

SAMHSA Tribal Technical Advisory Committee Meeting

April 25, 2023, 9:00 a.m.-5:00 p.m. SAMHSA Headquarters
Rockville, MD 20857

The Office of Tribal Affairs and Policy (OTAP) hosted the Tribal Technical Advisory Committee (TTAC) Meeting on April 25, 2023.

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Tuesday, April 25, 2023

TTAC Member Attendees

Co-Chair Joe Garcia
Ohkay Owingay Pueblo
Albuquerque Area Delegate

Mary Ann Mills
Kenaitze Indian Tribe
Alaska Area Delegate

Jacqueline Platero (virtual)
Diné
Albuquerque Area Alternate

Sonia Weston
Oglala Sioux Tribe
Great Plains Area Delegate

Curtis Yanito
Diné
Navajo Area Alternate

Co-Chair Juana Majel-Dixon (virtual)
Pauma Band of Mission Indians
California Area Delegate

Marilyn Andon (virtual)
Tanana Chiefs Conference
Alaska Area Alternate

Phyllis Davis (virtual)
Match-E-Be-Nash-She-Wish Band of Pottawatomis Indians
Bemidji Area Delegate

Beverly Cook (virtual)
St. Regis Mohawk
Nashville Area Delegate

Terri Parton
Wichita and Affiliated Tribes
Oklahoma Area Alternate

Absent

Affiliation/Tribal Area	Name	Title
<i>Crow Creek Sioux Tribe/Great Plains Area Alternate</i>	Peter Lengkeek	Chairman
<i>Navajo Nation/Navajo Area</i>	Buu Nygren	President
<i>Upper Skagit Indian Tribe/Portland Area</i>	Marilyn Scott	Vice-Chairman
<i>Makah Tribe/Portland Area</i>	Nate Tyler	Councilman
<i>Lummi Nation/At-Large</i>	Nickolaus Dee Lewis, Jr.	Council Member

SAMHSA Attendees

Miriam Delphin-Rittmon, PhD
Assistant Secretary for Mental Health and Substance Use

Kimberly Beniquez
Public Health Advisor, OTAP, OAISA, OIPA

CAPT Kari Hearod, MSW, LCSW
Director, OTAP, Office of Indian Alcohol and Substance Abuse (OIASA), Office of Intergovernmental and Public Affairs (OIPA)

Jared Stokes, EdD, MA, MPH
Public Health Advisor, OTAP, OAISA, OIPA

Brittany Barber-Alexander, MSW, LCSW
Public Health Advisor, Grant Project Office, Tribal
Opioid Response

CAPT Sean Belouin, PharmD
Senior Pharmacist, Division of Workplace
Programs (DWP), SAMHSA

Paul Kalchbrenner, JD, MSL
Public Health Advisor, OTAP, OIPA

William Longinetti, MS
Public Health Advisor, OTAP, OIPA

LCDR Joshua Hunt, PharmD
Senior Pharmacist, DWP, SAMHSA

R. Cameron Wolf, PhD
Senior Advisor
Center for Substance Abuse Prevention, Office
of Prevention Innovation

Irene Darko
Public Health Advisor, OTAP, OIPA

Denyse Dillon
Public Health Advisor, Office of Financial
Resources

Other Federal Attendees

D. Tecumseh (Seh “Shay”) Welch, PhD, MBA
Acting Director
Office of Tribal Affairs and Alliances Prevention
Centers for Disease Control and Prevention

Non-federal Attendees

Nathan Billy
Michelle Brandser
Dash Avito
Bernadette EchoHawk
Rebecca Fisher

Shauna Humphreys
Tiffany Jefferson
Candice Jimenez
Don Lyons
Josh Schuyler

Barb Smutek
Robin Tapio
Mark Taylor
Tosa Two Heart

9:00 a.m. – Tribal Leader Caucus

- TTAC delegates held a Tribal Caucus session closed to the public, with Don Lyons in attendance to help facilitate the session. This session ended at approximately 10:30 a.m. Eastern Time (ET). Other meeting attendees were allowed to enter the room for the main TTAC meeting.

10:00 a.m. – Call to Order

Call to Order

- Co-Chair **Joe Garcia** called meeting to order at 10:37 a.m. ET. He gave a blessing in his language and began business.

