



# Substance Abuse and Mental Health Services Administration

## Tribal Technical Advisory Committee Meeting Summary February 1, 2017



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# SAMHSA Tribal Technical Advisory Committee Meeting Summary

February 1, 2017

## Attendees

### **Tribal Technical Advisory Committee (TTAC) Delegates**

Andy Joseph, Jr., TTAC Chairman, *At-Large*  
Lisa Wade, Alternate, *Alaska Area*  
Keith Massaway, Alternate, *Bemidji Area*  
Juana Majel-Dixon, Primary, *California Area*  
Victoria Kitcheyan, Primary, *Great Plains Area*  
JB Kinlacheeny, Tribal Proxy, *Navajo Area*  
Timothy Ballew II, Primary, *Portland Area*  
Anthony J. Francisco, Jr., Alternate, *Tucson Area*

### **Tribal Leaders**

Russell Begaye, President, *Navajo Nation*

### **Federal Staff**

Kana Enomoto, Acting Deputy Assistant Secretary for Mental Health and Substance Use, *Department of Health and Human Services (HHS)*  
Mirtha Beadle, Director, *Office of Tribal Affairs and Policy (OTAP)*  
Jeffrey Dunlap, Acting Director, *Office of Indian Alcohol and Substance Abuse (OIASA)*  
Brian Altman, Acting Director, *Office of Legislative Affairs*  
Deepa Avula, Director, *Office of Financial Resources*  
Monica Feit, Director, *Office of Policy, Planning, and Innovation (OPPI)*  
Jinhee Lee, Public Health Analyst, *Center for Substance Abuse Treatment*

## Opening

- Call to order – Andy Joseph, Jr., TTAC Chairman
- Traditional blessing – Timothy Ballew II, TTAC Delegate
- Introductions of all TTAC delegates, federal staff, and contract staff present
- Review of August 2016 TTAC meeting summary
  - Motion to approve August 2016 TTAC meeting summary
  - Motion accepted; August 2016 TTAC meeting summary approved

## Overview of Meeting Agenda

*Facilitated by Mirtha Beadle, Director for OTAP*

OTAP Director Mirtha Beadle provided an overview of the TTAC meeting agenda, along with a short description of the updates to be provided. This included the following:

- 1) SAMHSA's legislative policies and activity on Capitol Hill, as well as new guidelines that affect the agency's operation.
- 2) SAMHSA's Fiscal Year 2017 (FY17) budget.
- 3) SAMHSA's meetings with the Trump Administration's transition team.
- 4) SAMHSA's TTAC priorities as defined by its delegates from previous meetings, including an opportunity to present new priorities.
- 5) SAMHSA's leadership structure under HHS.
- 6) The Surgeon General's Report on Alcohol, Drugs, and Health.
- 7) Behavioral health and substance misuse use among American Indian and Alaska Native (AI/AN) youth.

## Discussion

Ms. Beadle invited TTAC representatives to comment on the agenda and identify priorities or items they would like to discuss during the meeting. TTAC Chairman Andy Joseph, Jr. began by referring to the list of priorities TTAC members developed during the tribal caucus that was held prior to this meeting. It was suggested to read this list and have SAMHSA determine where in the agenda each priority would be addressed.

California Area TTAC Delegate Juana Majel-Dixon shared the list of priorities, which included the following:

- *Presidential administration transition* – TTAC wants to know what they should expect regarding SAMHSA leadership and the career civil servants who will continue to work closely with TTAC and its members.
- *TTAC response to executive actions* – TTAC wants to know what type of response they can give regarding certain directives by the Trump Administration. The federal hiring freeze outlined in a Presidential Memorandum is of concern, given tribal communities cannot afford to have certain clinical positions vacant for an extended period. Chairman Joseph noted that nearly 1,600 health professional positions remain vacant within the Indian Health Service (IHS), which does not include posts at tribally-operated facilities.
- *SAMHSA response to the Dakota Access Pipeline (DAPL)* – TTAC wants to know if SAMHSA has or will respond to the trauma surrounding the DAPL and its effect on tribal communities. The circumstances surrounding DAPL have resulted in violent outbreaks against peaceful protestors. TTAC recognizes a level of lawlessness around the situation, and therefore advises SAMHSA to deploy mental and behavioral health and substance misuse experts into the affected communities.
- *Notifications and periodic reports* – TTAC would like additional clarity on SAMHSA notifications for funding. This includes details on program eligibility, and specific language that requires partnership with AI/AN communities directly (as opposed to non-



profit groups). As a matter of sustainability, TTAC wants SAMHSA to provide periodic reports outlining action items and completion status.

- *Addressing youth disparities and removal from communities* – TTAC wants to know what SAMHSA can do to support tribal youth who are at risk of being removed from their homes and communities in accordance with the Indian Child Welfare Act (ICWA). During this situation, children undergo an assessment to determine the mental and behavioral health effects generated by abuse and neglect. What is SAMHSA doing at this point to intervene and address the problem—of the child and the home—to prevent the complete removal of the child from the tribal community? The TTAC delegates encouraged SAMHSA to monitor these instances, intervene when possible, and prevent children from getting lost in the system. Great Plains Area TTAC Delegate Victoria Kitcheyan also noted this applies to adolescents being sent away for treatment because there is a significant lack of a tribally-operated or culturally sensitive intervention centers available to tribal youth. Chairman Joseph cited the Healing Lodge of Seven Nations in Spokane, WA, as a successful treatment center that caters to AI/AN youth. However, he also noted the facility is limited by the current number of inpatient beds (16), which raises questions on how SAMHSA can address these types of situations.

