



# Prevention & Recovery

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*“To the Creator: Give us the strength, the courage, the compassion, and the confidence to do the right thing.”—Pete Conway, Former Billings IHS Director*

A Quarterly Newsletter ■ A Multi-Agency Alcohol and Substance Abuse Prevention Collaboration

## Creating Safe and Healthy Community Environments



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### Tribal Action Planning

#### A Tribal Public Health Approach To Addressing Substance Abuse Prevention, Intervention, Treatment, and Recovery

No one would take an arduous journey without a great deal of forethought and coordination. All those involved would ask: What is our purpose? What necessary items do we have? What else do we need? What might help us get there? Similarly, American Indian/Alaska Native (AI/AN) communities once again are engaging in tribal action planning to prevent and reduce alcohol and substance abuse. Lessons learned tell us that a holistic Tribal Action Plan (TAP)—developed with contributions from the entire community—will better serve as a powerful guide toward the larger goal of improved overall health and wellness.

Through the course of tribal action planning, Tribes identify strengths and resources, assess needs and gaps in services, and generate a

comprehensive strategy to address alcohol and substance abuse. Through the Tribal Law and Order Act of 2010 (TLOA), Congress engaged federal partners to build upon previous efforts in this area. Federal partners are responsible for assisting AI/AN communities in a way that honors traditional governance, culture, and ways of life. Figure 1 (“SAMHSA Carrying Out the Intent of the TLOA” on page 8) shows the interaction of various groups involved and SAMHSA’s responsibilities in carrying out TLOA’s intent.

During 2014, SAMHSA’s Office of Indian Alcohol and Substance Abuse (OIASA) and the Consolidated Tribal Training and Technical Assistance Center will provide access to technical assistance—including webinars—to support tribal

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## Director's Corner



Rod Robinson  
(N. Cheyenne),  
Director, Office of  
Indian Alcohol and  
Substance Abuse,  
SAMHSA

Greetings to all my relatives.

Let me first wish all of you a safe and spirit-filled holiday season. Secondly, I am pleased to bring to your attention an excellent opportunity and tool to assist tribes with building effective programs intended to improve the behavioral health of American Indian/Alaska Native (AI/AN) communities. Tribal Action Plans (TAPs) are comprehensive community-based strategic plans that allow tribes to effectively map out their efforts to combat alcohol and substance abuse issues.

The Tribal Law and Order Act of 2010 requires that the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee (IASA) assist tribes with developing a TAP and provide technical assistance to enhance the tribe's ability to build a community infrastructure and workforce capacity. TAPs allow tribes to create a plan that is focused on what is most important and serves to improve the tribe's position in seeking resources to fund a more comprehensive continuum of care.

As a function of the IASA Committee, the TAP Workgroup manages the overall coordination of tribal requests for assistance in the development of a TAP; collaborates with the Inventory Workgroup in developing an appropriate response to tribal entities seeking assistance and in 2014, will host two webinars that will provide information on the importance and purpose of TAPs, guidance on how to submit a TAP and how to navigate to easier access to funding resources.

The first webinar will be targeted towards Regional Administrators and Field Officers within SAMHSA, Indian Health Service (IHS), Bureau of Indian Education (BIE), and the Department of Justice (DOJ). The second webinar will be dedicated to assisting tribes, tribal leaders and tribal stakeholders with forming a tribal coordinating committee and beginning the tribal action planning process.

For more information on TAPs, please visit [www.samhsa.gov/tloa](http://www.samhsa.gov/tloa) or contact the Office of Indian Alcohol and Substance Abuse at (240) 274-0549.

I encourage all that are interested to attend the webinars, as you will not want to miss out on a great opportunity!

## Youth Play an Important Role in Shaping Our Communities

by Sarah S. Pearson



In November, attendance exceeded capacity in an Aspen Institute conference room where Senator Byron Dorgan (ret.) of the Center for Native American Youth (CNAV) moderated a conversation with tribal youth recognized as Champions for Change. Some members of Congress, federal leaders and staff from the U.S. Departments of Justice, Interior, and Health and Human Services, as well as philanthropic, non-profit, tribal organization leaders, and listened attentively to youth as they shared extraordinary accomplishments in creating positive change and hope in tribal and urban Indian communities.

The *Champions for Change: Native American Youth Creating Positive Change* is a program hosted by CNAV and inspired by a White House initiative, Champions of Change, that "recognizes ordinary Americans doing extraordinary things in their communities to out-innovate, out-educate, and out-build the rest of the world."

According to Senator Dorgan, the Champions for Change program celebrates how one person can effect change, and the important roles youth play in shaping our communities. "What propels us to significant change in the future? Change very often springs from youth," said Dorgan.

“ It was wonderful to create a tribal youth council last year. I learned the power of youth voice—that youth can change things because we have a different perspective. ” — Sarah Schilling

"You can't underestimate the power of youth voice," said Robert Listenbee, Administrator, Office of Juvenile Justice and Delinquency Prevention (OJJDP), who announced a new interagency initiative, the American Indian and Alaska Native Defending Childhood Taskforce. The Taskforce will seek to galvanize a coordinated effort among federal agencies and tribes to impact violence that affects tribal youth.

Listenbee also announced the expansion of the OJJDP-led National Intertribal Youth Summit to the now Intertribal Youth Leadership Initiative to support the creation of meaningful roles for youth in tribal communities. Senator John Hoeven of North Dakota announced his support for "the power of young people as role models to affect the futures of youth on the reservation."

