A Letter of Welcome!

Dear Tribal Leaders, Communities, and all Interested Individuals

It is with great enthusiasm that we welcome you to the first edition of the Prevention & Recovery newsletter. This publication is intended to highlight successful practices and stories in Indian Country. Its purpose is to inform you on the issues of alcohol and drug abuse in order to help provide you with the tools, resources, and information needed to prevent and address issues of alcohol and drug abuse in your communities.

As some of you know, the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee (IASA Committee) was established in July 2011 as a result of the Tribal Law and Order Act of TLOA 2010. This committee is comprised of senior level representatives from the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the Indian Health Service (IHS), the Department of the Interior’s Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), and the Department of Justice’s Office of Justice Programs (OJP) and the Office of Tribal Justice (OTJ). These bureaus and offices are collaborating on the committee and coordinating their resources and programs in order to assist American Indian and Alaska Native communities in achieving their goals in the prevention, intervention, and treatment of alcohol and substance abuse. More background information on TLOA and its progress can be accessed at www.samha.gov/tloa/.

In order to facilitate the dissemination of information, TLOA asks for an interagency collaboration. One component of the collaboration involves a subcommittee that will produce the newsletter for you. The newsletter workgroup is chartered with the primary goal of reporting on Indian alcohol and substance abuse projects and programs.

So that you are aware, this newsletter will: be published quarterly, include reviews of exemplary alcohol and substance abuse programs, provide information to enable people to gain other information about programs, and be circulated without charge to you. The interagency council will work together to disseminate this newsletter electronically in order to reach schools, tribal offices, BIA regional offices and agencies, IHS area and service unit offices, IHS alcohol programs, and other entities providing alcohol and substance abuse-related services or resources to American Indians and Alaska Natives. The newsletter will primarily be an online document. It will be available on the new SAMHSA IASA website, www.samhsa.gov/tloa/. We encourage you to visit the website for more information about resources related to alcohol and drug abuse.

This newsletter serves as an opportunity to not only inform you about current successes in the fight against alcohol and drug abuse, but also as an opportunity for you to respond to us regarding your achievements. We have an open-door policy; please submit any articles, stories, comments, questions, or suggestions to us and we will do our best to continue to improve this newsletter. Please send submissions to the Newsletter Workgroup co-chairs: Gloria Mora at Gloria.Mora@bia.gov, or (202) 513-7619 and Juanita Keesing at Juanita.Keesing@bie.edu, or (202) 208-3559.

We hope you find this information helpful and we encourage you to share it with your communities.

With warm regards,
The IASA Newsletter Workgroup
MOA Launched to Reduce Tribal Alcohol and Substance Abuse Problems

Friday, August 5, 2011

WASHINGTON – Attorney General Eric Holder, Department of Health and Human Services (DHHS) Secretary Kathleen Sebelius and Department of the Interior (DOI) Secretary Ken Salazar announced a new federal framework to assist American Indian and Alaska Native communities in achieving their goals in the prevention, intervention and treatment of alcohol and substance abuse.

The framework, captured in a Memorandum of Agreement (MOA) signed by Attorney General Holder, Secretary Sebelius and Secretary Salazar was published in the Federal Register: http://www.gpo.gov/fdsys/pkg/FR-2011-08-09/pdf/2011-19816.pdf. It was called for in the tribal Law and Order Act of 2010, which President Obama signed into law in July 2010.

The MOA describes how the Office of Indian Alcohol and Substance Abuse established in DHS’ Substance Abuse and Mental Health Services Administration (SAMHSA) will coordinate tribal substance abuse programs across the federal government with a special emphasis on promoting programs geared toward reaching youth and offering alternatives to incarceration.

“This truly holisitic approach is necessary when addressing substance abuse in Indian Country because we know that where alcohol and substance abuse are prevalent, public safety concerns are similarly prevalent,” said Attorney General Holder. “This new office will help further the commitment of the Justice Department and our partner agencies to build and sustain safe, secure and healthy tribal communities.”