## Legislation, Regulatory, Budget, and Grants Updates

*Facilitated by Mirtha Beadle, Director of OTAP*

### Brian Altman, Acting Director of the Office of Legislation

Acting Director of the Office of Legislation Brian Altman provided a handout of his PowerPoint presentation on the 21st Century Cures Act and SAMHSA. He began with background information on the Cures Act and where it drew most of its mental health sections from two separate Congressional bills—H.R. 2646 and S. 2680. The final version of the bill (H.R. 34) was signed into law on December 13, 2016, by President Obama.

The Cures Act includes provisions that impact SAMHSA and the agency's work on prevention, treatment, and recovery support for individuals with, and at risk for, mental illness and substance use disorders. Among the SAMHSA provisions are items specific to Indian Country, which include the following:

- *State Targeted Response (STR) to the Opioid Crisis Grants (TI-17-014)* – As part of the Cures Act, Congress allocated grant funding to address the opioid crisis beginning with FY17. States and territories will be awarded funds based on unmet need for opioid use disorder treatment. Tribes and tribal organizations are ineligible to apply directly; however, any applying state is expected to include tribes within their strategic planning. This is a requirement stated in the funding opportunity announcement (FOA).
- *Garrett Lee Smith (GLS) Campus Suicide Prevention Grant (SM-17-003)* – This program was reauthorized under the Cures Act to address suicide, mental health, and substance misuse issues among institutions of higher learning. Eligible applicants include public and private universities and colleges, and tribal universities and colleges.



- *Adult Suicide Prevention Grant Program* – Congress authorized the creation of this opportunity; however, a FOA has not been released because funding for this program has not been appropriated. Mr. Altman explained the difference between Congressional authorization and appropriation, and how that directs SAMHSA’s grant funding.
- *Sense of Congress* – This is a formal opinion of Congress on matters of interest. While a Sense of Congress is considered legislation, it is not a law to be enforced. If anything, it emphasizes the importance of certain considerations that should be made by federal agencies. In the case of SAMHSA’s suicide prevention and intervention programs, a Sense of Congress encourages the HHS Secretary to “prioritize programs and activities with disproportionately high rates of suicide, such as American Indians and Alaska Natives.”
- *Sober Truth on Preventing Underage Drinking Act Grant (SP-16-007)* – This program is reauthorized under the Cures Act and seeks to reduce alcohol use among youth in communities throughout the U.S. Tribally-operated Drug Free Communities (DFC) support programs are eligible to apply.
- *Crisis Response Grant Program* – Congress authorized the creation of this program which will develop and strengthen bed registry and community-based crisis response systems. Tribes and tribal organizations will be eligible for this opportunity.

## Deepa Avula, Director of the Office of Financial Resources

Mr. Altman invited Director of the Office of Financial Resources Deepa Avula to provide more information on SAMHSA’s Opioid Crisis Grants. This program aims to support comprehensive approaches to the opioid crisis through prevention, treatment, and recovery. It also seeks to reduce the treatment gap for individuals who struggle with opioid addiction but currently do not have access to treatment. Tribes are ineligible for this funding directly, but they must be included as part of a state’s strategic plan. Mr. Altman continued to present on the provisions within the Cures Act that are specific to SAMHSA, agency leadership, and behavioral health. These provisions can be found in Titles 6 through 10 of the act:

- *Title 6: Strengthening Leadership and Accountability* – The Cures Act elevates SAMHSA’s Administrator and Deputy Administrator to Assistant Secretary and Deputy Assistant Secretary positions within HHS. They are now formally titled Assistant Secretary for Mental Health and Substance Use, and Deputy Assistant Secretary for Mental Health and Substance Use, respectively. This is a change in title only, as duties and authorities for both positions remain unchanged. These are political appointment positions requiring Senate confirmation. Title 6 also tasks the HHS Assistant Secretary of Planning and Evaluation with creating an evaluation plan for all HHS behavioral health activities, and creates the Inter-Departmental Serious Mental Illness Coordinating Committee.
- *Title 7: Ensuring Mental and Substance Use Disorder Prevention, Treatment, and Recovery Programs Keep Pace with Science and Technology* – Within this title, OPPI is renamed the National Mental Health and Substance Use Policy Laboratory (Policy Lab). Title 7 also reauthorizes new innovation grant programs at SAMHSA to expand or



replicate evidence-based programs. The National Registry of Evidence-based Programs and Practices is also reauthorized in this section.