Roll Call

- OTAP staff member **Kimberly Beniquez** gave a roll call, and the meeting was called to order at 10:57 a.m. ET. Eleven TTAC delegates were in attendance, both in person and virtually. There was

a quorum.

Introductions

- Facilitator **Don Lyons** confirmed that the co-chair wanted to continue the meeting with introductions. Attendees in person and online provided brief introductions.

Welcome and Review of Meeting Agenda – Business Discussion

- **CAPT Kari Hearod** noted that the Assistant Secretary would be joining soon. She reviewed the agenda and discussed what would occur after the lunch break. Prior to the Assistant Secretary's arrival, CAPT Hearod briefly reviewed the work that has been done with the Tribal Behavioral Health Agenda (TBHA). She mentioned that more detailed information would be discussed in the afternoon.
- **CAPT Hearod** shared information about Notice of Funding Opportunities, including the Tribal Opioid Response (TOR) grant, an American Indian/Alaska Native (AI/AN) Behavioral Health Center of Excellence, the Native Connections grant, and the Circles of Care grant. She also mentioned a potential funding opportunity for support for 988 Tribal Response. This existing grant did not receive many applicants when it was previously released. SAMHSA has incorporated feedback they received as to why that might have happened.
- **CAPT Hearod** also noted her staff has been working to make Tribal information more accessible on the SAMHSA website. This information can be accessed through <https://www.samhsa.gov/Tribal-affairs>.
- **CAPT Hearod** mentioned that SAMHSA's Draft Strategic Plan is open for public comment currently; comments were accepted through April 27, 2023.
- On March 27, in collaboration with the Drug Enforcement Administration (DEA), SAMHSA held a Tribal educator listening session. They are gathering information on how to implement the Medication Access and Training Expansion (MATE) specifically from Tribal educators.
- In coordination with the Administration for Children and Families and the Indian Health Service (IHS), SAMHSA will be holding a virtual summit for Tribal communities to discuss best practices for children's behavioral health.
- **CAPT Hearod** wanted to hear ideas about how best TTAC thought they could move ideas and suggestions forward regarding the upcoming TTAC meetings to ensure they are heard.
- **Terri Parton** asked that TTAC members' term expiration dates be included on the TTAC website.
- Regarding the child behavioral health summit, **Robin Tapio**¹ expressed the concern that IHS lacks the capacity to fully serve both adult and child populations. She raised the possibility of SAMHSA offering grants to court systems to address child gun cases.
- **Co-Chair Garcia** asked about federally-recognized Tribes that lack direct contact or funding

¹ Robin Tapio is a council member with the Oglala Sioux Nation. She attended to the event with delegate Weston. As a Tribal leader, Co-Chair Garcia welcomed her to the table. Before commenting, she asked permission and was allowed to speak on the record.

from SAMHSA, and how to bridge the gap in those communities.

- Noting SAMHSA does not address the gun issue directly, **CAPT Heard** pointed members to the Indigenous Project Linking Actions for Unmet Needs in Children’s Health (Project I-LAUNCH) as an example of a SAMHSA program that addresses school-aged children’s behavioral and social health.
- Co-Chair **Juana Majel-Dixon** raised the ongoing issue of human trafficking, particularly girls and women, and violence towards women as topics for future deliberation by TTAC.
- **Sonia Weston** pointed to Project AWARE (Advancing Wellness and Resiliency in Education) as another SAMHSA initiative relevant to child health with a particular focus on training and capacity building.