### Champions for Change

Five tribal youth, ages 14 to 23, shared highlights of civic engagement activities that distinguished them as Champions for Change. The panel included:

- **Dahkota Brown**, Wilton Miwok Tribe, who started a peer-to-peer study group for middle and high school students to help them to better connect and relate to their studies;
- **Cierra Fields**, Cherokee Nation of Oklahoma, a cancer survivor who travels across the Cherokee Nation to promote healthy lifestyles;

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# SAMHSA Celebrates Native American Heritage Month

By Michael Koscinski

The SAMHSA American Indian/Alaska Native Team (SAIANT) and the Office of Indian Alcohol and Substance Abuse (OIASA) hosted an Open House in honor of Native American Heritage Month on November 20, 2013. Seprieono Locario, a Native American Storyteller, was the featured speaker at the event. Locario shared a personal story about growing up in a rough neighborhood of San Francisco and how his family each summer visited other family members who lived on a reservation in New Mexico. He told how his family would load up their station wagon with clothing, furniture, dishes, whatever they could fit in the car, and take it with them to share with their



relatives. He told the audience how much he appreciated those visits and how they shaped his life. He shared that, after obtaining an advanced degree in psychology, he returned

to the reservation and was questioned by the elders about what he learned. He told the elders about the science of neurobiology and how brain synapses work. They were impressed with his western degree but told him that he should also know that lightning works the same way.

In addition to storytelling by Locario, the open house provided the opportunity for SAMHSA staff to meet with OIASA staff, sample Native American food, and view Native American art work and cultural objects from Indian country.

## Tap into Teaching Substance Abuse Prevention to Preschoolers with “HALO”

Imagine a prevention teacher announcing “HALO Time” and preschool children eagerly gathering to sing songs and perform finger plays. The children learn about healthy or harmful foods and behavior choices, and explore how their organs function while wearing the “HALO Anatomy Organ Apron.”

To share this Healthy Alternatives for Little Ones (HALO) experience, Amy Painter, the public health educator of the Winnebago Tribe of Nebraska, incorporated the HALO prevention curriculum into four Head Start classrooms. After one of Amy’s teachers taught HALO, she gained better classroom management skills and discovered, while sitting down with the children during “HALO circle time,” she engaged more with the children and they were better behaved. Children love being “the experts” on what’s healthy or harmful. They especially like the part during each lesson when they look at the “Healthy vs. Harmful” Picture Recognition Cards and give the thumbs-up sign for positive pictures like nutritious foods and exercise and thumbs-down to pictures of cigarettes, alcohol and drugs.

The HALO curriculum includes HALO Parent Involvement Letters to inform parents/guardians and family members about the HALO lesson and how they can reinforce it with their children at home. The Nebraska



Pictured above are Morgan and Jaida attending a HALO class at the Nebraska Urban Indian Health Coalition. Morgan is wearing the “HALO Anatomy Apron” and her cousin, Jaida is listening to her heartbeat as they learn how to keep their organs healthy.

Urban Indian Health Center in Omaha worked with HALO to revise these letters into an easy reader version to engage parents with limited language skills. Through these shared experiences at home, children learn how adults in their lives are caring and supportive.

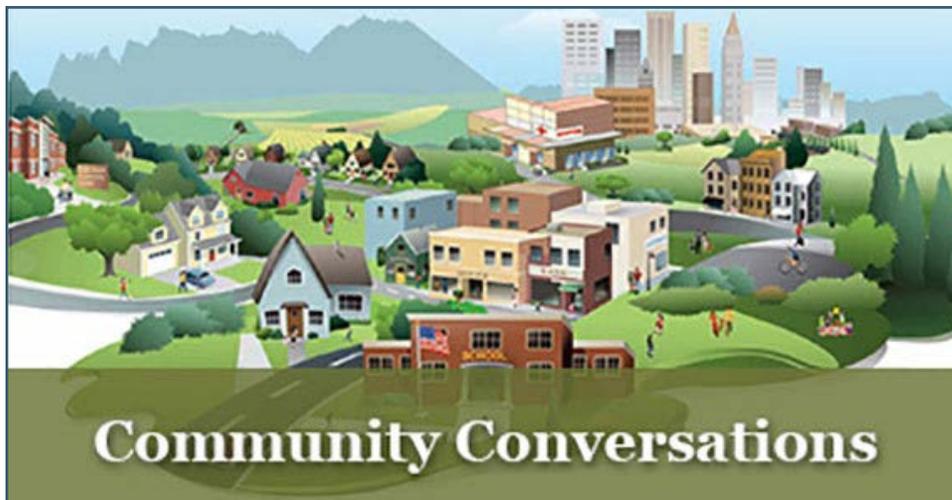
HALO is a one-of-a-kind evidence-based, developmentally appropriate health education and substance abuse prevention program for 3-6-year-old children and is listed in the National Registry of Evidence-based Programs and Practices. HALO is designed to provide information to help children build skills for growing up in healthy ways so they become, “Bigger, Stronger and Better Able to Think!” Since 1990, the HALO curriculum has reached more than 10,000 children in 16 states and is available in English or Spanish.

According to the Center on the Developing Child at Harvard University, early childhood experiences affect the quality of brain architecture and establish either a sturdy or fragile foundation for all of a child’s learning, health and behavior that follows. Additionally, the basic principles of neuroscience indicate that early preventive intervention will be more efficient and produce more favorable outcomes than remediation later in life.

Research by the Yale Infant Cognition Center has shown that children as young as 6 months are aware of the difference between right and wrong. Through HALO, right and wrong choices are translated into the words “healthy” and “harmful” choices. These terms provide young children a vocabulary to understand

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# Community Conversations on Mental Health Seek Solutions



In response to President Obama's call to action for a national conversation to increase understanding about mental health, the first Community Conversations were launched in July in Sacramento, CA, and Albuquerque, NM. The conversations rely on partners and communities who organize the events to counter misperceptions about mental illnesses, identify innovative community-based solutions to mental health needs, and promote recovery and healthy communities.

To support the large facilitated events, SAMHSA developed a [toolkit](#) for planning and facilitating discussions in up to 10 communities, but the guides and information brief are being adapted and used by other groups and communities as well.

At the [June White House National Conference on Mental Health](#), the President announced that conversations about mental health would be taking place across the country. The conversations are aimed to reduce concerns about openly discussing mental illnesses in the community, improve access to services (especially for adolescents and young adults), and set an agenda of changes that will improve and complement existing local resources.

Following the White House event, dialogues were planned in 10 cities around the country. The two July 20 Community Conversations in Albuquerque and Sacramento were organized by [Creating Community Solutions](#) (CCS), under the leadership of [Everyday Democracy](#) and [America Speaks](#), and supported by the [National Alliance on Mental Illness](#), [United Way](#), and many other community and philan-

thropic organizations. These communities identified mental health issues that need facilitated development and change, and established resources to start working on the next steps.