“Alcoholism and addiction are among the most severe public health and safety problems facing American Indian and Alaska Native people,” said HHS Secretary Sebelius. “It doesn’t have to be this way. With help that is based in the rich Indian culture these conditions just like other health conditions can be successfully prevented and treated.”

“There is a clear need to align, leverage, and coordinate federal resources so that we can best support tribal efforts to build healthy and safe communities,” said DOI Secretary Salazar. “This new office will serve as the federal focal point for this critically important work.”

An interdepartmental coordinating council will guide the overall direction of the new federal effort to improve its work with tribal communities beginning with determining the scope of the problem – identifying and assessing national, state, tribal and local alcohol and substance abuse programs and resources; and creating standards for programs.

“The collaboration among agencies and departments that got us to this announcement today is already paying off,” SAMHSA Administrator Pamela S. Hyde said. “Our work with tribal communities has resulted in a new $50 million budget proposal for 2012 for Tribal Prevention Grants, better understanding of law enforcement and judicial training needs, and serious new work and investments in suicide prevention in Indian country.”

As alcoholism and other drug abuse continues to impact American Indians and Alaska Natives, all of our Federal partners are committed to supporting a holistic framework that reinforces the belief that the mind, body, and spirit are all connected to health and that tribes know best how to solve their own problems through prevention activities, community partnerships and collaboration with other agencies in prevention and treatment efforts. The Tribal Action Plan assists tribes in coordinating resources and programs to assist them in achieving their prevention, intervention, and treatment of alcohol and drug abuse goals.

The Indian Alcohol and Substance Abuse partner agencies, in the spirit of cooperation and coordination, are committed to providing technical expertise to tribes in support of the development of their TAPs. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSP) resources, for example, can provide technical expertise to tribes at different stages of TAP development and prevention program implementation, using a variety of model frameworks that may be useful for tribal communities when planning and implementing their TAPs.

Any TAP may, among other things provide for:

• An assessment of the scope of the problem of alcohol and drug abuse for the tribe which adopted the resolution or other equivalent enactment,

• The identification and coordination of available resources and programs relevant to alcohol and drug abuse prevention and treatment,

• The establishment and prioritization of the goals, and the efforts to meet those goals,

• The establishment of procedures for amendment and revision of the plan as may be determined necessary by the tribal coordinating committee, at the local level, and

• An evaluation component to measure the success of efforts made.

The detailed SAMHSA’s Collaborative for the Application of Prevention Technologies (CAPT) and the Native American Center for Excellence (NANCE) Support for Tribes Pursuing Tribal Action Plans under the Tribal Law and Order Act, as well as the Tribal Action Plan Guidelines 2011, may be found at http://www.samhsa.gov/TLOA/index.aspx.

SAMHSA’S TA providers can leverage resources to provide access to relevant prevention materials, tools (including needs assessment and evaluation tools) via their websites, offer collaborative workshops at major conferences, or offer an opportunity to create “Learning Communities.” Learning communities provide a platform for transmission of learning from one member and community to another. SAMHSA providers can engage in meaningful dialogues and exchanges about the creation of TAPs.

SAMHSA/CSAP resources can provide technical expertise to tribes at different stages of TAP development and prevention program implementation. As CSP’s resources, however, does not cover the full spectrum of resources and TA that the S6S federally recognized tribes will need to develop and implement a TAP. The Office of Indian Alcohol and Substance Abuse will be able to assist interested tribes in identifying resources from other IASA Federal agencies to supplement these SAMHSA/CSAP resources in support of tribes developing TAPs.

The SAMHSA’s CAPT and the NACE Support for Tribes Pursuing Tribal Action Plans under the Tribal Law and Order Act may serve our other federal partners (DHHS, DOI/BIA, DOVBIE, DOJ/OP) as well as a template for how to best identify and leverage agency resources in support of the development of TAPs.

The Substance Abuse and Mental Health Services Administration provides a number of resources related to cause of prevention and recovery. The following resources and more are found at the SAMHSA store at http://store.samhsa.gov.