11:00 a.m. – TTAC Welcome and Dialogue with Assistant Secretary

- **Co-Chair Garcia** welcomed SAMHSA Assistant Secretary for Mental Health and Substance Abuse, Dr. Miriam Delphin-Rittmon, and invited her to provide remarks to the delegates.
- **Dr. Delphin-Rittmon** thanked the delegates for the invitation and their service to SAMHSA on behalf of their communities. She began her remarks by providing further updates on SAMHSA’s draft 2023-2026 strategic plan, noting that strengthening the behavioral health workforce has been added as one of the five key priority areas. Trauma-informed care has also been added as one of SAMHSA’s cross-cutting principles.
- **Dr. Delphin-Rittmon** then discussed SAMHSA’s activities related to harm reduction, which is one of the key pillars of the HHS Overdose Reduction Strategy. HHS is finalizing its Harm Reduction Framework, which emerged from the first-ever Harm Reduction Summit that was held last year and is expected to be published this summer. The framework will inform harm reduction best practices, activities, and policies and programs.
- The State Opioid Response (SOR) and TOR grant programs continue to be priorities for SAMHSA when it comes to addressing overdoses. Since the programs’ inception, over 460,000 overdoses have been reversed due to the dissemination of naloxone kits throughout the country. The federal government is also working to address the overdose crisis via policymaking. Examples include the MATE Act and the Mainstreaming Addiction Treatment (MAT) Act, as well as SAMHSA’s recent proposed rulemaking to update regulatory language related to opioid treatment programs.
- Enhancing access to suicide prevention and crisis care is another high-priority area for SAMHSA. SAMHSA supports over 200 suicide and crisis lifeline centers across the country and has recently hired a new director of the 988 Office to lead the effort to expand on these programs. Over the past year, the 988 Lifeline has seen a significant increase in contact volume and response rate, with increased services provided via chat and text, and faster times overall. **Dr. Delphin-Rittmon** also highlighted SAMHSA’s 988 Partner Toolkit, which provides resources such as social media content for local partners to strengthen awareness of 988. HHS is also working to update its suicide prevention national strategy and action plan, which it hopes to publish in January of 2024.
- **Dr. Delphin-Rittmon** updated the TTAC on SAMHSA’s Certified Community Behavioral Health Clinic (CCBHC) initiative. There are now over 500 CCBHCs across the country, which offer mental

health and substance use services regardless of ability to pay. CCBHCs follow a "no wrong door" principle and offer 24/7 crisis services in the community. Data has shown that the CCBHC model improves health and social connectedness and decreases hospitalization, emergency room visits, and incidents of psychological distress.

- **Dr. Delphin-Rittmon** provided an update on SAMHSA's internal efforts to strengthen its workforce and improve the workplace culture and environment. This initiative, called SAMHSA STRONG, has prioritized transparency, communication, respect, and professional growth, and has led to significant improvement in the agency's scores in federal workplace surveys and rankings.
- **Co-Chair Garcia** suggested SAMHSA consider convening a Tribal youth suicide policy academy mirroring the upcoming Black Youth Suicide Policy Academy Dr. Delphin-Rittmon mentioned in her remarks. He also highlighted the need for behavioral health centers and programs that target the transition from elementary to middle school, which can often be a vulnerable phase for adolescents.
- **Ms. Parton** stated that two-year grants are often too short, particularly given the administrative burden and the time it takes to find and onboard new hires. She also recommended HHS consider including a TTAC representative at its budget formulation meetings to testify to the importance of suicide prevention programs. She noted her Tribe follows the "culture is prevention" rubric. **Dr. Delphin-Rittmon** said these were all good points that HHS/SAMHSA will take into consideration, although she noted that grant lengths are often specified by Congress. Given the complexity of the federal budgeting process, maintaining open lines of communication via Tribal consultations and Tribal advisory committees is vital.
- **Phyllis Davis** said she would like to see the agency attempt to devise a funding formula giving more opportunities to a wider swath of Tribes and consider ways to improve resource- and information-sharing between agencies operating in Indian Country.
- **Mary Ann Mills** asked if the agency's harm reduction-related efforts will address harm caused by colonization.
- **Dr. Delphin-Rittmon** acknowledged the generational effects of colonization, which the agency aims to incorporate within its cross-cutting principle of taking trauma-informed approaches to its work.
- **Beverly Cook** expressed the worry that men are being overlooked as a target for federal behavioral health funding, noting men are often the victims of domestic violence and abuse themselves. She emphasized the need to build and strengthen connections across the whole community.
- **Dr. Delphin-Rittmon** also discussed with TTAC her agency's willingness to streamline the grant application process, where feasible, to better conform to Tribal legal requirements.

1:30 p.m. – National Tribal Behavioral Health Agenda

- **CAPT Heard** presented OTAP's efforts to update and improve the National Tribal Behavioral Health Agenda (TBHA). The most common criticisms of the TBHA were it was too long and not easily digestible (over 92 pages). To address these concerns, OTAP staff led a Prezi slide presentation repackaging and highlighting important components of the TBHA in a more

easy-to-digest manner. OTAP has also been working to update the sense of urgency section of the TBHA to make sure it has the most recent data available.