- *Title 8: Supporting State Behavioral Health Needs* – This title reauthorizes SAMHSA’s block grant programs, including the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG). These grants are reauthorized at the FY16 funding levels, with some revisions for reporting requirements. Title 8 also requires MHBG grantees to identify a single state agency to administer the grant, and requires HHS to study and report on the block grant distribution formula.
- *Title 9a: Promoting Access to Mental Health and Substance Use Disorder Care for Individuals and Families* – This subtitle reauthorizes SAMHSA’s non-formula based grant programs at the FY16 funding levels. It creates new programs for adult suicide prevention and the agency’s Assertive Community Treatment and Crisis Response initiatives. It also requires the HHS Secretary to disseminate information and provide technical assistance (TA) on evidence-based practices for mental illness and substance use disorders in older adults.
- *Title 9b: Strengthening the Health Care Workforce* – This subtitle reauthorizes the Health Resources and Services Administration’s (HRSA) Mental and Behavioral Health Education Training Grants. It also reauthorizes the Minority Fellowship Program (MFP) and requires regular reporting on the healthcare workforce. MFP is a graduate or doctoral training program for health professionals seeking to address the prevention, treatment, and recovery support issues among racial and ethnic minorities struggling with mental or substance use disorders.
- *Title 9c: Mental Health on Campus Improvement* – This subtitle reauthorizes the GLS Campus grant program, but with additional options on how funding can be used. It also establishes an interagency work group on mental health on college campuses, and convenes groups for public education campaigns focused on campus behavioral health.
- *Title 10: Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents* – This title reauthorizes and updates the Child Mental Health Initiative and grants for substance use disorder treatment and intervention for children and adolescents. It also authorizes HRSA to provide grants to promote primary and behavioral health care integration into pediatric primary care.

Mr. Altman concluded his remarks by highlighting the other titles within the Cures Act that relate to behavioral health but are not specific to SAMHSA. These items can be found in Titles 11 through 13 of the act.

Ms. Avula continued with her remarks on SAMHSA’s budget for FY17. As part of the Obama Administration’s budget for FY17, SAMHSA identified four main priorities: suicide prevention, opioid programs, behavioral health grant programs, and workforce development. However, Congress has not passed a formal FY17 budget, so there cannot be any significant changes to programs and operations. As such, the agency is operating on a Continuing Resolution that will end on April 28, 2017, with current allocations reflecting the FY16 budget. Discussions are underway regarding an FY17 budget, but it is unknown when it will be released or what will be



the areas for appropriation increase and decrease. Despite this delay, SAMHSA has secured appropriations for two program areas through resolution anomalies—a process that makes exceptions to how and when certain funds may be used for government activities. SAMHSA’s anomalies include the STR Opioid Crisis Grant program and activities outlined in the Comprehensive Addiction Recovery Act. The agency has released funding announcements on programs that are currently funded, including several that are open to tribes and tribal organizations, including: Linking Actions for Unmet Needs in Children’s Health Program (Project LAUNCH), Tribal Behavioral Health Grant, DFC, Family Drug Court, Circles of Care, and the GLS Campus grants.

Ms. Avula brought forward a concern regarding SAMHSA’s process for recruiting and reviewing applications. Many have expressed a lack of cultural sensitivity and consideration for AI/AN populations during this process. She noted the agency recently recruited 108 AI/AN reviewers to include in the process moving forward. In any case, SAMHSA is open to recommendations on how to make its processes more inclusive and accommodating when and where possible. Ms. Avula concluded her remarks with an update on the FY18 budget, which has been delayed because of the Presidential transition. SAMHSA has not submitted an FY18 budget, but plans to do so as part of the Trump Administration’s complete budget proposal. The administration expects to have this completed in either April or May 2017. The agency has not received any guidance or notice on what the FY18 budget will include. However, the Trump Administration has said that it will begin the FY19 budget formulating process around the same time that an FY18 budget is proposed. Ms. Avula concluded her remarks by providing an overview of the budget formulation process, which includes the following steps:

- 1) SAMHSA proposes an agency budget to HHS.
- 2) HHS proposes a department budget to the Office of Management and Budget in the Executive Branch.
- 3) The President proposes a complete budget to Congress.

## Monica Feit, Director of the Office of Policy, Planning, and Innovation

Director of OPPI Monica Feit provided an update on the new Presidential Administration based on information she receives as SAMHSA’s point of contact to the transition team. Agency preparations for the transition began before the November 2016 election. As part of an HHS-wide effort, SAMHSA prepared materials on their programs, services, and operations that were shared with the incoming administration. In December 2016, SAMHSA met with the Trump transition team and provided an overview of the agency, including information on the Cures Act, opioid use disorders, mental health, treatment, and recovery. The transition team has assigned Nina Shaefer, a health policy expert, as the policy point of contact for SAMHSA. Ms. Shaefer has been in regular communications with Acting Deputy Assistant Secretary for Mental Health and Substance Use Kana Enomoto to ensure a smooth transition for the agency. There have not been directives from the Trump Administration to end any SAMHSA activities, although more will become known once all appointment positions in HHS are filled. This includes the



nomination of Dr. Tom Price as Secretary of HHS, which had yet to receive Senate confirmation at the time of this meeting.