Examples of available publications/resources:


2) To See the Great Day that Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults http://store.samhsa.gov/product/Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults-SAMA-10-435


5) Learn how to work more effectively with Tribal Governments in your community for FREE with online training: “Working Effectively with Tribal Governments” at http://tribal.gov/portal/index.html

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Feature Story

The Tribal Action Plan (TAP) & Technical Assistance (TA)
**Indian Health Service (IHS)-Funded Youth Regional Treatment Centers**

The mission statement of the Youth Regional Treatment Centers (YRTCs) is:

“To provide quality holistic Behavioral Health care for American Indian/Alaska Native adolescents and their families in a substance-free residential environment that integrates traditional healing, spiritual values, and cultural identification.”

The Indian Health Service (IHS) currently provides recurring funding to eleven tribal and federally operated YRTCs to address the ongoing issues of substance abuse and co-occurring disorders among American Indian/Alaska Native youth. Through education and culture-based prevention initiatives, evidence-and practice-based models of treatment, family strengthening, and recreational activities, youth can overcome their challenges and recover their lives to become healthy, strong, and resilient leaders in their communities.

Of the eleven IHS-funded YRTCs, five are federally operated:

- Aberdeen Area Youth Regional Treatment Center “Chief Gall”, SD
- Desert Visions Youth Wellness Center, AZ
- Nevada Skies Youth Wellness Center, NV
- New Sunrise Youth Regional Treatment Center, NM
- Unity Healing Center, NC

Six are tribally operated:

- GRAF Rheeneerhauqii Adolescent Treatment Facility, AK
- The Healing Lodge of the Seven Nations, WA
- Jack Brown Regional Youth Treatment Center, OK
- Klamath Falls Youth Regional Treatment Center, OR
- Navajo Regional Behavioral Health Center, NM
- Raven’s Way Treatment Center, AK

In 2014, IHS is expected to open two new YRTCs in California: one will operate in the North and one in the South.

The YRTCs provide a range of clinical services rooted in a culturally relevant holistic model of care. These services include: clinical evaluation, substance abuse education, group, individual and family psychotherapy, art therapy, adventure-based counseling, life skills, medication management or monitoring, evidenced-based/practice-based treatment, aftercare relapse prevention, and post-treatment follow-up services.

For more information on the Youth Regional Treatment Centers, please contact Skye Bass, MSW, at (301) 443-2051. You may also email Skye at skye.bass@ihs.gov.

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**List of Treatment Centers** (Continued on next page)
Continued List of Treatment Centers

Indian Health Service (IHS)-Funded Youth Regional Treatment Centers

Navajo Regional Behavioral Health Center
P.O. Box 1830
Shiprock, NM 87482
Phone: 505-315-9669/Fax: 505-368-1467
Director: Vera John
Email: vera.john@ihs.gov

Nevada Skies Youth Wellness Center
P.O. Box 240
104 Big Head Ranch Road
Wadsworth, NV 89442
Phone: 775-352-6443/Fax: 775-575-3180
Holly Elliott, CEO
Director: Kay Culbertson
Email: kay.culbertson@ihs.gov

New Sunrise Youth Regional Treatment Center
P.O. Box 280
104 Big Head Ranch Road
Wadsworth, NV 89442
Phone: 775-352-6443/Fax: 775-575-3180
Holly Elliott, CEO
Director: Kay Culbertson
Email: kay.culbertson@ihs.gov

Adapted Health Center
P.O. Box 219
San Fidel, NM 87049
Phone: 505-515-9969/Fax: 505-368-1467
P.O. Box 1830
Wadsworth, NV 89442
Phone: 775-352-6443/Fax: 775-575-3180
Holly Elliott, CEO
Director: Kay Culbertson
Email: kay.culbertson@ihs.gov

Wellness in the Bering Sea

September 30, 2011

The Tribal Government of St. Paul Island (TGSPI), located 800 miles west of Anchorage in the Bering Sea, first received the federal Indian Alcohol Substance Abuse Program grant from the Bureau of Justice Assistance (BJA) in 2008. In September 2010, the tribe was awarded funding to continue the program for another three years. Since its inception, the program has accomplished exceptional progress towards health and wellness in the St. Paul Island community.