"The President challenged us to bring mental illness out of the shadows," said Pamela Hyde, J.D., during remarks to the King County Bar Association earlier this year. "We need to learn how to recognize the symptoms of mental illness, especially signs of crises and especially

“ We need to learn how to recognize the symptoms of mental illness, especially signs of crises and especially in young people. We need to stop whispering, speak out, and speak up. ”



in young people. We need to stop whispering, speak out, and speak up."

In the days leading up to the Community Conversations, local facilitators were trained and oriented to the discussion material. Both cities used portions of SAMHSA's [toolkit](#) to help plan and facilitate the dialogues. Participants were provided with suggested topics to cover, including beliefs and perceptions about mental health, addressing mental health, barriers,

community interest, outreach, and more. Each table had two facilitators—one to stimulate discussion and the other to take notes.

## Community Conversation in Sacramento

The discussion in Sacramento included Mayor Kevin Johnson and Congresswoman Doris Matsui (D-CA), several SAMHSA Regional Administrators, and representatives from the National Football League (NFL). Community partners worked hard to recruit young people to the event through social media and it paid off. Thirty percent of the 350 attendees were between the ages of 14 to 24, providing an important perspective on the challenges youth and young adults face. Approximately 48 percent of those in attendance had direct experience with mental health issues and 66 percent had a family member or friend with mental health concerns.

Participants identified some of the key challenges including bullying, prejudice and discrimination, cultural bias, substance abuse, and involvement with the criminal justice system. They also discussed possible community action steps, such as including

youth in planning and implementing changes, conducting more forums on mental health, increasing public awareness, and recruiting new mental health champions. The conversation in Sacramento was planned as a one-time event with follow-up to address community needs in the months ahead.

## Community Conversation in Albuquerque

In Albuquerque, the dialogue was the starting point of a series of discussions that took place throughout the fall. The event was organized by outreach teams that concentrated on diversifying attendance—48 percent of the participants were Latino/Hispanic and 69 percent indicated more than

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# “I Took my Family to the Skate Park”

Andrew Catt-Iron Shell



I took my family to the skate park in Pine Ridge—a place I knew of but had never gone. In a town where basketball is king, the court was empty. It was more than the chill of a fall day on the Oglala Nation that kept the rim on the backboard cold. The ballers had found another escape

The skate park that almost didn't get built—that is really only half done is a dream already fulfilled in those that utilize it. It was empowering for me as a father of six, as a community member who cares, as a make-shift photographer with more film than income to hear almost in whispers the conversation of empowerment around me; sound bites in the wind of the greatest get-away ever. How many were there to experience this healthy refuge away from a home where for all the bad reasons we know, they may not want to be home? They treated each other as family as they skated; respectful of each other by a bond made through the boards they rode. They were not shy to help each other should anyone fall. I had a good day among them, reminded how human beings should be.

“ I've seen a picture painted differently than what other brush strokes have created. Too many times these youth are painted invisible . . . ”

I've seen a picture painted differently than what other brush strokes have created. Too many times these youth are painted invisible by the back drop of White Clay, Nebraska, just two miles away. The media says misery is where the ratings are. Reporters have to feed their own families, empower their own lives. How many papers can it sell? How many pages in a magazine? The power of life nurtured by this tiny stretch of cement bowls, obstacles to overcome for the surfers of the prairie

carry more insight into the real power of our community than documenting the end of the trail known worldwide as White Clay. A seed is buried in this skate park; it blooms every day beyond the lens of what any camera can see. The root of our future is not in White Clay, Nebraska, as too many think it to be

My children went to bed tired and smiling that night, unaware of the gifts given to me that day; unaware of the shame the

media should carry for choosing the value of misery over the power found by our youth. My payday at the end of this night is in knowing that our skate park has just as much to offer tomorrow for those who know they can afford to dream.

This article was retrieved at [www.strongholdsociety.org](http://www.strongholdsociety.org).

Photo by Leif Carlson

# It Takes A Village—A Community—To Help Our Children Stay Healthy

## Recovery Oriented System of Care (ROSC) in American Indian and Alaska Native Communities

Anne Helene Skinstad, Ph.D., Director, National American Indian and Alaska Native ATTC

**The first time Blooming Flower, a 12-year old American Indian girl,** tried alcohol, she knew she liked it very much. It helped her forget all the difficult things happening at home and it made her feel so much better about herself. So she continued to drink alcohol whenever she could. The result, surprisingly quickly, was that Blooming Flower developed an alcohol problem by the time she was 14 that threatened her schoolwork, her ability to play the flute, her basketball skills, and her life. That's because none of them seemed as important as getting and consuming alcohol. She started to hang out with the wrong crowd, who provided her with beer, and she began to disregard her teachers and elders. Her parents themselves were drinking so much that they did not pay much attention to her.

She became physically ill and when she was 17, she had to be hospitalized. One elder who knew her well from the community visited her in the hospital and told her a story of the wilting flower. The flower kept being poisoned with fertilizers, which threatened its well-being/

life and made the flower look sad and withered. The elder cautioned that too much good stuff would make the flower die rather than thrive, so that the world would no longer be made happy by its beauty.

After hearing this story and thinking for many days about what the elder said to her, Blooming Flower decided that she wanted more from life than being physically ill and following in her parents' footsteps. She wanted to mean something to her community and to help make the community better. She went away for treatment and looked forward to coming home to start being a productive member of her community.

However, what did she find? Her community had not changed; alcohol abuse and violence continued all around her. Her parents continued to drink, her classmates teased her because she did not drink, and she had nowhere to go but home to parents who did not support her sobriety and a school that did not know how to help her remain sober. There was no Recovery School environment around her either.

This is a story that all too accurately portrays the challenges that many young people face upon returning to their communities after treatment for substance abuse. The Recovery Oriented System of Care (ROSC) philosophy

stresses the crucial importance of a supportive community complete with professional groups working together to better the lives of identified clients. Treatment needs to be comprehensive and clients need to have input

into their own care. In other words, professionals, institutions, and organizations need to work together to ensure that our young people and our communities stay healthy.