## Discussion on Legislation and Regulation

Ms. Majel-Dixon began by asking what tribal leaders—specifically TTAC representatives—can do to support SAMHSA programs and advocate for allocated funds. As a federal agency, SAMHSA cannot assist, advocate, or direct tribes to lobby on SAMHSA’s behalf. However, tribal leaders and TTAC members can educate their communities on SAMHSA programs, policies, and priorities.

Regarding the STR Opioid Crisis Grant program, Alaska Area TTAC Delegate Lisa Wade asked if eligibility language within the FOA included “tribal organizations” in addition to “tribes.” In which case, she preferred to limit eligibility to tribes in order to build their capacity and services.

Navajo Nation President Russell Begaye commented on the STR Opioid Crisis Grant and its requirement to include tribes in state strategic plans. For some states, tribal consultation only involves a letter that announces the grant, but no other follow-up or direct outreach. He encouraged SAMHSA to clearly define and outline what states are required to do when including tribal governments and programs. Ms. Majel-Dixon provided additional remarks relating to state partnerships with tribes, and asked, “What happens when states do not use tribally-designated SAMHSA funds?” Some states are using these funds for staff development and justifying the expense with trainings about AI/AN issues. As a result, very little, if any, funds remain for direct services to tribes.

## Discussion on Budget

President Begaye began with a question regarding President Trump’s federal hiring freeze and how it affects AI/AN reviewers and staff support for SAMHSA grant programs. Ms. Avula responded that AI/AN reviewers are not federal employees and are external additions to the process. There currently is no expectation for a delay in review or award processes for grant programs that have funding. President Begaye followed up with concerns over the opioid crisis within the Navajo Nation and asked for more federal support, particularly as it pertains to providers and treatment within IHS and contracted health providers. In response to this request, Ms. Beadle referred to a listing of SAMHSA-supported programs that was shared with TTAC representatives. The listing outlines the grants where tribes can access funding opportunities for various substance misuse, mental health, and behavioral health related issues. The agency provides funding through two major outlets—block grants and discretionary grant pools. SAMHSA has made it a policy to open discretionary grants to tribes unless otherwise prohibited by legislation.

Ms. Wade indicated that even if tribes are eligible for funding this does not remove the competition imposed by non-tribal applicants, and she asked, “Will there be a time when tribes will be exclusively eligible for SAMHSA funds?” Ms. Beadle acknowledged this concern, and noted that SAMHSA has made significant strides to include tribes and tribal organizations over the last few years, beginning with an increase in eligibility. This is supported by the fact that



tribes have been competing for certain grants at higher rates than non-tribal applicants. As a result, a significant number of tribes are awarded funds, which emphasizes the agency's commitment to support AI/AN communities. Ms. Wade also expressed concern over the lack of large grants being awarded to small tribes, including those in Alaska. Ms. Beadle recognized that there are still tribes not being supported, which then poses questions around SAMHSA's tribal outreach. Specifically, how can the agency assist tribes to become competitive applicants for funding? Ms. Wade ended with a concern regarding challenges created by tribal organizations (non-profits) that are seeking federal recognition status. She wants to be sure that current federally recognized tribes are not overlooked or become secondary to other entities.

Ms. Majel-Dixon concluded the discussion with a question regarding grant funds for awards that go beyond a year: "What is the process for receiving funds for each subsequent year after the first year?" Ms. Avula stated that grants are funded on a 12-month cycle beginning in October and ending in September of the following year. Grantees will need to submit a non-competing continuation application if an award extends beyond the first year. However, the funding of any grant depends on Congressional appropriations for each fiscal year. She added that for some grants it is possible to modify the scope of work and continue operations without any additional allocations.

## Discussion on Presidential Transition

Ms. Majel-Dixon asked if the transition team, particularly those working with SAMHSA and HHS, will remain consistent. Ms. Feit indicated that it is uncertain who will remain on the team and whether they will assume permanent roles within the department and agency. In any case, SAMHSA will continue to update TTAC members on staffing and appointments as they are announced.

Portland Area TTAC Delegate Tim Ballew, II commented on the opioid use crisis seen throughout Indian Country. He finds reassurance in knowing the Trump Administration considers the opioid epidemic a significant concern as well. He expressed his hope that this shared concern can help bring much needed resources and support to AI/AN communities.

In addition to the opioid outbreak, Ms. Majel-Dixon discussed the growing rate of human trafficking of Native people in her region. AI/AN people, particularly young women, are being abducted and murdered as part of illegal activity around the U.S.–Mexico border. This is an alarming problem that has created significant trauma and emotional heartache for the community. She encouraged SAMHSA to consider this situation during its collaborations with other federal and state agencies, particularly those dealing with border security.

Tucson Area TTAC Delegate Anthony Francisco, Jr. acknowledged the situation expressed by Ms. Majel-Dixon. However, he also urged SAMHSA and other agencies to be cautiously considerate in their approach to addressing the issue. Mr. Francisco's tribe, the Tohono O'odham Nation in southern Arizona, sits on the U.S.–Mexico border, and many of the tribal members reside in Mexico given that their ancestral land predates the creation of any border. As such, the tribe must be delicate with its U.S. and Mexico relations if they expect to maintain their



community's wellbeing. While human trafficking is a valid concern, it can easily get ensnared in larger politically-charged issues, such as President Trump's proposed border wall. Mr. Francisco advised that SAMHSA approach this delicate situation with consideration of his tribe and respect for their sovereignty.