- **CAPT Hearod** went through the TBHA Prezi with the delegates to ask their feedback. Much like the agenda itself, the introduction section emphasizes the importance of acknowledging and honoring the ancestral Tribal knowledge, wisdom, and cultural practices of AI/AN people. There is a slide that lays out the goal of the TBHA, which is to "elevate the importance of behavioral health for Native people, identify priorities developed by them, and guide strategies to improve the wellbeing of youth, families, and communities." Among other information provided in the TBHA, the presentation notes the history of unethical research conducted by the federal government on AI/AN Tribes, which has led to distrust and reluctance to participate in research among Tribal communities. The presentation also touches on historical and intergenerational trauma, blood quantum requirements, the impact of the judicial system, and the importance of social and emotional wellbeing as part of the indigenous definition of health.
- **CAPT Hearod** relayed comments from the listening sessions suggested the presentation should include sections about youth and veterans. SAMHSA hopes to disseminate the presentation among federal partners as an informational tool once it has been completed and finalized with additional feedback. CAPT Hearod expects it to exist as a living document that will be regularly updated.
- **CAPT Hearod** was interested in getting feedback from TTAC on whether a chapter discussing the impact of the COVID-19 pandemic should be added to the TBHA. She noted the pandemic had a devastating impact on Tribal communities, including language loss, a severe decline in life expectancy, and significant stress to the healthcare system and workforce. Other possible topics for additional information suggested at the listening sessions include culturally-informed technical assistance for the grant-writing process, infancy and early childhood, intergenerational households, the shifting landscape of substance abuse (i.e., the emergence of new substances), and resources for LGBTQ+ communities.
- **Ms. Parton** said her Tribe has struggled with the fact that Two-Spirit has not historically been part of the Tribe's cultural tradition and asked if SAMHSA has a definition of Two-Spirit. **CAPT Hearod** said SAMHSA does not have such a definition. Staff has been trained to not assume all Tribes have Two-Spirit as part of their traditional culture.
- **Co-Chair Garcia** commented on the need for promotion and for people to get trained on the TBHA so they can use it effectively; the need for better and more inclusive data, and the fact that listening sessions might be missing the perspectives of boots-on-the-ground practitioners.
- **Co-Chair Majel-Dixon** spoke about the declining knowledge about the Tribes among representatives to Congress, her aversion to the terms "Native American" and "indigenous" when referring to sovereign Tribal nations, and her concerns that Tribal sovereignty is under attack. TTAC has a vital role to play in leveraging behavioral and mental health resources to strengthen Tribal youth. She discussed how the suicide crisis and the drug epidemics are interconnected and are tantamount to a genocidal attack on Tribal youth. **Co-Chair Majel-Dixon** concluded her comments by underscoring the resilience of Tribal communities in the face of adversity which they have shown at many points throughout their history.

- **Co-Chair Garcia** suggested SAMHSA make the TBHA easier to find on the OTAP website. **CAPT Hearod** said her team will work on that.

2:00 p.m. – TTAC Charter • TTAC Committees • Future TTAC Events – 2023 Dates and Logistics