The Strategic Planning Advisory Board (SPAB) established the St. Paul Wellness Drug Court. Tribal citizens are referred to the wellness court, participate in the tribal justice system and given a rehabilitative sentence to help them deal with their issues. Depending on the need, citizens then participate in prevention and education classes, behavioral counseling and/or off-island treatment, to comply with the court’s expectations.

In addition, we established the Prime for Life program. Its goal is to help people reduce their risk of any type of alcohol or drug problem. It also focuses on self-assessment to help participants understand and accept the need to make changes to protect the things most valuable to them. The program examines lifestyle-related health and impairment problems by studying the four phases of use.

We also expanded the tribal enforcement activities to monitor program participants. By using a multi-disciplinary team approach and community policing model, local enforcement officers are starting to track participant progress, setting goals, creating safety plans, and monitoring class attendance. The one-on-one relationship created with participants, and culturally sensitive monitoring provided, have been key assets for client success.

Citizens of the Aleut Community of St. Paul Island and their tribal government have greatly benefitted from the creation and implementation of the local Wellness Drug Court through BJA funding. Our mission is to continue the positive and systematic progress so that our tribal members can enjoy greater health and wellness.

Ozzy E. Escarate
Tribal Health & Human Services Director
etsescarate@tgspi.com

Tribal contact information:
Aleut Community of St. Paul Island
Robert Melovidov, President
P.O. Box 86
St. Paul Island, AK 99660
Tel: (907) 546-3223
Fax: (907) 546-3254

Tribal Health & Human Services

Using Art To Raise Awareness About Behavioral Health

This summer, SAMHSA unveiled a painting by award-winning artist Sam English, who was chosen to create this painting because of his familiarity with the prevention and recovery population. His painting echoes SAMHSA’s four core messages: “Behavioral health is essential to health,” “Prevention works,” “Treatment is effective,” and “People recover.”

The painting was commissioned to help raise awareness about the roles families and the community in preventing of mental illness and substance use disorders. Born on June 2, 1942, in Phoenix, AZ, Mr. English’s parents are Blanche Marie Delorme English, Turtle Mountain Band of Chippewa Indians of Belcourt, ND, and Samuel Elliot English, a member of the Red Lake Band of Chippewa Indians, Red Lake, MN. On the younger Mr. English’s website, he describes his life as an artist and his decision to stop drinking saying “I took my first drink at age 14, to be part of a crowd. . . . That first drink lasted for 25 years until I was 39.” These days, Mr. English says, his art is a healing process. He’s been in recovery since 1981.

Please send us ideas for projects to highlight. We would love to feature your community’s successes. Your summaries should be sent to Gloria Mora or Juanita Keesing at the contact information noted on page 2.
To help a veteran attend VA treatment services, he or she must be enrolled and eligible to receive care within a VHA facility. Once enrolled, VA offers several options for those eligible veterans seeking treatment for substance abuse problems. These include therapy, either alone with a therapist or in a group, as well as a possible medication regimen. Further, programs are offered during evening and weekend hours to help better facilitate their usage.

A patient at VA can expect the following types of substance abuse care:

- First-time screening for alcohol or tobacco use in all care locations.
- Short outpatient counseling including focus on motivation.
- Drug substitution therapies and newer medicines to reduce craving.
- Medically managed detoxification (stopping substance use safely) and services.
- Continuing care and relapse prevention.
- Self-help groups.
- Residential (live-in) care.

There are approximately 63 Substance Abuse Residential Rehabilitation Treatment Programs. Live-in options are available for those veterans who live far from a VA clinic or have tenuous housing arrangements. Special programs are also offered for patients with particular concerns, such as Operations Enduring Freedom/Operation Iraqi Freedom veterans, women, and the homeless.

In 2007, VA substance abuse treatment facilities were more likely than non-VA facilities to offer specially-designed programs for clients with co-occurring psychological and substance abuse problems (60 vs. 39 percent). Further, VA facilities served more substance abuse clients on a day-to-day basis than non-VA facilities. In fact, on a survey date (March 30, 2007) the average number of clients enrolled in VA substance abuse treatment facilities was more than double the average number enrolled in any other non-VA facilities (106 vs. 43 clients).