Chairman Joseph expressed concern over President Trump's executive actions and how they affect AI/AN communities. One of the most significant actions includes the reactivation of the DAPL construction. This situation has already created emotional and psychological distress, and now may continue to produce such negative effects. SAMHSA should therefore be prepared to respond to the situation with necessary mental and behavioral health resources.

Mr. Francisco ended the discussion by referring to the historical and intergenerational trauma AI/AN people have endured over the years. The situations that produce these effects, including those discussed above, are valid and should not be disregarded.

## Office of Tribal Affairs and Policy Update

*Remarks by Mirtha Beadle, Director of OTAP*

Ms. Beadle began with an overview of SAMHSA and its organizational structure. The agency resides in HHS and is led by the Assistant Secretary for Mental Health and Substance Use. SAMHSA has three centers that are responsible for administering and allocating funds for their grant programs: The Center for Mental Health Services, the Center for Substance Abuse Treatment (CSAT), and the Center for Substance Abuse Prevention. OTAP and OIASA reside within OPPI.

OTAP coordinates with AI/AN advisory committees and support teams to create well-informed and tribally-inclusive approaches to addressing issues in Indian Country. These groups include:

- SAIANT – SAMHSA American Indian and Alaska Native Team (agency workgroup)
- WHCNA – White House Council on Native American Affairs (executive workgroup)
- ICNAA – Intradepartmental Council on Native American Affairs (HHS workgroup)
- STAC – Secretary's Tribal Advisory Committee (HHS advisory group)
- TTAC – Tribal Technical Advisory Committee (agency advisory group)
- IASA – Indian Alcohol and Substance Abuse Coordinating Committee (interdepartmental workgroup)

Through regular communication and collaboration with these groups, OTAP can facilitate concerns and agendas among SAMHSA, other federal agencies and departments, and tribal communities.

Ms. Beadle proceeded with information on the Tribal Law and Order Act (TLOA) and how it utilizes the partnerships formed through the IASA workgroup. Through IASA, agencies and departments can determine how their respective authorities and programs can assist in the implementation of TLOA. IASA has categorized the TLOA requirements into workgroups, which include communications, resources, program standards, Native youth, data, memoranda of



agreement, and Tribal Action Plans. These activities are overseen by an executive committee of high-level political appointees from each participating agency or department. However, this committee is currently inactive because most of the political positions have yet to be filled by the new administration.

Ms. Beadle then provided an update on the Tribal Behavioral Health Agenda (TBHA), which was officially released on December 6, 2016. The TBHA is a document that was developed in partnership with IHS and the National Indian Health Board. The TBHA outlines AI/AN priorities on behavioral health and provides strategies for reducing the negative impact of these issues. The agenda also includes an AI/AN Cultural Wisdom Declaration, as a formal acknowledgement of developing culturally derived responses to the healthcare needs of AI/AN populations.

Ms. Beadle ended her remarks with highlights on SAMHSA's MHBG and SABG programs. Language within the applications for these grants includes a clarified expectation of state consultation with tribes. This stronger explanation will hopefully improve state and tribal relations, and provide AI/AN communities with more services through state programs. SAMHSA is now also asking block grantees to provide reports on their work and services with AI/AN tribes. The agency received their first reports for SABG programs who received funding in FY16, and these figures include the number of self-identifying AI/ANs being served within each state.

## Discussion

Ms. Kitcheyan began the discussion with an inquiry on how the AI/AN advisory committees and workgroups can address problems generated by alcohol sales in reservation border towns. She specifically referred to White Clay, NE—a small town just outside the Pine Ridge Sioux Reservation in South Dakota. White Clay and other border towns profit on AI/AN alcoholism and make it difficult for tribal members to recover from addiction. In this situation, she is interested in addressing the root cause of the problem with support from influential governing bodies and officials. Ms. Beadle indicated that SAMHSA does not have the authority to stop alcohol sales in White Clay directly. However, she did propose bringing the issue to a larger body of AI/AN advisors and workgroups. This would include the IASA coordinating committee, where representatives from federal departments can discuss potential resolutions.

Ms. Kitcheyan commented on the youth empowerment component of TLOA and encouraged SAMHSA to strengthen its commitment to this age group. Many AI/AN youth suffer in silence from the ailments plaguing their homes and communities, and the lack of positive influences makes it harder for them to find safe environments where they can be expressive and comforted. Any initiative to support Native youth should begin with an understanding of their emotions and how they see the world around them. Ms. Beadle reassured TTAC members that SAMHSA is committed to supporting AI/AN youth. She referred to the 2014 SAMHSA Native Youth Conference as a first step to including youth interest in agency priorities. The agency will continue its youth-oriented efforts, especially with partner organizations in Indian Country.



