAMHSA funding, as well as those tribes who are not applying. TTAC members requested an executive summary from SAMHSA outlining the current grant portfolios, as well as TTA support to increase capacity of tribes/tribal programs to seek SAMHSA grant support.

Alcohol and Substance Use Data

Facilitated by David “Chipper” Dean, Social Science Analyst, Center for Behavioral Health Statistics and Quality

Chipper provided an overview of the Indian Alcohol and Substance Abuse (IASA) Interdepartmental Coordinating Committee report being developed by the IASA data workgroup. The IASA is led by SAMHSA and is encompassed of representatives from the Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE), Department of Justice (DOJ), Indian Health Service (IHS), and Health and Human Services (HHS). SAMHSA discussed the goal of the IASA is to publish a report, at the direction from Congress, on the scope of Indian Alcohol and Substance Use. Chipper was successful at getting the above named agencies to work together, as this has proven to be a large task historically. SAMHSA shared Tribal Epidemiology Centers (TECs) data is not included in this report, which the data workgroup hopes to include in future data collection. Chipper stated there are discrepancies in this report, considering each federal agency identifies AI/AN populations differently.

The manner in which data was shared evoked an emotional response and TTAC members expressed frustration with the manner in which this troubling data was shared. TTAC members reminded SAMHSA that the numbers represent their families and communities and requested a more respectful presentation of such staggering data. The TTAC expressed the need to include information from the TECs and stated the report could be considered misleading, and inaccurate, considering TECs data was not included. TEC data is crucial to give the most accurate picture of AI/AN communities and substance use issues within their regions. TTAC informed SAMHSA these numbers are very much a reality in tribal communities, however in the communities it is not numbers that are seen, but rather real individuals and families. TTAC encouraged SAMHSA to present the positive aspects of data in conjunction with the negative data, while also encouraging Native researchers to co-author this report if it is being offered as a report on behalf of Indian Country. TTAC members express their hope that this report will increase the opportunities for tribal consultation and communication in the future. TTAC encouraged SAMHSA to consider an indigenous evaluation task force, since research drives policy.

Office of Tribal Affairs and Policy (OTAP) Update

Facilitated by Mirtha Beadle, Director, OTAP

Tribal Behavioral Health Agenda

Mirtha shared updates regarding the National Tribal Behavioral Health Agenda (TBHA), which has been in an important discussion topic for the TTAC in the recent past. For new TTAC



members, Mirtha mentioned a TTAC discussion on the behavioral health needs and priorities in tribal communities was the beginning in concert with other tribal leader discussions. The TBHA is not a SAMHSA document, but rather a document developed by tribes, for tribes, and will be distributed nationally with support from multiple federal agencies.

The critical needs identified thus far include addressing: Youth, Culture, Identity, and Self-Sufficiency. SAMHSA acknowledges that no single agency can meet these needs but they could be met with the support of other federal agencies. The fundamental issues identified thus far include:

1. Addressing healing from historical and intergenerational trauma.
2. National awareness and support.
3. Utilizing a socio-ecological approach to address behavioral issues with support from various agencies.
4. Prevention is key.
5. Systemic issues need to be addressed.

SAMHSA advised the TTAC to move quickly to get this item on the White House Tribal Nations Conference as an initial step to national acceptance and implementation. SAMHSA asked TTAC to review the fundamental issues outlined above, and to include any additional issues that should be included.

TTAC members requested clarification on whether the TBHA would be outlined for the next 10 years, while also requesting SAMHSA clarify why this agenda is so urgent. SAMHSA stated the current administration is supportive of a tribal behavioral health agenda and wants to ensure continued support for meeting the behavioral health needs of tribal communities. It is critical to use the current administration's support to move the TBHA forward, as a tribally driven document, in an effort to keep this item on the federal forefront for as long as there are unmet behavioral health needs.

TTAC noted collaboration should be a requirement and sharing resources and decision-making power are the only two aspects that can create true collaboration. TTAC suggested sharing the TBHA with the National Congress of American Indians (NCAI) for review by the broader tribal leadership. TTAC members also noted NCAI should not be the only forum, which the TBHA is shared for feedback from tribal representatives, considering not all tribes are recognized by NCAI. With tribal involvement and leadership better opportunities will be created to address behavioral health in Indian Country. SAMHSA asked the TTAC review the TBHA document and provide feedback to Sheila Cooper.

Office of Indian Alcohol and Substance Abuse (OIASA)

Dr. Marcy Ronyak, Director, OIASA

SAMHSA's Tribal Youth Initiative

In 2015 SAMHSA held the first annual Tribal Youth Leaders meeting, as part of the Generation Indigenous Initiative (Gen-I). Marcy discussed SAMHSA's new endeavor to embrace tribal youth. SAMHSA hopes engaging with youth will provide insight on trainings, social media, and



behavioral health topics for Native youth. SAMHSA will also begin a Native youth music challenge to encourage and showcase Native youth talent. The winner will be highlighted on SAMHSA social media sites. Marcy also stated there will be opportunities to engage with Tribal Colleges and Universities, which will focus on behavioral health for this student population.

TTAC members expressed pleasure with SAMHSA's efforts to seek tribal youth leadership, and requested the TTAC be allowed to assist SAMHSA with identifying youth leaders. Further, TTAC members expressed interest in whether SAMHSA will provide funding for this endeavor, as well as information on whether the youth will be provided tools and models to bring their experiences back to their regions, communities, and peers. SAMHSA confirmed tribal leaders will be looked to for youth connections.

Tribal Law and Order Act Activities (TLOA)

Marcy went over the Indian Alcohol and Substance Abuse Memorandum of Agreement (MOA) and shared an update on the development of annual IASA report. Marcy provided an overview of the 12 TLOA responsibilities and the annual report requires input from all partners within HHS, Department of Interior (Bureau of Indian Affairs and Bureau of Indian Education) and Department of Justice.

Recommendations and Follow-Up Items

SAMHSA Follow-Up Items

- Provide a summary outlining the current tribal grant portfolio.
- Provide the TTA support to increase capacity of tribes/tribal programs to seek SAMHSA grant support.

TTAC Follow-Up Items

- To provide SAMHSA insight and guidance to help federal agencies understand and embrace traditional practices for behavioral and mental health work in AI/AN communities.
- To provide feedback to the Anne Herron on responding to a public health crisis in tribal communities. Additionally, TTAC members are asked to provide SAMHSA feedback on the development of a protocol for community crisis response.
anne.herron@samhsa.hhs.gov
- To provide feedback to Lisa Patton on NREPP and the Learning Center.
lisa.patton@cbhsq@samhsa.hhs.gov
- To review the TBHA document and provide feedback to Sheila Cooper.
sheila.cooper@samhsa.hhs.gov



Next Steps

The next TTAC meeting will take place in the late winter or early spring of 2016. Tentative dates currently in discussion include options for either February or April, 2016. SAMHSA will be moving to a new building in January 2016 and the next TTAC meeting will be held at the new headquarters located at 5600 Fishers Lane in Rockville, MD.