



Substance Abuse and Mental Health Services Administration

Tribal Technical Advisory Committee
Meeting Summary
August 24, 2016



Table of Contents

Opening.....	3
Overview of Meeting Agenda	3
SAMHSA Office of Administrator Updates	4
Discussion.....	5
Legislation and Regulatory Update	6
Discussion	8
Office of Tribal Affairs and Policy Update.....	9
Discussion	10
TTAC Priorities Update	11
Data	11
Communications	12
Future TTAC Meetings.....	13
Wrap-Up.....	13
Recommendations and Follow-Up	13
TTAC Recommendations	13
SAMHSA Action Items	14
Meeting Feedback	15
SAMHSA TTAC Upcoming Meetings	15



SAMHSA Tribal Technical Advisory Committee Meeting Summary

August 24, 2016

Attendees

Tribal Technical Advisory Committee Delegates

Andy Joseph, Jr., TTAC Chairman, *At-Large*
Lisa Wade, Alternate, *Alaska Area*
Alesia Reed, Alternate, *California Area*
Vernon Miller, Primary, *Great Plains Area*
JB Kinlacheeny, Tribal Proxy, *Navajo Area*
Kristi Brooks, Tribal Proxy, *Oklahoma Area*
Jeff James (teleconference), Tribal Proxy, *Portland Area*
Anthony J. Francisco, Jr., Alternate, *Tucson Area*

Federal Staff

Mirtha Beadle, Director, *Office of Tribal Affairs and Policy*
Sheila Cooper, Senior Advisor of Tribal Affairs, *Office of Tribal Affairs and Policy*
Tom Coderre, Chief of Staff, *SAMHSA Office of the Administrator*
Monica Feit, Acting Director, *Office of Policy, Planning, and Innovation*
Amy Haseltine, Principal Deputy of Operations, *SAMHSA Office of the Administrator*
Peggie Rice, Legislative Director, *Office of Policy, Planning, and Innovation*

Opening

- Call to order – Andy Joseph, Jr., Tribal Technical Advisory Committee (TTAC) Chair and At-Large Delegate, Confederated Tribes of Colville Reservation
- Traditional blessing – Andy Joseph Jr.
- Introductions of all TTAC delegates, federal staff, and contract staff
- TTAC review of February 2016 TTAC meeting summary
 - Motion to approve February 2016 TTAC meeting summary
 - Motion accepted; February 2016 TTAC meeting summary approved

Overview of Meeting Agenda

Facilitated by Sheila Cooper, Senior Advisor of Tribal Affairs for the Office of Tribal Affairs and Policy (OTAP)

Ms. Cooper highlighted the TTAC meeting agenda discussion topics and an overview of the meeting goals:



- 1) SAMHSA representatives will report on agency goals and affirm the TTAC legacy and role within SAMHSA.
- 2) SAMHSA will now include an update on behavioral health legislation.
- 3) SAMHSA will present TTAC delegates with a draft version of the National Tribal Behavioral Health Agenda (TBHA).
- 4) SAMHSA will promote a discussion on TTAC priorities and areas of development, including data collection, communication, and access to funding.

SAMHSA Office of the Administrator Updates

Remarks by Amy Haseltine, Acting Principal Deputy of Operations and Tom Coderre, Chief of Staff for the Office of the Administrator

Ms. Haseltine began with an overview of her position and how it contributes to SAMHSA's effectiveness in fulfilling its mission. She elaborated on certain areas of the agency's operation and ability to collaborate with tribal communities, including:

- *Communication and Engagement* – Through the establishment and use of a Tribal Consultation Policy, SAMHSA recognizes the need for insight and involvement from tribal leaders in agency operations. The goal of the SAMHSA-TTAC working relationship is to create clearly defined and actionable steps that agency executives, management, and staff can execute.
- *Tribal Communications Plan* – SAMHSA is committed to fostering tribal relations through a better understanding of effective outreach and communication to tribes using broad methods. This broad plan will ideally reach urban and rural tribal communities to expose SAMHSA's programs and opportunities.
- *Funding Opportunity Announcements* – SAMHSA has a tribal grant portfolio and is currently reviewing how to improve access for tribes, as the agency acknowledges the need for a streamlined approach for tribal applicants. Among these actions is clarifying eligibility requirement language as it relates to tribes, tribal organizations, and urban Indian programs. In addition, SAMHSA is considering the implementation of training modules that will ideally assist tribal applicants with increased access to funding opportunities.
- *Strengthening Workforce* – SAMHSA is committed to employing individuals with the strongest ability and passion to help fulfill the agency mission. Through the use of standard policies and procedures, the agency will execute this mission and work with their partners in the most effective and clear manner possible, while keeping in mind the needs of SAMHSA's work in Indian Country.
- *Technology Development* – SAMHSA is committed to growing with technology to allow for increased transparency on agency activities and additional support on tribal data collection and sharing.

Mr. Coderre attended the TTAC meeting on behalf of SAMHSA's Principal Deputy Administrator Kana Enomoto. Mr. Coderre provided an overview of his interdepartmental and intradepartmental responsibilities within SAMHSA and other U.S. Department of Health and Human Services (HHS) agencies:



- *National Tribal Organization Roundtable (NTOR)* – The NTOR is an indirect outreach to tribal leaders through collaboration with national tribal organizations that represent tribal interests. The most recent meeting was held on August 17, 2016, between Administrator Enomoto, the National Council of Urban Indian Health and the Native Research Network. The effectiveness of the NTOR requires federal departments, Congress, and states to discuss strategic support for tribal communities and programs. The NTOR will be instrumental in the upcoming transition to a new Presidential Administration and will build on the work already started.
- *National Tribal Behavioral Health Agenda (TBHA)* – For over a year, OTAP has worked with the Indian Health Service (IHS) and the National Indian Health Board (NIHB) to gather insight from tribal leaders other experts on behavioral health issues facing tribal communities. These discussions developed from concerns initially brought forward by TTAC members, including a need for greater collaboration among agencies for behavioral health in Indian Country. These discussions eventually set the foundation for the TBHA, which is expected to be released for tribal review and commentary in the coming weeks. TTAC members were given a copy of the draft TBHA.

Discussion

Andy Joseph Jr., TTAC Chair, began with an explanation of his tribe’s ceremonial practices that mark the transition from child to adulthood. This explanation spoke to the need for greater use of traditional methods to address the overwhelming behavioral health issues seen among tribal youth. He discussed the need for federal grants to honor cultural practices and ceremonial healing methods as grant activities. And, encouraged SAMHSA to create avenues for youth attendance at national behavioral health conferences and other events, as youth hold important messages that need to be shared on a national level.

Lisa Wade, Alaska Area TTAC delegate, discussed the challenges Alaska Native communities face in accessing grant opportunities. Ms. Wade shared a personal experience about coming from a small, rural tribal community where it is common for individuals to hold multiple positions and responsibilities. These challenges place an overwhelming strain on a tribe, village, or organization’s capacity to administer large-scale grants. Ms. Wade discussed that most grants do not align with the needs of tribal communities, and the restrictive nature of grants discourages adaptation to changing issues. In addition, tribes with limited staff capacity can be overwhelmed by the highly competitive application process, which does not align with traditional community sharing values. Ms. Wade referred to IHS funding methods that allow for more flexibility and allow tribes to direct resources where they are needed.

JB Kinlacheeny, Navajo Area TTAC tribal designee, agreed with Councilman Joseph on the importance of including ceremonial and cultural practices in approaches to advance behavioral health of tribal citizens. He went on to share how the Navajo Nation is developing a Tribal Action Plan that identifies the tribe’s priorities, including the targeting of behavioral health issues. This tribal action plan seeks tribal government and federal partner collaboration, including IHS, the U.S. Department of Justice (DOJ), the U.S. Department of the Interior (DOI), and the Bureau of Indian Affairs (BIA). Mr. Kinlacheeny explained that much of the tribal action plan’s health priorities are developed using information gathered by the Navajo Epidemiology Center and the IHS National Data Warehouse. However, this information may



not accurately reflect the tribe's health trends and epidemics, as not all health facilities on the reservation share data with the IHS National Data Warehouse.