## TTAC Priorities Moving Forward

*Facilitated by Andy Joseph Jr., Chair of TTAC with remarks by Mirtha Beadle, Director of OTAP*

Ms. Beadle shared remarks on OTAP and how it has developed SAMHSA and tribal relations. When OTAP first began, it consulted with tribal representatives to develop a list of 10 priorities that would guide SAMHSA's work in Indian Country. The agency has continuously reviewed these priorities to align itself with the current needs of AI/AN communities. As such, SAMHSA has asked TTAC to help identify tribal priorities that represent commonly held concerns and issues. While the number of priorities among AI/AN populations is extensive, it is preferable to bring forward the leading concerns that, if addressed properly, will alleviate some of the other issues. Lastly, Ms. Beadle shared the top three priorities that were identified in recent TTAC conversations:

- 1) Increasing tribal access to SAMHSA grant opportunities.
- 2) Improving communications with AI/AN communities.
- 3) Maintaining and strengthening data collection for AI/AN populations.

### Discussion

Ms. Wade emphasized the importance of making a distinction between tribes and tribal organizations. She asked if there has been any tracking on the number of awards given to federally recognized tribes. Ms. Beadle said based on the most recent data there has been no significant change in the distribution. She recognized the preference for having a "tribes only" eligibility for grants. However, it would present a challenge if the agency makes such a lateral decision without proper consultation. She also noted that some tribes rely on organizations to apply for grants on their behalf. As an alternative, Ms. Wade recommended allowing coalitions to apply for grants. In a coalition, multiple organizations come together in a joint effort to advocate for or address a common issue. Ms. Wade's tribe, the Chickaloon Indian Community, uses coalitions to access funding opportunities and strengthen their competitiveness. As such, SAMHSA should consider coalitions with a requirement to work with and for tribes. Ms. Beadle noted that while SAMHSA distributes a large amount of funds, its ability to shape eligibility is limited to the requirements outlined in legislation; this includes opportunities that have prerequisites in addition to qualifying as a tribal organization or tribe. For example, some grants require applicants to have certain administrative structures, certifications, or certified personnel. Ms. Beadle also acknowledged some tribes are better than others at applying for grants. In which case, SAMHSA does what it can to provide TA and training to tribal applicants to make them more competitive. As final note, Ms. Wade recommended that access be an ongoing priority for TTAC and agency approaches to AI/AN communities. Mr. Ballew supported Ms. Wade's remarks and added that, "it's not just [about] access for funding, it's a result of active acknowledgement of the sovereignty of each tribe by the trustee."

Ms. Majel-Dixon commented on the historical implications of tribal-federal relations and how AI/AN people have not always had the best experiences. SAMHSA is one of the newer agencies to participate in executing the U.S.'s trust responsibilities. As such, its relationship with tribes



does not reflect the level of negativity seen with other agencies. However, moving forward, SAMHSA needs to be more individualistic in its approach and refrain from grouping tribes and tribal organizations together, when possible. Ms. Majel-Dixon recognized the difficulty of serving 567 federally recognized tribes individually, to which she recommended a distribution of resources based on regions and service populations. Chairman Joseph suggested SAMHSA consider looking at how IHS distributes its funds through user populations and direct shares. Ms. Wade also provided an example of how the IHS method has given her tribe a little leverage on receiving and managing funds, as her tribe received compacted IHS funds and contracted out to non-profits to render services. Ms. Beadle indicated that SAMHSA has considered using IHS funding models, however, it has yet to find a legal route that would allow such a method. SAMHSA is not funded in the same way as IHS, and many of the agency's fund distribution methods would require a change in the governing law.

Ms. Beadle ended the discussion with an update on SAMHSA's tribal grantee database. The agency is currently building a website that will house all AI/AN programs currently being funded. Tribes and tribal organizations can use this resource to learn about grantees, their projects, and effective approaches to addressing mental and behavioral health and substance misuse issues.

## Office of the Assistant Secretary Remarks

*Remarks by Kana Enomoto, Acting Deputy Assistant Secretary for Mental Health and Substance Use, HHS*

Ms. Enomoto currently serves as Acting Deputy Assistant Secretary for Mental Health and Substance Use until an individual is appointed and confirmed. Any official appointment to this position will be determined by the new Assistant Secretary for Mental Health and Substance Use. In any case, Ms. Enomoto expressed her intent to continue working at SAMHSA as a civil servant. She and other career employees will be providing recommendations to the new leadership, which will include guidance on SAMHSA's work with AI/AN communities, and Ms. Enomoto reassured her commitment to support the agency's work in Indian Country

## Discussion

Ms. Majel-Dixon began the discussion by providing a list of TTAC priorities and concerns that were identified during the tribal caucus held prior to the meeting. The following items are in addition to those discussed during the agenda overview section:

- What impact does the new Presidential Administration have on SAMHSA, its programs, and its personnel, specifically as it pertains to AI/AN and tribal services?
- Does SAMHSA currently have any reimbursement agreements with the Department of Veterans Affairs (VA), and if not, is it possible to develop a model? A reference is the reimbursement agreement established between the VA and IHS for health services provided to AI/AN veterans.