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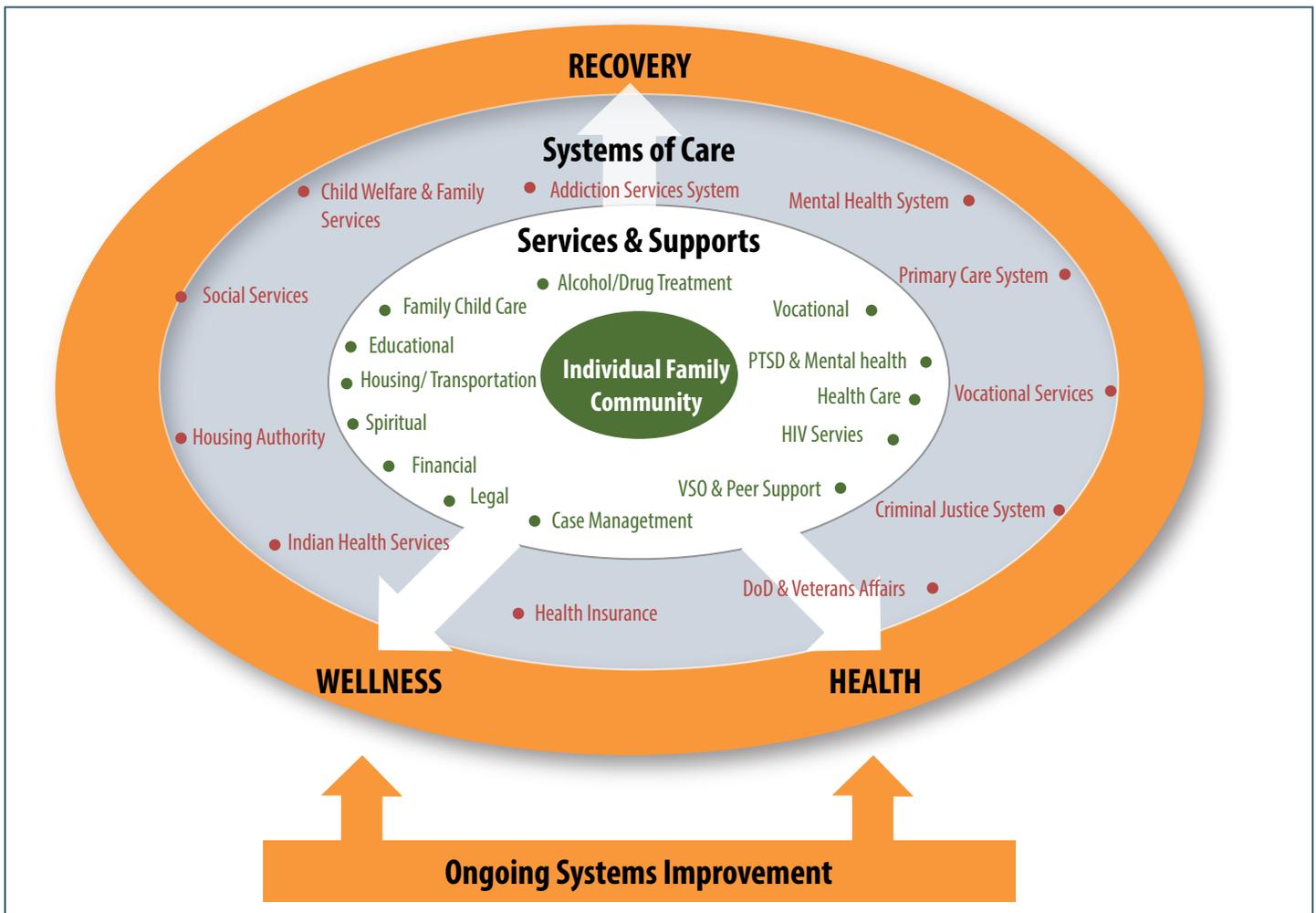


Figure A.

In the center of this approach are the individual and family struggling with addiction issues (see Figure A). As community members, we have a responsibility to make sure we understand the impact that chronic disease, like addiction, has on our community, our young people, and ourselves. As community members, we need to accept and understand rather than stigmatize. We need to reach out to those who have been touched by addiction and help make their return to the community as painless as possible by facilitating their involvement in self-help groups, spiritual communities, and sober and drug-free communities. It is important to encourage the opportunity for peer support specialists to be available in every American Indian community.

ROSC is both evidence- and experience-based. The evidence base is captured in the research often referred to as the Community Reinforcement Approach (CRA) started by Azrin (1980) and Higgins, Alessi, & Dantona (2002). In addition, the experience-base is evident through the 78-year-long history/experience of Alcoholics Anonymous (AA), which was founded in Akron Ohio by Bill W. and Dr. Bob. In recent years, many programs have been established and services have started based on ROSC philosophy.

Check out the Great Lakes ATTC webpage for an overview of this literature. A national organization has also been established, Faces-And-Voices of Recovery.

Tribal communities have adapted this approach about recovery for American Indian and Alaska Native cultures and communities.

#### HALO (continued from page 3)

the surrounding influences in their daily lives, and the knowledge to say “yes” to healthy choices and “no” to harmful ones, such as alcohol, tobacco and substance abuse. Studies show that attitudes toward the use of alcohol, tobacco and other drugs are formed at a very young age—years before a child is ever tempted to try them. Children as young as age 3 can understand discussions about alcohol and tobacco, since most have seen people smoking or drinking either at home or in the media.