Ms. Haseltine responded to Mr. Kinlacheeny's concern regarding data collection and sharing within tribal communities. SAMHSA will determine if there is a structure in place among federal partners that would support streamlined approaches to storing, accessing, and reporting data information while eliminating discrepancies. At a minimum, SAMHSA will present Mr. Kinlacheeny's concerns as an area of improvement within HHS.

Vernon Miller, Great Plains TTAC delegate, stressed the importance of elevating the TBHA within all federal offices and departments, including SAMHSA and those that may not specifically work with American Indian and Alaska Native (AI/AN) tribes. The vision of the TBHA is to prioritize this effort to increase behavioral health with a committed effort to resolve the issues brought forward. Mr. Miller encouraged federal partners to use the TBHA as a platform for interdepartmental collaboration. Mr. Coderre assured Mr. Miller that the TBHA has been shared within SAMHSA and among key HHS leadership, including Secretary Burwell.

Legislation and Regulatory Update

Facilitated by Mirtha Beadle, Director of OTAP with remarks by Peggie Rice, Director, Legislative Affairs, Office of Policy, Planning and Innovation (OPPI) and Monica Feit, Director OPPI

Ms. Rice began with an update on legislation presented to the 114th Congress, which is currently in recess and approaching the end of its second session. Government funding is expected to expire on October 1, 2016, unless Congress approves a continuing resolution by September 30, 2016. It is likely Congress will approve temporary government funding until November or December 2016. Among the items discussed in Congress are mental health and opioid legislation, which will affect SAMHSA's programs and activities. Within the last 9 months, SAMHSA has testified at six Congressional Committee hearings, including the Senate Committee on Indian Affairs, Senate Judiciary Committee, House and Senate Oversight Committees, House Appropriations Committee, House Energy and Commerce Committee, and House and Senate Education Committees. The testimonials included the following topics:

- *Reauthorization of the Tribal Law and Order Act (TLOA)* – In December 2015, Ms. Beadle testified to the Senate Committee on Indian Affairs regarding the status of the TLOA 5 years since passage. In February 2016, the committee followed up with a round table on TLOA and discussion included areas of program success and improvement as it involves the DOI, DOJ, and HHS. On June 22, 2016, the Senate Committee on Indian Affairs passed the TLOA Reauthorization Bill and is now awaiting action in the full Senate.
- *SAMSHA Fiscal Year 2017 (FY17) Budget* – In the spring 2016, the House Appropriations Subcommittee on Labor, Health, and Human Services focused on SAMHSA's FY17 budget. Principal Deputy Administrator Kana Enomoto provided testimony, which included the President's \$1.1 billion prescription drug and opioid initiative to expand treatment.
- *S. 524 – Comprehensive Addiction and Recovery Act (CARA)* – In March 2016, this bill was passed by the Senate (94-1) and in May 2016 it was passed by the House (400-5).



On July 22, 2016, President Obama signed this bill into law. CARA authorizes programs to increase public education and awareness on the misuse of prescription opioids and to address this epidemic through six approaches, including prevention, overdose reversals, treatment, recovery, law enforcement, and criminal justice reform. CARA also expanded eligibility for the Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) Program to include tribes and tribal organizations. The program is authorized at \$25 million each year for 5 years. CARA authorizes a comprehensive opioid abuse grant program at the DOJ to award funding to states and tribal organizations to implement comprehensive opioid use response, education, treatment, recovery, and overdose prevention efforts. This program is authorized at \$103 million per year for 5 years. CARA reauthorizes SAMHSA’s Pregnant and Parenting Women’s Residential Treatment Program and codifies SAMHSA’s FY17 budget to include a pilot study on outpatient treatment within the program.