- **Mr. Lyons** facilitated a discussion among TTAC members about recent updates to the TTAC charter. TTAC members were provided the 2015 version, the 2023 proposed update, and a document highlighting changes between the two.
- **Ms. Beniquez** from OTAP briefly provided an overview of the charter revisions and the history of the revision process, which included discussion at prior TTAC meetings. She noted the revised charter has been reviewed and approved by the HHS Office of the General Counsel (OGC).
- **Ms. Parton** asked for clarity on the new prioritized nominee category of "designated Tribal Official" added to "other elected or traditionally appointed Tribal Official" and whether the designated official still must have been elected or appointed. She worried that allowing for designated officials might lead to future committees being comprised of Tribal staff rather than Tribal leaders, and such language might conflict with statutory language.
- **Co-Chair Garcia** said non-leaders, such as behavioral health practitioners, have served as TTAC members in the past, as appointed by a Tribe. Delegates discussed the importance of Tribal leaders themselves serving on the TTAC given their knowledge and experience and their ability to speak for entire communities.
- Given these questions and the fact that there are new TTAC members, **CAPT Hearod** suggested the TTAC hold off on voting on the charter to give everyone a chance to read through it and highlight additional questions and concerns.
- **Co-Chair Majel-Dixon** acknowledged the importance of Tribal leadership having a voice in the federal trust relationship, while also highlighting the value of subject matter expertise and boots-on-the-ground experience.
- **Chief Cook** pointed out Tribal leaders often have busy schedules and Tribes who choose to designate certain individuals should be respected in their decisions.
- **Co-Chair Garcia** seconded CAPT Hearod's suggestion that the TTAC members continue to review the charter offline and postpone approval to a later date.
- **Mr. Lyons** then led the delegates in a discussion of dates and locations for future TTAC meetings. TTAC hopes to meet at least once in-person and twice virtually in the coming year.
- **CAPT Hearod** relayed the Centers for Disease Control and Prevention (CDC) has expressed interest in a joint meeting with IHS and TTAC in February of 2024 in Washington, D.C. Delegates raised the possibility there might be scheduling conflicts with that date because the IHS budget formulation meeting usually occurs in mid-February. **CAPT Hearod** said they can negotiate with CDC on a time that works with all parties. **Dr. Seh Welch**, joining virtually from CDC, said they would be open to dates throughout January and February.
- **Mr. Lyons** noted delegates Nate Tyler and Nick Lewis have offered to host a TTAC meeting in the Pacific Northwest.
- **CAPT Hearod** pointed out the 2023 National Tribal Opioid Summit will be taking place in Tulalip,

Washington, August 22-24, and TTAC might be interested in pairing its meeting with that event.

- SAMHSA will also be holding a Tribal Recovery Summit in Dallas, Texas that month. The consensus was there are too many conflicts in the month of August, which made February the better option for an in-person meeting. Delegates expressed interest in returning to more frequent in-person meetings. **Mr. Lyons** asked TTAC members to check their availability for dates in early or late February 2024.

SAMHSA Psychedelic Work Group

- **LCDR Joshua Hunt**, Division of Workplace Programs, SAMHSA, briefed TTAC on potential policy considerations related to the use of psychedelics in emerging therapies and seeking input from Tribal communities on the subject. Promising research on the ability of psychedelics to help address mental health conditions (e.g., addiction, PTSD, and depression) has led to increased attention in the media, the pharmaceutical industry, and Congress. Some states and municipalities are moving ahead with plans to decriminalize or legalize these substances without federal guidance or infrastructure, which could lead to a confusing legal and regulatory environment, much like the situation with cannabis. SAMHSA sees the urgent need for public health input on the use of psychedelics given the context of increasing trauma, addiction, depression, and suicide. If psychedelics and related substances are demonstrated to have safe and effective therapeutic modalities, it will be vital to study the scalability, operational, and infrastructure considerations necessary to ensure equitable health outcomes for minority and underserved populations.
- **LCDR Hunt** briefly discussed the history of psychedelics, which includes both natural substances with ancient medicinal and cultural ties to indigenous cultures (such as peyote and psilocybin) and modern synthetic substances (e.g., LSD). Following their emergence into popular consciousness in the cultural movements of the 1960s and related misuses and stigmatization, psychedelics were included as scheduled substances in the Controlled Substances Act of 1970, which led to limitations in their use in medical research. Recent years, however, have seen a surge in scientific and public interest in the therapeutic uses of psychedelics, as well as increases in recreational use among young adults. Two states, Colorado and Oregon, have legalized psilocybin and established a regulatory framework that governs its cultivation and sale.
- **LCDR Hunt** presented preliminary research data from a company called Compass Pathways which showed notable improvements in patients with depression following treatment with psilocybin in the clinical setting. Further clinical trials are planned for later this year.
- **LCDR Hunt** said there has been increasing movement to challenge federal prohibition of the use of certain substances as violating the Religious Freedom Restoration Act (RFRA) of 1993. He noted the U.S. Supreme Court has allowed the importation and use of ayahuasca for religious purposes. Similar exemptions had previously been made by the DEA for the use of peyote/mescaline in religious ceremonies in the Native American Church. **LCDR Hunt** noted many states that have proposed legislation to decriminalize or legalize hallucinogens are not including peyote/mescaline in its plant form due to fears it would lead to crops being vandalized.
- **LCDR Hunt** said SAMHSA leadership wants to extend an open invitation to Tribal communities to provide feedback and fill gaps in understanding on these substances related to their therapeutic

uses, ensuring responsible use, and minimizing adverse effects among vulnerable populations. Some potential next steps for SAMHSA include a "Dear Tribal Leader" letter and convening a Tribal listening session.