Parents have responded positively to the HALO Parent Involvement Letters that are sent home

CSAT has funded seven American Indian and Alaska Native Access to Recovery (ATR) grants, all of which have embraced strategies of ROSC. Examples of culturally informed ROSC efforts include:

- 1 **Lakota Care in South Dakota**, under Ed Parsells’ leadership, based on Christian and Native spirituality, have embraced the ROSC philosophy;
- 2 **Anishnaabek Healing Circle**, (ATR), Inter-Tribal Council of Michigan under Eva Petoskey’s Leadership has developed a Peer Support Academy for American Indian; and
- 3 **Yukon-Kuskokwim Healthcare Corporation** in Bethel, Alaska, under Ray Daw’s leadership and in collaboration with the Rasmuson Foundation, is built on Alaska Native values. Characteristic of all three programs are culturally informed practices, including cultural ceremonies involving the whole community.

The National American Indian and Alaska Native ATTC, formerly the Prairielands ATTC, has conducted focus groups in tribal communities across the upper Midwest (Thin Elk, & Skinstad, 2012) to evaluate the need for training and technical assistance on implementing ROSC in tribal communities. One of our strongest findings was that this philosophy of treatment was very much in tune with indigenous people’s way of life and wellness. Another finding that impressed us was their motivation to expand the number of Peer Support Specialists in their communities.

The ATR grantees in Michigan have already developed a Peer Support Specialist Academy,

which they have offered twice. It was very successful and very well attended; in fact, there were not enough slots for participants to meet the needs expressed by tribal programs. See webpage: [www.atrhealingcircle.com](http://www.atrhealingcircle.com)

ROSC represents a comprehensive understanding of recovery from substance abuse for both the individual and the community. The several successful efforts in tribal communities to make this approach culturally informed should inspire other American Indian and Alaska Native communities to follow suit and collaborate on implementing the ROSC philosophy and understanding of recovery from substance use disorders.

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after each HALO lesson. One mom from the Winnebago Tribe, who used to smoke in their family home, began smoking outdoors when she learned about the dangers of second hand smoke from her child. Other HALO parents have reported that their children retained the HALO lessons they learned for years, and several HALO students have convinced their parents to stop smoking.

In HALO, children learn to make healthy choices about drug prevention, stress management, family communication, and feelings. Native American HALO sites (Nebraska Urban Indian Health Coalition in Omaha, the Winnebago

Tribe in Nebraska; Snohomish County Alcohol and Drug in Washington, and the Hualapai Human Services in Peach Springs, AZ) that use the HALO curriculum prepare their children with the decision-making skills they will need to say “NO” to unhealthy choices, as they grow and encounter more and stronger negative influences in their world. Some tribal communities have begun to add substance abuse prevention for preschool age children in their Tribal Action Plans (TAPs).

To learn more about the HALO curriculum, go to [www.haloforkids.org](http://www.haloforkids.org), email [info@haloforkids.org](mailto:info@haloforkids.org), or call Joanna Lindberg at 888-553-3001.

action planning that is specific to communities' particular strengths and challenges. The technical support and resources for tribal action planning come at a time of great change and opportunity.

### “Game Changer”

Healthcare reform and the Affordable Care Act have ushered in a new era. Now, communities have an incentive to address broad, comprehensive needs using strategic planning and the public health model. This shift in the overall approach to healthcare is a “game changer” for tribal action planning to prevent and reduce alcohol and substance abuse and address the overall health of their communities.

“In the past, the funding infrastructure put prevention, intervention, treatment, and recovery into silos—that is, funding opportunities were separate for each of these activities,” said Rod Robinson, Director of OIASA. “This hasn’t worked well, because it doesn’t address the overall continuum of need. When funders shift away from silos to aligning and leveraging resources, new opportunities will arise and result in a radical shift in service delivery: the funding will better follow the need,” he said.

He emphasized two points for tribal action planning. First, in this changing healthcare landscape, communities need to identify and articulate their continuum of need to increase the likelihood of funding (see Figure 2, “Establishing the Continuum of Need”, on page 9). Second, tribes should be considered the primary providers of services to meet these needs.

### “One Stop” for Resources

Currently, information about Federal resources resides on individual partner websites. That will change in the spring, with the launch of a one-stop website of resources—e.g., grants, cooperative agreements, and technical assistance contracts related to specific community needs—for tribal action planning. The website will feature a matrix, which provides a quick snapshot of the types of resources that may be available. The representatives for the U.S. Departments of Health and Human Services (HHS), Justice (DOJ), and the Interior (DOI), who serve on the IASA Inter-departmental Coordinating Committee, are developing the