- *Helping Families in Mental Health Crises Act of 2016 (HR. 2646 or the Murphy Bill)* – In July 2016, this bill passed the House (422-2) and is currently being considered by the Senate. The Murphy Bill aims to elevate SAMHSA’s impact by creating an Assistant Secretary for Mental Health and Substance Use to assume the role of the SAMHSA Administrator. This bill does not include the set aside for tribes of \$5.2 million, which was reflected in the President’s budget.
- *Mental Health Reform Act (S. 2680)* – In March 2016, the Senate Health Committee recommended this bill to vote by full Senate. The bill codifies SAMHSA’s OPPI and allows the Administrator to award grants to evaluate and expand evidence-based programs with promising best practices. It establishes a Chief Medical Officer (CMO) within SAMHSA to assist the Administrator in evaluating and organizing programs within the agency. SAMHSA has announced the hiring of Dr. Anita Everett as the CMO with a start date of September 5, 2016. S. 2680 reauthorizes and makes technical edits to several SAMHSA initiatives, including programs to prevent homelessness, the suicide prevention lifeline, behavioral health integration program, and the minority fellowship program.

Ms. Feit provided an update on the final rule of Medication Assisted Treatment (MAT). MAT is an effective treatment for opioid use disorder that includes prescription medications, such as buprenorphine in combination with supplementary behavioral health support services like counseling. Buprenorphine is a controlled substance where physician prescription requires approval (waiver) from the Drug Enforcement Agency. SAMHSA oversees the process in which providers can request a waiver. Initially, the waiver allowed physicians to treat up to 30 patients using buprenorphine. After a year, physicians can increase their treatment up to 100 patients. With the release of this final rule in July 2016, physicians are able to increase their prescription to 275 patients, but only after completing 1 full year at 100 patients. The rule explains the provider requirements to reach each of these patient prescription allowances. To prescribe buprenorphine to more than 100 patients, providers must be an addiction specialist or work in a qualified practice setting. The rule describes the qualified practice setting standards, including the structure that will need to be available to primary care (non-addiction specialist) providers. The objective of this rule is to increase access to MAT, control diversion and prevent exacerbation, and strengthen the quality and effectiveness of services. Providers requesting to prescribe to a higher number must attest to having diversion control plans; an adherence to national, evidence-based guidelines; report annually on patient count and services received; and



provide behavioral health support services directly or through a formal partnership. The annual reporting component of the rule is under development with intention to finalize in the fall 2016. Through the inclusion of an emergency provision to this rule, providers who prescribed up to 100 patients for less than 1 year could go to a higher number if certain conditions are met. These providers, including tribal health systems, will work with SAMHSA to determine if emergency status applies to the situation.

Discussion

Ms. Wade requested that Ms. Rice's written legislative update be shared with TTAC members. Ms. Rice agreed to share her report.

Mr. Kinlacheeny requested Ms. Beadle's testimony on TLOA to the Senate Committee on Indian Affairs to be shared with TTAC members. Ms. Rice agreed to sharing the report and will follow up.

Mr. Miller expressed concern over the budgeted \$5.2 million that was not funded through the Murphy Bill to support AI/AN communities. As tribal leaders and representatives, Mr. Miller shared about the importance to advocate for funding requests utilizing OTAP and TTAC developments like the TBHA. As such, it would be appropriate to update TTAC members on SAMHSA-related legislation so members can reach out to Congressional leaders to stress the importance of items as they pertain to AI/AN behavioral health.

Ms. Rice provided clarification to Mr. Miller's concern in regards to the legislative process and funding. Currently, the Murphy Bill has passed the House as an authorization bill, which will allow for the development of programs, but it still needs to be considered for appropriations. The FY17 budget is still under review. Ms. Rice agreed to provide regular updates to TTAC members on SAMHSA-related legislation.