- What are SAMHSA's FY17 funding priorities and should TTAC expect any significant changes? This includes any expectations for when the current continuing resolution has ended.
- Can TTAC develop a resolution supporting the exemption of AI/AN service personnel from the federal hiring freeze initiated by the Trump Administration?
- What are SAMHSA's guidelines regarding collaboration models and multiple organizations, particularly non-profits, applying for funding as a coalition? The coalition would be the applicant with a requirement that any awards be used to support tribal communities.
- Can SAMHSA deploy mid-level mental and behavioral health professionals into Indian Country to provide treatment for a significant amount of time? This is especially important during traumatic situations and outbreaks in suicide.
- What can SAMHSA do to address the trauma and behavioral health outcomes associated with the DAPL?
- What can SAMHSA do to strengthen and monitor how states conduct outreach and services to AI/AN tribes? Not all states conduct effective consultation or provide effective direct services to tribes in their area.
- What can SAMHSA do to give funding priority to federally recognized tribes, as opposed to tribal organizations that do not have a tribal status and mostly operate as a non-profit?
- What can SAMHSA do to address human trafficking, especially regarding abducted and murdered AI/AN women and children?
- What are the possibilities of having SAMHSA issue a memorandum of understanding (MOU) recognizing AI/AN treaty rights? This would be similar to the 2016 MOU initiated by the Environmental Protection Agency encouraging interagency coordination and collaboration for the protection of tribal treaty rights.

Ms. Beadle responded that, for several reasons, SAMHSA does not consider an MOU a viable option. However, the agency has issued a response to the United Nations Declaration on the Rights of Indigenous People through the U.S. Department of State which included information on the development of the TBHA. In addition to having official support letters from Ms. Enomoto and formal Principal Deputy Director of IHS Mary Smith, the TBHA also includes a Cultural Wisdom Declaration. This declaration is a positive step forward in recognizing and respecting AI/AN culture and history.

## The Surgeon General's Report on Alcohol, Drugs, and Health

*Remarks by Jinhee Lee, Public Health Analyst, CSAT*

Public Health Analyst Dr. Jinhee Lee, managing editor for the Surgeon General's Report on Alcohol, Drugs, and Health, provided the latest updates and activities relating to the report. The Surgeon General announced the creation of the 400-page report, which was released to Congressional staffers. To date, there have been 13,000 downloads and 100,000 views of the

report within the first few days. Additionally, printed copies were all sold out. This report is not new information, but it combines all the information across the spectrum into one document championed by the Surgeon General. Highlights include:

- Rationales for the report were to define “substance use” versus “substance use disorder,” make information accessible to everyone and anyone, and review the best available science.
- Recovery is rarely discussed but it should be celebrated.
- The report discusses the Affordable Care Act and its requirements to provide substance abuse treatment.
- Substance abuse and misuse are medical disorders.
- The executive summary is online for additional reference.

## Discussion

During the discussion, Dr. Lee referenced the back of each chapter, which presents the data gathered and resources available from other partners. Captain Andrew Hunt, a public health analyst with SAMHSA, expressed gratitude for the report and that it can be used as a cited resource in tribal advocacy efforts.

## Tribal Youth Presentation

*Remarks by Maegan Ray, TA Coordinator, SAMHSA Tribal Training and Technical Assistance (TTA) Center*

TA Coordinator Maegan Ray delivered a PowerPoint presentation titled, “*HiNTHIL KA WII CHOU: Keeping Our Youth Safe and Sacred.*” The presentation focused on the Native youth perspective regarding suicide prevention and substance misuse, including what is working and what is not working, and what is currently needed to be successful. Ms. Ray’s presentation also addressed being able to assist those who have attempted suicide and those who remain after a completed suicide. The following sections provide presentation highlights and discussion items.

## Healing from Native Youth Suicide

Challenges for Native youth dealing with the issue of suicide include:

- Lack of open conversations and having a trusted adult to confide in and talk to.
- Need for more willingness to listen to the youth vent, especially when there is no support at home or in the community.
- Suicide help lines are not always culturally specific or sensitive.
- Lack of culture, especially among urban settings, including traditional leaders and other connections to youth who are tied to culture.
- Inconsistency – communities are unaware of funding opportunities, funding drains out, turnover frequently occurs with staffing, and there is a lack of research websites for available resources and to seek additional assistance.

- Difficult identifying resources; for example, “how do we reach the youth who are able to attend conferences?”
- Uncertainty about when is the time right to ask youth if they are thinking about suicide.

To address such challenges, Ms. Ray shared solutions such as Question, Persuade, Refer Gatekeeper training; SafeTalk; Mental Health First Aid; talking circles; identify trusting adults; crisis intervention plan; and aftercare for youth (from suicide attempts or those who remain after completions).

## Addressing Native Youth Underage Drinking and Drug Misuse

Ms. Ray offered the following resources for addressing Native youth alcohol and substance misuse:

- Applied Suicide Intervention Skills Training
- Tribal TTA Center
- Native Connections
- Project Venture
- Conflict Resolution Unlimited for Middle School Peer Mediators
- American Indian Life Skills Development
- We R Native
- The Center for Native American Youth (Gen-I Network)

## Understanding Mental Health among Native Youth and Young Adults

Ms. Ray shared that risk factors for Native youth and young adults include lack of awareness and/or support, living in rural areas, weather concerns, and recent instances of illness or suicide in family. In addition, sometimes it is hard to distinguish between mental health behavior or general youth “acting out.” Protective factors that can support youth are having a parent or guardian who they can go to vent and be themselves, as well as cultural methods to include smudging, sweats, beading, weaving. To prevent and address crisis situations, it is important to identify what is the protocol in one’s community, and discuss in advance how to prepare for responding to and preventing crisis.