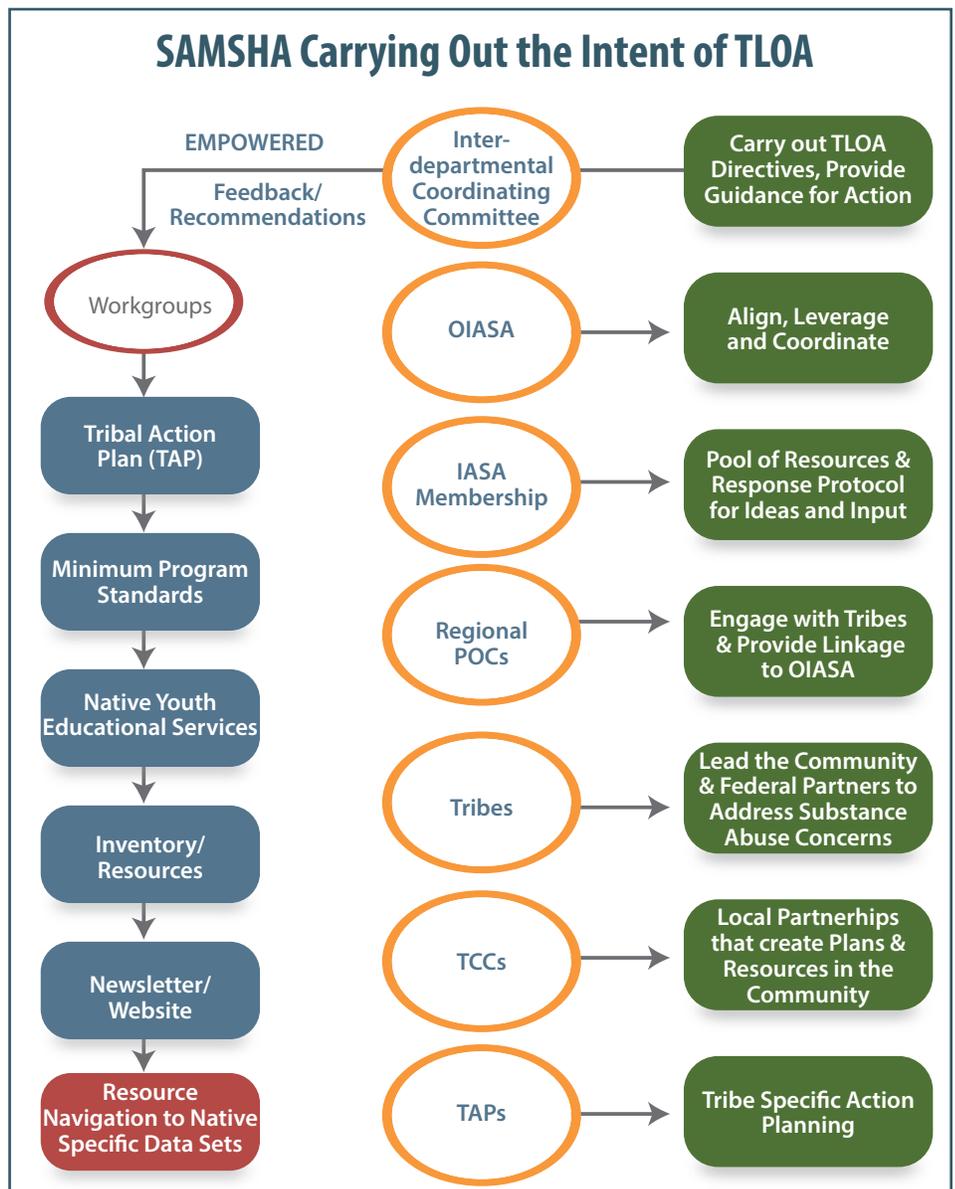


Figure 1: The Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee includes representatives from key Federal partners responsible for carrying out the intent of the Tribal Law and Order Act of 2010 (TLOA). The Office of Indian Alcohol and Substance Abuse (OIASA) leads efforts at SAMHSA, and—along with other Federal partners—offers resources. Regional Points of Contact engage with tribes and Tribal Coordinating Committees (TCCs) to support the development of Tribal Action Plans (TAPs).

site, which will provide contact information for assistance. “Dear Tribal Leaders” letters will announce the website’s launch date, and a series of webinars in 2014 on tribal action planning will refer to it.

### Webinars Will Offer a Wealth of Knowledge

Early in 2014, OIASA will kick off a webinar series with two orientations to tribal action planning. The first will involve the Regional Offices of SAMHSA, Indian Health Service (IHS), Bureau of Indian Education (BIE), and

DOJ; the second will invite tribal leaders and tribal members, as well as tribal stakeholders that provide resources to reduce alcohol and substance abuse. Subsequent webinars in 2014, offered quarterly, will feature both nationally recognized experts and peers who have achieved success in a particular aspect of tribal action planning. SAMHSA will send out webinar invitations via email, with a link to the visual component of the webinar on the Internet and a toll-free phone number for the audio.

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Webinars will be offered live, but for people who cannot attend, SAMHSA will make videos of presentations available on its YouTube site. Attending a live webinar offers several advantages: the ability to ask questions and interact with the trainer and to download the PowerPoint presentations and additional resources. By spring, OIASA hopes to announce the full slate of tribal action planning webinars. If you would like to suggest a webinar topic, please telephone or email Michael Koscinski (phone: (240) 276-2486; email: michael.koscinski@samhsa.hhs.gov).

### Getting the Message Out

About 65 tribes have submitted either a TAP or strategic plan to DOI, DOJ, or HHS. Although there is currently no funding associated with developing a TAP, communities that submit one are taking a step toward better positioning for other funding opportunities. After the TAP Workgroup has reviewed a submitted TAP, they will attempt to route the tribe to an appropriate funding source (e.g., grant, cooperative agreement, or contract). OIASA staff members provide technical assistance

to support organizations that are part of the TAP. Mr. Robinson will telephone or email organizations that have submitted TAPs to arrange ongoing communications and ensure that everyone is on the same page regarding the next steps. For tribes that have not yet developed TAPs, OIASA hopes the 2014 webinars and one-stop resource page will encourage more AI/AN communities to engage in tribal action planning and provide critical information that supports the process.