Mr. Joseph Jr. encouraged SAMHSA to work with national AI/AN organizations and their staff members who support policy and legislation. If needed, it may be beneficial to have these organizations and individuals provide testimony to support behavioral health legislation and funding for Indian Country.

Mr. Miller asked about the effect of MAT on Indian Country in terms of behavioral health facilities, services, and providers. He also asked if there was a demonstrated or expressed need to have the buprenorphine prescription level increased for AI/AN providers.

Ms. Feit responded that MAT is one path to recovery; however, that does not dismiss alternative approaches, including ceremony. MAT has shown to be effective for some people, so SAMHSA wants to build on that area by providing greater access to the treatment method. Ms. Feit did not have any specific numbers on waived providers in tribal communities. However, providers serving AI/ANs who possess a MAT rule approval can now increase their patient prescription amount. Generally, the rule now provides AI/AN communities an opportunity to introduce or expand MAT programs and services. Additionally, this rule can produce economic gain for providers and facilities through an increased in-service and patient load. There will be a greater need for this service and, thus, a justifiable reason to hire additional providers and specialists. This rule could prove beneficial to AI/AN health facilities with a dire need for specialized



behavioral health providers and services. Ms. Feit noted that through the CARA, nurse practitioners and physician assistants are now able to prescribe buprenorphine. The MAT rule does not directly effect this provision of CARA, but does provide for greater prescription allowances when needed.

Ms. Wade appreciated the regulation and reporting requirements of the MAT rule. The opportunities for growth in providers and services will benefit her community where mental health resources are significantly low or non-existent in some areas of rural Alaska.

Mr. Miller inquired about the existence of a database or directory of providers who have received the MAT rule waiver. This directory would be useful if a tribe wants to create formal partnerships with these providers and facilities. Ms. Feit referred to the SAMHSA physician locator as an initial resource to finding behavioral health services in the area. However, the locator may not always be accurate, as SAMHSA does not have the authority to make providers keep information updated. Ms. Feit will follow up with the Center for Substance Abuse Treatment to see if other resources are available for this request.

Ms. Feit mentioned that SAMHSA, under the direction of the HHS Assistant Secretary for Planning and Evaluation, will be conducting an evaluation on the use and effectiveness of the new MAT rule. Ms. Feit will explore the possibility of including a tribal-specific component of the study. There is no timeline on the project or date for results to be available; however, SAMHSA will provide updates to TTAC as they develop.

Office of Tribal Affairs and Policy Update

Remarks by Mirtha Beadle, Director of OTAP

Ms. Beadle informed the TTAC of the departure of Marcy Ronyak, Director, Office of Indian Alcohol and Substance Abuse (OIASA) which is located within OTAP. A job announcement will be posted in the near future. Ms. Beadle continued with comments on the TLOA and the specific sections that speak to behavioral health and the memorandum of agreement (MOA) made between HHS, DOJ, and DOI. This agreement is similar to the MOA created in response to the Indian Health Care Improvement Act. HHS, DOJ, and DOI are working to combine both MOAs into a single document to be signed before the end of the Obama Administration. In the interim, there will likely be a Dear Tribal Leader letter and/or a listening session on this process at the upcoming NIHB Annual Consumer Conference in September 2016. In addition, Ms. Beadle also informed the committee of a SAMHSA and Bureau of Indian Affairs anti-methamphetamine campaign to be rolled out in select tribal schools.

Ms. Beadle discussed the upcoming release of the draft TBHA to tribal leaders. There will be a 30-day period for tribes to respond to the TBHA before it is presented as a final version. Within the document is an AI/AN Cultural Wisdom Declaration (CWD), which reaffirms the importance of cultural wisdom and practices when addressing behavioral health issues for tribal citizens and communities. The CWD was introduced at the National Congress of American Indians (NCAI) Mid-Year Conference in June 2016. The NCAI Cultural Committee passed a resolution in support of the CWD. SAMHSA plans to have a ceremonial signing of the CWD by tribal leaders and representatives at a significant AI/AN event. Potential gatherings include NIHB's Annual



Consumer Conference, the White House Tribal Nations Conference, and the NCAI Annual Convention. Ms. Beadle welcomed feedback from TTAC members.