It has been shown that Native American veterans are overrepresented in the homeless veteran population and also have more severe alcohol problems than other minority groups. Additionally, one study has illustrated that access to culturally competent care may significantly affect minority veterans’ treatment experience. As such, VA strives to be culturally sensitive in its services to veterans and some locations do offer Native American-specific treatment options.

For example, VA’s Southern Oregon Rehabilitation Center and Clinics (SORCC) offers traditional sweat lodge ceremonies twice a month to inpatients, and, if space is available, to registered outpatients. It is conducted by Native American elders, who, according to Ricky J. Martin, the liaison for American Indian programs at SORCC, “bring forth a place of self-worth, a place where the (vets) can make rational decisions. They give these patients something to take with them — respect and honor.” The SORCC also hosts the Rogue River Veterans’ Powwow, conducts talking circles, drum circles, and other regularly scheduled Native American-specific programs.

VA hospitals in New Mexico also coordinate special programs for Native American vets that include talking circles, sweat lodge ceremonies, and gourd dances. Dr. James Gillies, a psychologist in the VA hospitals in New Mexico, also coordinate special programs for Native American vets. "He must be eligible for care within a VHA facility. Once enrolled, VA offers several options for those eligible veterans seeking treatment for substance abuse problems. These include therapy, either alone with a therapist or in a group, as well as a possible medication regimen. Further, programs are offered during evening and weekend hours to help better facilitate their usage.

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VA hospitals in New Mexico also coordinate special programs for Native American vets that include talking circles, sweat lodge ceremonies, and gourd dances. Dr. James Gillies, a psychologist in the post-traumatic stress disorder clinic at the VA Medical Center in Albuquerque, stated, “[we] have to allow Native Americans the opportunity to explore the culture that has been damaged, if not taken away. To be a soul doctor is to embrace the souls of the people you work with.”
U.S. Department of Justice • Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Tribal Youth Posed To Take Action in Indian Country
Summer 2011

In July, youth from 45 tribes across Indian Country gathered in Santa Fe, NM, for the 2011 National Intertribal Youth Summit. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) organized the event, which took place at the Santa Fe Indian School.

Partner federal agencies, including the U.S. Departments of Agriculture, Education, Health and Human Services (HHS), and Interior (DOI), the Corporation for National and Community Service; the White House; and sister offices within the Department of Justice sent representatives and engaged in weeks of planning with OJJDP to assure the event’s success.

The summit’s theme, “Youth Taking Action in Indian Country,” flowed through all activities to enhance tribal youth’s ability to influence public safety through leadership and positive community engagement. Youth were provided with opportunities to develop their public speaking skills, to broaden their knowledge of Native American traditions and culture, and to make better informed health and lifestyle choices.

During the week-long event, youth were joined by federal officials, youth advocates, and field experts. Youth participated in talking circles and a town hall session, attended seminars led by subject matter experts, and enjoyed a series of workshops led by traditional Native American artisans and craftsmen. They also spent a full day visiting two pueblos—San Felipe and Santa Ana—to engage in a sports/health clinic and a feast day filled with ceremonial dances and traditional food. A session called Listening to Youth Voices provided a venue for tribal youth to share concerns with federal agency leaders and discuss youth-led solutions to issues in their communities.

Event speakers included local tribal leaders; officials from HHS, DOI, and the White House Initiative on Tribal Colleges and Universities; five U.S. Attorneys General; Associate Attorney General Tom Perrelli; and Deputy Associate Attorney General Karol Mason. U.S. Attorney General Eric Holder sent videotaped remarks.

The surprise of the week was a special videotaped message from President Obama. “The challenges you face are not small. Solving them won’t be easy. But we are making progress, and you’re leading the way.”