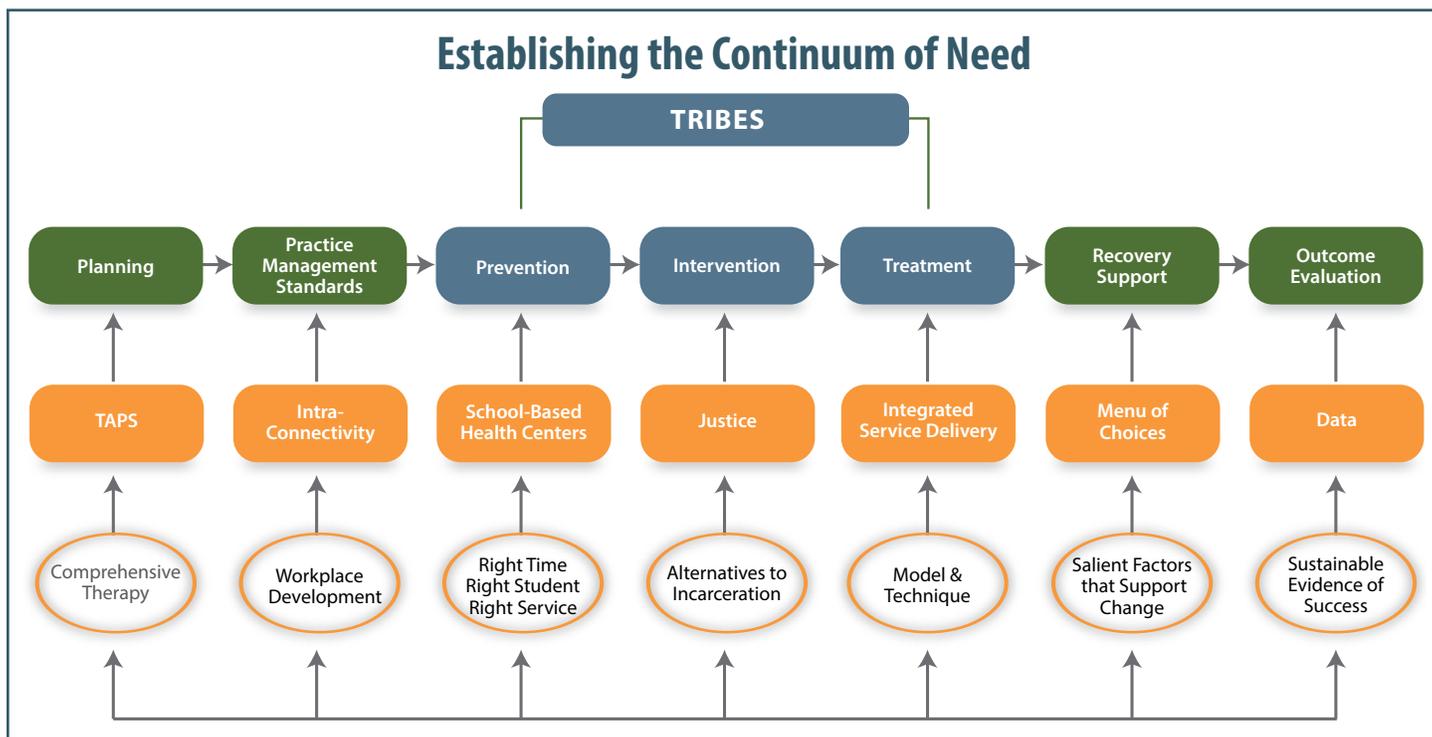


Figure 2: OIASA strongly encourages AI/AN's to identify and articulate their continuum of need as a critical part of the TAP process.

**Community Conversations** (continued from page 4) one race. Approximately 17 percent of those at the event were young adults (15 to 24 years old). Individuals with personal mental health concerns made up 53 percent of the participants, and 71 percent indicated having a friend or family member with mental health concerns. Participants proposed a number of helpful strategies.

Mayor Richard Berry said, "I intend to tell the President that we are setting the bar high here, and we are developing a roadmap forward on this important issue. Albuquerque is poised to lead, and we will deliver meaningful results." Participants recommended increasing awareness (including teaching mental health in schools), strengthening existing resources,

changing policy, improving prevention, securing needed funding, and using social media to reach young people.

The sites plan to provide data and final reports to all partnering organizations. Preliminary outcomes, resources, and information about other Community Conversations are posted on the [Creating Community Solutions](#) website. The outcomes from Sacramento and Albuquerque will be used to adjust the agenda, materials, and process so that future events will be even more robust and successful.

Additional dialogues are scheduled as part of the 10 facilitated conversations throughout

the country, including a few in Kansas City, MO, Birmingham, AL, Washington, DC, and Akron, OH. Individuals and communities are encouraged to learn more about the events, participate, and share resources widely as part of the collective effort to improve mental health awareness and access.

**The Toolkit for Community Conversations About Mental Health** is available in English and Spanish and can be useful in a wide variety of settings. For more information about Community Conversations, visit [MentalHealth.Gov](http://MentalHealth.Gov).

Article retrieved from [http://www.samhsa.gov/samhsaNewsLetter/Volume\\_21\\_Number\\_4/community\\_conversations.aspx](http://www.samhsa.gov/samhsaNewsLetter/Volume_21_Number_4/community_conversations.aspx)

# Resources



National American Indian & Alaska Native

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

As a nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field, the ATTC Network serves to:

- Raise awareness of evidence-based and promising treatment and recovery practices;
- Build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services; and
- Change practice by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes.

For more information, visit <http://www.attcnetwork.org/index.asp>



Healthy Alternatives for Little Ones is an evidenced-based, developmentally appropriate health education and prevention program for 3-6 year-old children. HALO is designed to provide information to help children build skills for growing up in healthy ways so they become, "Bigger, Stronger and Better Able to Think!" HALO is available in English or Spanish.

For more information, visit <http://haloforkids.org>



COPS — the Office of Community Oriented Policing Services is the office of the U.S. Department of Justice that advances the practice of community policing in America's state, local and tribal law enforcement agencies. COPS does its work principally by sharing information and making grants to police departments around the United States.

## The Great Seminole Nation of Oklahoma - Alcohol Substance Abuse Program

The Alcohol Substance Abuse Program provides a comprehensive drug and alcohol program to assist American Indians and Non-Indians with the opportunity to resist, reduce and prevent drug and alcohol abuse.

For more information, visit <http://www.seminolenation.com/services/asap>



*Celebrating 20 Years Building Drug-Free Communities*

CADCA is the premier membership organization representing those working to make their communities safe, healthy and drug-free. There are members in every U.S. state and territory and in 18 countries around the world. Special programs within CADCA support returning veterans and their families, and train youth leaders to be effective agents of change—all through the coalition model.

For more information, visit <http://www.cadca.org/>

# Events

## 2014 Affordable Care Act Webinar

January 15-16, 2014

Register at [http://www.ihs.gov/AdminMngrResources/IHS\\_Calendar/index.cfm?module=RegisterforanEvent&event\\_ID=1530](http://www.ihs.gov/AdminMngrResources/IHS_Calendar/index.cfm?module=RegisterforanEvent&event_ID=1530)

## Department of Health and Human Services Tribal Grants Access Workshop

January 22-23, 2014

If you would like to attend the Tribal Access to Grants workshop, please email your name and tribal affiliation to [consultation@hhs.gov](mailto:consultation@hhs.gov).