Discussion

Mr. Kinlacheeny recognized the TBHA as a prayer and found it important to include the CWD component. Mr. Kinlacheeny asked about the possibility of acknowledging the individuals who crafted the CWD within the TBHA. Ms. Beadle expressed a willingness to include authors of the CWD and will follow up.

Mr. Miller expressed interest in hearing from tribal youth and elders regarding the TBHA, while also noting that it may be difficult for these groups to be fully engaged given the technical terminology and length of the document. Ms. Beadle mentioned the inclusion of youth in the early developments of the TBHA. SAMHA held a 2014 Native Youth Summit where youth were provided an opportunity to contribute. Within the TBHA, it is stated that youth should be encouraged to participate in the TBHA implementation and behavioral health programming development.

Mr. Kinlacheeny requested to include a list of HHS training and technical assistance resources within the TBHA. This list would provide local and rural communities with information to help strengthen their programs and services.

Mr. Miller requested an FAQ section to provide individuals, offices, organizations, and legislators supporting AI/ANs with a reference on effective approaches in tribal communities. These FAQs would include general information about AI/ANs and behavioral health-specific topics. Ms. Beadle agreed that including an FAQ section would be a valuable addition to the TBHA. She encouraged TTAC members to provide recommendation on what should be included in the FAQs.

Ms. Beadle concluded with sharing that the TBHA will include supporting resolutions from national AI/AN organizations. She gave the option for tribes to include their own supporting resolutions or acknowledgements of the TBHA.

TTAC Priorities Update

Data

Remarks by Daryl Kade, Director of the Center for Behavioral Health Statistics and Quality (CBHSQ)

Ms. Kade introduced the redesign for the National Survey on Drug Use and Health (NSDUH). NSDUH is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use, abuse, and mental disorders. Currently, the survey includes 3,850 questions distributed in 40 modules and presented at a sixth-grade reading level. Through the redesign, CBHSQ would expand the data collection to include information specific to AI/AN populations. However, this reconfiguration would require a removal of some questions currently included to ensure a survey completion time of 60 minutes. This time limit would also effect the sample size, which is currently at 67,500 respondents, and the survey's ability to generate local, state, and national estimates on special populations annually or over a



period of time using merged data. Figures developed from NSDUH have repercussions for programs, policy, and research. Through the development of a portfolio topic area on AI/AN communities, CBHSQ is considering questions related to AI/AN behavioral health epidemiology, risk and protective factors associated with behavioral health outcomes, AI/AN-specific service issues, appropriate measurement questions, and substance use mortality epidemiology. Given this reconfiguration, Ms. Kade approached TTAC for information on NSDUH use in Indian Country and recommendations on questions and types of data to gather about AI/ANs. TTAC members were presented with a briefing document with the following discussion questions:

- 1) Should NSDUH remain the same or should it change?
- 2) Which new topic areas should be explored for future data collection?
- 3) What topic areas have a lower priority and can be removed from NSDUH?
- 4) Are there other sources of data that SAMHSA should explore?

Ms. Cooper initiated the discussion by acknowledging how NSDUH can provide data for an AI/AN trend analysis by state or region. These indicators are essential to tribes when submitting applications for funding opportunities or educating tribal leaders on specific issues.

Mr. Kinlacheeny described how the Navajo Epidemiology Center uses NSDUH to obtain general statistics and rates on AI/AN populations. However, he shared that some AI/AN figures are inconsistent with the findings generated by the tribe's own study on diseases, risks, and substance use. He referred to the Navajo Nation health survey, which is currently being conducted. NSDUH can be used as a resource to compare findings and identify discrepancies in reporting and methodology.

Anthony Francisco, Jr., Tucson Area TTAC member, asked if NSDUH will include questions that capture the use of traditional ceremonies and practices as a form of healing.