Regarding suicide prevention and aftercare, Ms. Ray posed the following question for consideration at the community level: Are we personally ready to deal with the situation? We can have all the funding, resources, and trainings, but are we personally and/or communally ready?

## The Forgotten Youth...Young Adults (Ages 18 to 26)

Challenges for this age group include:

- Identifying opportunities for those without a high school diploma or GED.
- Recently released from rehab or jail/prison.

- Lack of support for making a step into college (family, community, and service providers).
- Taking on a parent role.
- Transitional period – lack of personal responsibilities.
- Most substance abuse and mental health programs serve youth up to 24 years old.

Ms. Ray offered several solutions and resources in response to these challenges, such as: school counselors and community advocates, education programs extended past high school, widening programs' scope of service, trainings and skill building programs, basic life skills programs, and talking circles.

## Breaking the Silence: The Importance of Youth Voice

Ms. Ray shared that important elements for including the Native youth voice are decision making, readiness level, talking circles, digital storytelling, access to counseling, peer-to-peer mentoring, and trauma aftercare.

Ms. Beadle asked, “What do youth feel like is impeding their ability to have a voice?” Ms. Ray explained one aspect is how to “say no” to the elders and to those with the degrees. As for the financial aspect, youth have little control over how money and funding is being spent. Youth may present ideas, but they are often overruled by higher powers. Ms. Ray then discussed that what is working for Native youth and young adults includes approaches such as youth leadership training, the Gathering of Native Americans curriculum, digital storytelling, peer-to-peer mentoring, positive role models, and college preparation programs. She also discussed the concept of “Culture is Prevention,” including traditional strategies such as powwow, drumming, dance and ceremonies, basket making and beading, sweats, and Round House. Ms. Ray concluded with a digital story presentation on *My Greatest High* and *Mom’s Mental Disorder*, stories which represent an important outlet to release emotions, and dissolve fear and anxiety.

## Wrap-up

Ms. Beadle announced and shared information about the Joint National Advisory Committee (JNAC) meeting for the following day at SAMHSA headquarters. She indicated she would update actions from the last meeting and send a follow-up letter to the TTAC delegates. Acting Director for OIASA Jeffrey Dunlap explained that each committee will be providing a report at the JNAC meeting, and that TTAC would provide a 5-minute update. In closing, a traditional prayer and adjournment was offered by Chairman Joseph.

## Recommendations and Follow-Up Items

### TTAC Recommendations

- 1) Develop a TTAC response to executive actions, on what the delegates can offer regarding certain directives issued by the Trump Administration.
- 2) SAMHSA to assist in addressing the hiring freeze and maintaining a public safety net.



- 3) Allow TTAC members to participate in the development of grant applications and to ensure that tribal societies benefit from the state block grant process.
- 4) TTAC discussed being part of the funding process notification for future budget planning.

## SAMHSA Action Items

- 1) Provide details on SAMHSA leadership and the career civil servants who work closely with TTAC under the Presidential Administration transition period.
- 2) Provide information regarding SAMHSA's response to the DAPL and how they will respond to its traumatic effect on tribal communities.
- 3) Provide more clarity on SAMHSA notifications for funding, to include details on program eligibility and specific language that requires partnership with AI/AN communities directly (as opposed to non-profits groups). Additionally, provide periodic reports outlining action items and completion status.
- 4) Support tribal youth who are at risk of being removed from their homes and communities in accordance with ICWA. In addition, consider the ability to intervene and address the problem in order to prevent the complete removal of the child from the tribal community.
- 5) Consider and develop teams in critical states to address suicide issues, and have personnel respond as behavioral health therapist teams coming into Indian Country and Alaska to spend dedicated time for affecting change.
- 6) Allow tailored response teams to travel to affected trauma areas to address medical, mental health, and substance misuse issues, as well as those who are victims to violent acts.
- 7) Develop a team to focus on the issue of human trafficking, including tribes in the affected territories.

## Meeting Feedback

Meeting evaluations were distributed to all TTAC members onsite and two completed evaluations were returned. TTAC members expressed satisfaction with the hospitality of the staff and the meeting management. There were concerns expressed during the JNAC and NAC meetings about having a dedicated facilitator for the sessions to provide time management for ongoing discussions, and for addressing cultural and communication barriers. Delegates also recommended providing electronic files of the meeting presentation and materials, rather than hard copy binders. Tribal TTA Center staff will continue to follow up with the delegates to ensure all have an opportunity to provide evaluation feedback.

## SAMHSA TTAC Upcoming Meetings

The next biannual TTAC meeting is scheduled for June 25 through 26, 2017. The formal approval and specific location is pending. The following additional dates are being considered for the next JNAC and NAC meetings:

- August 11, 2017 – JNAC meeting
- August 17, 2017 – NAC meeting