The summit concluded with a reflection session led by Mary Lou Leary, Principal Deputy Assistant Attorney General of the Office of Justice Programs. In this session, tribal youth teams shared their plans for continued service and leadership back home. Plans included designating a day for youth to “shadow” a tribal leader in the community, developing an anti-drug policy on the reservation, building a cultural center that also provides healthcare services and a safe place for youth to go, starting a fitness center to promote physical health, and sponsoring family days.

As fall continues, we’ll be looking for further developments from tribal youth on their leadership commitments.

Youth Program in Santa Fe, New Mexico

Interventions for Health Promotion and Disease Prevention in Native American Populations (R03): The purpose of this funding opportunity announcement (FOA) is to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. For more information link to: http://www.grants.nih.gov/grants-guide/pa-files/PAR-11-346.html.

Tribal Youth Program (TYP): The TYP helps tribal communities prevent juvenile delinquency, reduce violent crime, and improve tribal juvenile justice systems. For more information, visit http://www.ojjdp.gov/typ.

Tribal Juvenile Accountability Discretionary Grants (Tribal JADG): The Office of Juvenile Justice and Delinquency Prevention provides awards under its Tribal JADG program to federally recognized tribes to develop and implement programs that hold youth accountable for delinquent behavior and strengthen tribal juvenile justice systems. For more information, visit http://www.ojjdp.gov/funding/T508/jadg.pdf.

The Native American Center for Excellence (NACE): NACE is funded by SAMHSA to address issues related to substance abuse in American Indian and Alaska Native (AI/AN) communities. For more information, visit http://www.nace.samhsa.gov.

Center for Native American Youth: This center is dedicated to improving the health, safety, and overall well-being of Native American youth through communication, policy development and advocacy. For more information, visit http://www.cnay.org.

Health Native Communities Partnership Inc. (HNCP): HNCP is a non-profit organization that supports capacity-building, leadership development, partnership, and networking so that Native communities realize their own vision of wellness. For more information, visit http://www.hncpartners.org/hncp/home.html.
Important Dates and Federal Contacts

Calendar of Events

November 30 - December 2, 2011
White House Tribal Nations Events
Eisenhower Executive Office Building and Department of the Interior
For more information, please visit [http://www.whitehouse.gov/sites/default/files/tribal_nations_conference_events_outline.pdf](http://www.whitehouse.gov/sites/default/files/tribal_nations_conference_events_outline.pdf) or [http://www.ncai.org/about.641.0.html](http://www.ncai.org/about.641.0.html)

December 6-8, 2011
National Indian Child Welfare Association (NICWA) Cross Cultural Skills, Making the Right Decision: Is IV-E Right for Your Community
Portland DoubleTree Hotel
1000 NE Multnomah Street
Portland, OR
[www.nicwa.org/training/institutes](http://www.nicwa.org/training/institutes)

December 12-16, 2011
Tribal Justice, Safety and Wellness Session #14
Violence Against Women Act Consultation
Hyatt Regency Tamaya Hotel
Santa Ana Pueblo, NM

January 19-21, 2012
Health Action 2012
Hyatt Regency Washington Capitol Hill
400 New Jersey Ave, NW
Washington, DC
[www.healthaction2012.org](http://www.healthaction2012.org)

If you would like to highlight an event, please forward the information to Gloria Mora or Juanita Keesing (contact information on page 2).

Federal Partnering Agencies - Contact Information

SAMHSA Information
Title of Office: Office of Indian Alcohol and Substance Abuse (OJASA)
Contact Information:
Dennis O. Romero, MA
Director (Acting)
Office of Indian Alcohol and Substance Abuse Center for Substance Abuse Prevention (CSAP)
1 Choke Cherry Road
Rockville MD 20857
Phone: (240) 276-2495
E-mail: Dennis.Romero@samhsa.hhs.gov
[IASA@samhsa.hhs.gov](mailto:IASA@samhsa.hhs.gov)

ACF Information
Title of Office: Administration for Native Americans (ANA)
Contact Information:
Michelle Sauve
Senior Project Consultant
Administration for Native Americans (ANA)
370 L’Enfant Promenade, SW
Washington, DC 20447
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