Ms. Wade mentioned the lack of data identifying cultural and environmental disconnect as a risk factor in behavioral health. It is difficult to quantify the correlation between behavioral health and environmental and cultural destruction. Ms. Beadle responded by clarifying that NSDUH is national data and it does not reflect community experiences. However, the lack of community perspective can be addressed using complementary data generated by local programs, governments, and tribes. The gap between national data and communal experiences raises questions and creates skepticism on the authenticity of the results.

Communications

Remarks and presentation by Marsha Kelly of MSK Ventures, Inc.

Ms. Kelly's presentation provided recommendations on avenues to enhance SAMHSA's communication and outreach to tribal leaders, AI/AN health providers, and AI/AN consumers, including community members and families. The presentation highlighted some elements of SAMHSA's communication plan with a complete version to follow at a later date. Ms. Kelly identified the key messages from SAMHSA:

- Honoring self-determination through consultation and two-way communication,

- Using multiple channels to communicate with Native communities,
- Connecting tribes with proven practices for improving behavioral health, and
- Connecting tribes with local behavioral health resources and reducing accessibility challenges.

The presentation also identified the goals that SAMHSA hopes to achieve, including:

- Increasing SAMHSA's presence, engagement, and communication with the target audience, and
- Strengthening SAMHSA's brand as an important national source of data on Native behavioral health within the national and local realm.

Ms. Kelly provided recommendations to achieving these goals in the areas of tribal engagement with tribal leaders and youth, social media and web-based interfacing, and internal agency guidelines on how to interact with AI/ANs. She gave TTAC members an opportunity to respond to her recommendations and encouraged them to share their own ideas.

Future TTAC Meetings

Facilitated by Mirtha Beadle, Director of OTAP

Ms. Beadle asked TTAC members how SAMHSA can be more supportive to their committee and its efforts to create positive behavioral health outcomes for their communities. The discussion included recommendations for future meeting structure, methods, and location.

Andy Joseph Jr., TTAC Chair, recommended having TTAC face-to-face meetings in different locations and to include site visits to AI/AN communities and behavioral health facilities and programs. This would provide perspective to the concerns expressed at meetings held at SAMHSA Headquarters. It may be worth considering the creation of TTAC regional offices to enhance communication and strengthen outcomes.

Mr. Miller suggested a reevaluation on the format of SAMHSA meetings and being more strategic in discussion. It would be effective to begin with a tribal caucus where TTAC members could prioritize concerns based on expected attendees from SAMHSA and HHS. Mr. Miller shared that other tribal advisory committees within various federal agencies offer an opportunity to caucus. This would be of particular importance when meeting with key department officials like representatives from Secretary Burwell's office.

Ms. Wade recommended a tribal caucus at the end of each TTAC meeting to identify action items and develop topics for the next gathering. She suggested including an open items section where TTAC members can bring up concerns that are general or regionally specific. Ms. Wade stressed the need to have a rolling document that identifies priorities discussed for each meeting and tracks the prevalence of certain concerns or suggestions.

Ms. Beadle concluded the discussion by asking TTAC members to identify group priorities and present suggestions as they develop. She reaffirmed SAMHSA's commitment to supporting AI/AN communities and efforts to address behavioral health problems. She recognized TTAC as



a vital asset to helping AI/ANs access behavioral health opportunities and resources provided by SAMHA offices and programs.

Wrap-up

A traditional prayer and adjournment was offered by Andy Joseph Jr., TTAC Chair.