- **LCDR Hunt** encouraged TTAC members to suggest other ideas for engaging with the Tribes on this topic. Other questions on which SAMHSA was eager to receive input were how the state-level legislative actions have affected Tribal communities; what challenges and safety/harm reduction practices are related to the use of peyote/mescaline as a sacrament in healing ceremonies; and what are ways SAMHSA can best listen to and learn from Tribal communities.
- **Co-Chair Majel-Dixon** stressed the importance of the discussion of state and federal laws taking place in the context of Tribal sovereignty. **LCDR Hunt** said SAMHSA wanted to be sensitive to Tribal sovereignty and cultural practices and acknowledged there is a diversity of opinions and practices within and among the Tribes on this subject.
- **Co-Chair Majel-Dixon** also raised the issue of environmental consequences and Tribal farming practices, particularly in the context of border communities.
- **Co-Chair Garcia** noted his Tribe does not use peyote, and he cautioned against policies expanding the use of substances into communities that do not have experience in their proper use or do not want that substance in their community, which might have other negative consequences, such as abuse or addiction. **LCDR Hunt** stressed safety, adverse effects, and harm reduction are top-of-mind for SAMHSA, and the agency will be seeking input from Tribes making use of those substances for their best practices related to safety.
- **Chief Cook** discussed how environmental changes and pollution have affected her Tribe's ability to harvest medicines in northern New York, which has led to a constant practice of adaptation. She also expressed concerns about widening access to traditional substances to those who are not familiar with how it should be properly cultivated, harvested, and utilized, both in safety-related terms and spiritually. Other issues that might arise with increased popularity and use could be overharvesting and damage to the environment. **LCDR Hunt** said some jurisdictions are limiting the legislation to synthetic substances and creating carve-outs for the natural plant version to protect against damage to crops and related environmental concerns.
- **Curtis Yanito** invited the Navajo Area Technical Advisor **Dr. Michelle Brandser** to provide comments. **Dr. Brandser** highlighted the tension between traditional healing practices, targeted pharmacological uses for these substances, and other substances used illicitly. She mentioned Navajo Nation's challenges related to the decriminalization of cannabis in neighboring jurisdictions when the substance has not been legalized on Navajo land. Any changes to this landscape at the policy level should be accompanied by strong support for education and awareness about proper use and the laws.
- **Mr. Yanito** raised the example of other substances historically used by some Tribes for traditional purposes that have faced regulation by the government. TTAC delegates noted concerns about potential for abuse and addiction, a potential a negative side effect of deregulation or increase in therapeutic use. This has happened in Tribal communities with other drugs originally brought to the community as medicine. **Ms. Tapio** added that peyote and psilocybin are mind-altering substances and should be considered in the same class as cannabis.

- **LCDR Hunt** thanked TTAC for their thoughts and feedback. SAMHSA hopes to continue to learn from Tribal communities to inform policy around responsible, accountable, safe, and ethical use of psychedelics and related substances in clinical and faith-based settings. LCDR Hunt's team will be in contact with CAPT Hearod about next steps and keep TTAC informed of their activities.

Behavioral Health and Substance Use Resources for Native Americans Discussion

- **CAPT Hearod** explained legislation contained within the most recent omnibus bill authorized a program for Behavioral Health and Substance Use Resources for Native Americans, but Congress has not yet appropriated funds for the program. The Assistant Secretary has asked SAMHSA staff to prepare for what the program would look like if it does get funded. The legislation is notable because it represents the first time SAMHSA would be able to directly contract or compact its own dollars. The legislation allows SAMHSA to distribute funds to be used "to provide services for the prevention of, treatment of, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians." The legislation also says the HHS Secretary, in collaboration with the IHS Director, will develop a formula to determine the amount of the awards, after consulting with federally-recognized Tribes and other stakeholders. The legislation also calls for technical assistance to be provided to awardees and for SAMHSA to establish a program evaluation structure, also in consultation with the Tribes.
- **CAPT Hearod** noted the bill specifically requires applicants agree to submit program evaluation data and reports. **CAPT Hearod** noted, while not appropriated, the legislation authorized \$80M per year for the program through 2027. If the funds for the program are appropriated in the future, SAMHSA has begun preparing for the Tribal consultation process and is in communication with IHS about the contracting and compacting aspects.
- **CAPT Hearod** said SAMHSA is striving to minimize the burden for future applicants to this program. SAMHSA is also trying to be mindful that, while \$80M per year would be a lot of money, figuring out how to best devise a formula appropriately allocating the funds across the Tribes, Urban Indian organizations, and Native Hawaiian health organizations will be a challenge.
- TTAC delegates raised concerns about relying on the IHS formulas when it comes to grant funding. **Co-Chair Garcia** said many Tribal leaders might find it helpful to be provided educational resources about the federal budget process.