## CADCA's 24<sup>th</sup> National Leadership Forum and SAMHSA's 10<sup>th</sup> Prevention Day

February 3-6, 2014

Gaylord National Hotel & Convention Center  
National Harbor, MD

## 2014 United South and Eastern Tribes (USET) Impact Week Meeting

February 3-6, 2014

Crystal Gateway Marriott  
Arlington, Virginia

# Announcements



## Puyallup Nation - Place of the Hidden Waters

Place of Hidden Waters, located on traditional Puyallup tribal lands on a hill overlooking the Puget Sound tidal flats, offers a culturally and environmentally responsive new housing model for the Puyallup Tribe in the Pacific Northwest. The design, which achieved LEED for Homes Platinum certification, emulates the rectangular, shed-roofed form of a traditional Coast Salish longhouse, using a variation of the modern townhouse courtyard building. This video was produced by Enterprise Community Partners as part of HUD's Sustainable Construction in Indian Country Initiative.

A great example of a strategically planned and transformational housing development that stays in balance with nature and the needs of the people can be viewed at: [http://www.youtube.com/watch?feature=player\\_embedded&v=BBj-hVfqVUE](http://www.youtube.com/watch?feature=player_embedded&v=BBj-hVfqVUE)

For more information, visit <http://www.huduser.org/portal/SCinIC/...>

## The Indian Health Service Launches New Forensic Healthcare Website

The Division of Behavioral Health (DBH) at IHS is pleased to announce the launch of its new forensic healthcare Web site. The site provides information to service providers and patients about IHS' policies, programs, and initiatives to address child maltreatment, elder abuse, intimate partner violence, and sexual assault. It also offers referrals to other resources that can help educate victims of violence and members of the general public about each of these topics, as well as information about training opportunities on these topics for IHS service providers.

For more information, visit: <http://www.ihs.gov/forensichealthcare/>



## Building a PEER TA Network State by State

The Welfare Peer Technical Assistance Network (Welfare Peer TA) is a technical assistance initiative sponsored by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Family Assistance (OFA).

Welfare Peer TA facilitates the sharing of information between and among States, counties, localities, Tribal organizations, and community-based organizations working with Temporary Assistance for Needy Families (TANF) families. Welfare Peer TA encourages the establishment of linkages between these organizations on the belief that guidance and instruction are best delivered by professionals who have achieved results and outcomes similar to those desired by other related social service organizations. Welfare Peer TA supports Federal, State, local, Tribal, and community-based stakeholders by bridging gaps between research and practice, highlighting promising practices and service innovations in the field, and fostering strong peer-to-peer relationships that promote improved service delivery to low-income families.



## Family and Youth Services Bureau

### Family and Youth Services Bureau

The Administration for Children and Families' (ACF), Administration on Children, Youth and Families' (ACYF), Family and Youth Services Bureau (FYSB) will award funding for the Transitional Living Program (TLP) and Maternity Group Homes (MGH). The purpose of TLP and MGH is to provide an alternative to involving runaway and homeless youth in the law enforcement, child welfare, mental health, and juvenile justice systems. The deadline to apply is January 15, 2014.

For more information, visit <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2014-ACF-ACYF-CX-0567>

### SAMHSA Consolidated Tribal Training and Technical Assistance Center

SAMHSA's Tribal Training and Technical Assistance Center will specifically provide



proactive planning/implementation of substance abuse prevention and mental health programming focused on native children, youth, and their families to (1) decrease the impact of risk factors, such as poverty, unemployment, racism and historical trauma that contribute to suicide, family disruption, youth violence including bullying, and high-risk substance use, and (2) increase the protective factors, such as strengthening cultural identity, a sense of family and community connectedness, and communication skills, that are linked to the healthy and safe development of AI/AN children and their families.

For more information, contact *Maureen Madison, Ph.D.*, at [Maureen.Madison@samhsa.hhs.gov](mailto:Maureen.Madison@samhsa.hhs.gov) or *CDR Josefine Haynes-Battle* at [Josefine.Haynes.Battle@samhsa.hhs.gov](mailto:Josefine.Haynes.Battle@samhsa.hhs.gov).

### Multicultural Health Planners

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) has created a series of free multicultural health planners for 2014, titled *A Year of Health: A Guide to a Healthy 2014 for You and Your Family*. These planners provide research-based health tips and information about staying healthy and managing conditions of the bones, joints, muscles, and skin.



- **Joaquin Gallegos**, Jicarilla Apache Nation and Pueblo of Santa Ana, who secured a grant for a study to determine the dental status of designated tribes in the Southwest;
- **Vance Home Gun**, Confederated Salish and Kootenai Tribes, who has been working with tribal governments, local organizations, and youth groups to help preserve the Salish language; and
- **Sarah Schilling**, Little Traverse Bay Band of Odawa Indians, worked with tribal council, peers, and youth programs in her community to establish the tribe's first youth council. These and other young Champions for Change are celebrated mentors to peers in their community.

Sarah Schilling shared her conviction for youth voice as a guide to tribal leaders navigating their tribe's journey of healing or recovering from historical trauma. "It was wonderful to create a tribal youth council last year," she

said. "I learned the power of youth voice—that youth can change things because we have a different perspective. I harassed tribal leaders about getting to know their community youth."

She described her concerns regarding suicide and the effects of alcohol and substance abuse. Schilling works on bereavement issues with tribal youth who have friends who have committed suicide.

"Bereavement and grief are huge issues in our communities. There are challenges connected to the loss of family and friends to suicide."

One significant challenge she noted is that there is little research to support an argument for adequate resources for tribal-led efforts to address prevention, intervention and healing from the after-effects of suicide.

Vance Home Gun works with elders in his community to preserve his Native language. He told the audience that not all older people

know their language, but "when you talk your language, you hear the language of the old people," and this opens a deeper connection to who you are.

"I want to show [other tribal teens] that they can have a good life without [drugs and alcohol]." Home Gun also described the [Champions for Change Community Toolkit](#) that is available online as a resource to help tribes recognize and encourage young Native American leaders who are creating positive change.

Joaquin Gallegos noted that reaching out to tribal youth is critically overdue, as the gap is very wide between available resources and the health and well-being of tribes.

"How can you live the American dream that people want you to strive for if your community is dying?" he asked.

Feel free to copy and distribute

## Contributing Agencies



## Newsletter Contact Information

If you have any questions, concerns, or would like to contribute to this newsletter, please contact:

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