Recommendations and Follow-Up Items

TTAC Recommendations:

- Federal grants should honor cultural practices and ceremonial healing methods as grant activities.
- Avenues should be created for tribal youth attendance at national behavioral health conferences and other events.
- SAMHSA should review the restrictive nature of grants to assess avenues for allowing more adaptability to address the ever-changing behavioral health issues and challenges in tribal communities.
- Federal partners should use the national TBHA as leverage to create a platform for enhanced interdepartmental collaboration.
- Requested regular updates on SAMHSA-related legislation that pertain and impact Indian Country. These updates would enable TTAC members to reach out to Congressional leaders to stress the importance of items as they pertain to AI/AN behavioral health.
- SAMHSA should work with national AI/AN organizations and their staff members who support policy and legislation; it may be beneficial to have these organizations provide testimony to support behavioral health legislation and funding for Indian Country.
- Requested further resources, such as a database or directory of providers who have received the MAT rule waiver. This resource would be useful if a tribe wants to create formal partnerships with these providers and facilities.
- SAMHSA should acknowledge the individuals who crafted the CWD included in the TBHA.
- Encouraged the contributions and continued involvement of tribal youth and elders in the TBHA.
- Requested a list of HHS training and technical assistance resources within the TBHA to provide local and rural communities with information that will help strengthen programs and services.
- Requested to add an FAQ section in the TBHA to provide individuals, offices, organizations, and legislators supporting AI/AN populations with a reference on effective approaches in tribal communities.
- Suggested that NSDUH only be used to obtain general statistics and rates on AI/AN populations; however, some figures on AI/AN populations are inconsistent with the findings generated by some tribes on diseases, risks, and substance use. NSDUH should be primarily used as a resource to compare findings and identify discrepancies in reporting and methodology.
- Requested clarification on the inclusion of NSDUH questions that capture the use of traditional ceremonies and practices as forms of healing.
- Recommended face-to-face meetings in different locations outside of SAMHSA Headquarters, and to include site visits to AI/AN communities and behavioral health

facilities and programs. These site visits would provide perspective to the concerns expressed at meetings held at SAMHSA Headquarters. It may be worth considering the creation of TTAC regional offices to enhance communication and strengthen outcomes.

- Recommended a reevaluation of the SAMHSA committee meeting format to make them more strategic in discussion.
- Recommended holding a tribal caucus where TTAC could prioritize concerns based on expected SAMHSA and HHS attendees.
- Recommended holding a tribal caucus at the end of each TTAC meeting to identify action items and develop topics for the next meeting.
- Recommended adding an open items section to the meeting agenda where TTAC members can mention general or regionally specific concerns.
- Recommended creating a rolling document that identifies priorities discussed for each meeting and tracks the prevalence of certain concerns or suggestions.

SAMHSA Action Items:

- SAMHSA will determine if there is a structure in place among federal partners that would support streamlined approaches to storing, accessing, and reporting data information while eliminating discrepancies. SAMHSA will present data concerns as an area of improvement within HHS (Tom Coderre).
- SAMHSA will share written legislative updates with TTAC members (Peggie Rice).
- SAMHSA will share Mirtha Beadle's TLOA testimony to the Senate Committee on Indian Affairs with TTAC members (Peggie Rice).
- SAMHSA will follow up with the Center for Substance Abuse Treatment to see if other resources for the MAT rule waiver are available (Monica Feit).
- SAMHSA, under the direction of the HHS Assistant Secretary for Planning and Evaluation, will be conducting an evaluation on the use and effectiveness of the new MAT rule; SAMHSA will explore the possibility of including a tribal-specific component of the study and TTAC will be provided updates, as they are made available (Monica Feit).
- SAMHSA agrees a TBHA FAQ section/document would be helpful. (Mirtha Beadle).

Meeting Feedback

Meeting evaluation forms were distributed to all seven delegates onsite; three completed evaluations were returned. TTAC members expressed satisfaction with the hospitality of staff and meeting management, as well as the great dialogue during the meeting. Members also thought the information on the TBHA was helpful. There was some dissatisfaction with the lack of meeting materials, and suggested that presenter notes be included in the binders to allow for an opportunity to review prior to the meeting. Members indicated that tribal grant information should be included as a meeting material as well. Lastly, members also requested a 10-minute break and additional refreshments and water.

SAMHSA TTAC Upcoming Meetings

The next biannual TTAC meeting is tentatively scheduled for February 1, 2017.