Appendices

Appendix A: Action Items

- Request to make the TBHA easier to find on the SAMHSA website
- Add TTAC delegate Tribal council terms to the roster
- TTAC members have been asked to review the TTAC charter, both the old and proposed version, for future review, discussion, and approval
- Recommendations from the joint session will be given to **CAPT Hearod** to pass to the Assistant Secretary regarding TTAC

Appendix B: NAC Meeting Notes

TTAC Joint Meeting – NAC

Thursday, April 27, 2023

Zoom: Attendance (38)

Phyllis Davis
Juana Majel-Dixon
Chief Beverly Cook
Tiffany Jefferson
Shauna Humphreys
Rebecca Fisher
Sharon Hester – OTAP

In person:

Joe Garcia
Terri Parton
Marilyn Andon
Mary Ann Mills
Curtis Yanito
Dr. Michelle Brandser
Sonia Weston
Robin Tapio
Barb Smutek

TTAC DELEGATE COMMENTS/NOTES:

- **Ms. Tapio** gave the opening blessing.
- **Mr. Garcia** had his hand raised. **Ms. Majel-Dixon** raised her hand three times. They were not called upon.
- Recommendations will be given to **CAPT Hearod** to pass to Assistant Secretary regarding TTAC.
- There should be a place for TA Advisors to setup/sit.
- For Committees: Co-Chair Garcia was not included until it was time speak, while others were included from the beginning.
- There should always be an opening prayer for all meetings.

Appendix C: TTAC Delegate Recommendations

April 27, 2023

SAMSHA Tribal Technical Advisory Committee (TTAC) Delegates

The elected and appointed leaders representing their regions as SAMHSA TTAC Delegates are submitting the following recommendations on priorities for public comment on the SAMSHA Draft Strategic Plan.

Priority Areas:

- SAMHSA needs to work directly with Tribes for funding sources and not filter or funnel funds through states to deliver services to Tribes. SAMHSA can detail these relationships within the overall plans and include the parameter or process of these funding relationships.
- SAMHSA's support is needed to include providing funding for Tribal leadership to provide testimony on funding issues and increase accessibility for Tribal leadership to provide guidance and represent their people. Clearly assign or budget funding for Tribal leadership testimony.
- Providing health services is a trust and treaty right for Tribes and SAMHSA should reflect this relationship within the strategic plan. Health services include mental health and mental health should always be included.
- The timing for comments and developing of strategic plans need to allow for more time for Tribal input. TTAC comments are needed before the document is finished and not afterward. Do not request input after the document is finished.
- All evidence-based practices referenced in the strategic plan need to clearly state Tribal cultural-based practices are equally valid and accepted. Culture as prevention should be included.
- Unspent SAMHSA Tribal grant funds should be set aside for return to Tribes and not delineated to other SAMHSA programs or back to the U.S Department of Treasury.
- Request all SAMHSA National Advisory Councils have a seat included for Tribal representation.
- Tribal consultation is needed for Tribal representation on all SAMSHA Advisory Councils to adequately ensure Tribal representation is taking place.
- Resources for severe mental illness, including people who are not in recovery, need to be included into healthcare resources and accessible.
- It should be clear Tribes, including Alaska, do not have to waive sovereignty to receive services. Example: In Alaska, all monies going to the state require Tribes to waive sovereign immunity to work with the state to access funds. Tribes are deprived of funding because of how these funds are managed. Prioritize those funds to go directly to Tribes to access. In South Dakota, unspent Tribal funds are being returned, but the Tribes did not have the opportunity to access or use them before they were returned.
- SAMHSA grant deadlines can cause a hardship, as often, there is not time for Tribal response or submissions. This issue needs to be recognized.