

Contents

EXECUTIVE SUMMARY	3
INTRODUCTION.....	5
ORGANIZATION AND STRUCTURE FOR COORDINATION	5
Indian Alcohol and Substance Abuse (IASA) Interdepartmental Coordinating Committee.....	6
Executive Steering Committee	6
Workgroups.....	6
SCOPE OF ALCOHOL AND SUBSTANCE ABUSE PROBLEMS	8
PROGRAMS AND RESOURCES	11
Alcohol and Substance Abuse Programs and Resources	11
Minimum Program Standards for Alcohol and Substance Abuse Prevention, Intervention, and Treatment.....	12
Tribal Action Plans.....	13
Prevention and Recovery Newsletter	15
Law Enforcement and Judicial Personnel Training.....	15
Procedures, Policies, and Protocols for Emergency Medical Assessments	16
Standards for Establishment and Operation of Emergency Shelters.....	16
Child Abuse and Neglect Data	17
Long-term Plan: Juvenile Detention, Treatment Centers, and Alternatives	18
Model Juvenile Code	18
FY 2016 ACTIVITIES	19
APPENDIX A: Tribal Law and Order Act	24
APPENDIX B: TLOA Memorandum of Agreement.....	29
APPENDIX C: Charter.....	36
APPENDIX D: Interdepartmental Coordinating Committee.....	43
APPENDIX E: Acronyms	46
APPENDIX F: Definitions.....	47

Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee

FY 2015 Annual Progress Report

EXECUTIVE SUMMARY

The Tribal Law and Order Act (TLOA)¹ of 2010 includes provisions focused on federal coordination of Indian alcohol and substance abuse resources and programs. One of the provisions requires establishment of an interdepartmental memorandum of agreement (MOA) between the Departments of Health and Human Services (HHS), Interior (DOI), and Justice (DOJ). The MOA was signed by the Secretaries of HHS and DOI and the Attorney General on July 29, 2011. The three Cabinet members bear equal responsibility in carrying out the responsibilities in the MOA, which include efforts to determine the scope of Indian alcohol and substance abuse problems, identify resources and programs that would be relevant to combating alcohol and substance abuse in tribal communities, and coordinate existing agency programs.

An operating structure was established to ensure progress on MOA responsibilities and includes an Executive Steering Committee, Indian Alcohol and Substance Abuse (IASA) Interdepartmental Coordinating Committee, and workgroups focused on the MOA, IASA Newsletter, inventory of federal and other resources, minimum program standards, Native youth educational resources, and tribal action planning. A seventh workgroup was established in FY 2015 to focus on addressing the scope of Indian alcohol and substance abuse problems. The Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, provides coordination leadership for the federal partner agencies.

In FY 2015, SAMHSA established the Office of Tribal Affairs and Policy (OTAP) to lead and support SAMHSA-wide actions that facilitate efficient and effective delivery of resources and services to tribal communities through consultation, outreach, education, and engagement of tribes, tribal organizations, federal partners, and other stakeholders. The Office of Indian Alcohol and Substance Abuse (OIASA) is a component of OTAP and provides coordination leadership for TLOA IASA activities. In FY 2015, a new OIASA Director was hired and efforts were initiated to enhance collaborative TLOA efforts. Federal partners voted to increase the number of IASA meetings and it now meets monthly. FY 2015 plans and proposals for targeted efforts for FY 2016 were developed by each workgroup—the workplans and targeted activities

¹ Indian Alcohol and Substance Abuse Prevention and Treatment Act, as amended by Title II of the Tribal Law and Order Act, P.L. 111-211. The Indian Alcohol and Substance Abuse Prevention and Treatment Act, as amended, is codified at 25 U.S.C. Chapter 26.

were approved by the IASA Coordinating Committee. Development of workplans support a more focused approach to meeting TLOA responsibilities.

Important progress on TLOA activities was achieved in FY 2015. Although the Data Workgroup was established in mid-FY 2015, efforts were initiated to develop a multi-agency, comprehensive report on the scope of Indian alcohol and substance abuse problems. The report is expected to be completed in early 2016 and include data, information, and/or research from eight federal agencies (SAMHSA, DOJ, Indian Health Service, Bureau of Indian Education, Bureau of Indian Affairs, Centers for Disease Control and Prevention, National Institutes of Health, and the Centers for Medicare and Medicaid Services). Efforts are also underway to engage Tribal Epidemiology Centers in collaborating on the report.

Initial data from SAMHSA's 2013 National Survey on Drug Use and Health reflect comparatively poor behavioral health for American Indians and Alaska Natives as they experience higher rates of most substance use and mental health issues than the general population. Tobacco use is higher, illicit substance use is higher, and occurrence of mental health issues (including co-occurring mental and substance use disorders) is higher. Alcohol use is generally comparable or lower, though binge drinking is higher among American Indians and Alaska Natives.

A significant effort was initiated in FY 2015 to unify the TLOA and Indian Health Care Improvement Act (IHCA) MOAs. Both MOAs address Indian alcohol and substance abuse and engage similar federal partners in accomplishing requirements. The purpose of the unification is to identify areas of overlap and similarity between the two agreements and pave the way for greater coordination across federal agencies. Highlights of other FY 2015 accomplishments include:

- Tribal Action Plan trainings were held in four different geographic areas, reaching 44 tribes and 372 tribal participants.
- Fourteen quarterly issues of the Prevention and Recovery Newsletter have been published to date—the Newsletters have been downloaded over 200,000 times.
- Over 900 tribal court personnel have received training through Tribal Court Trial Advocacy Training Sessions.
- The Indian Child Welfare Quarterly and Annual Report forms were revised to collect reliable tribal child abuse and neglect information. More than 200 BIA and tribal social service employees received training on the Indian Child Welfare Act (ICWA) Quarterly and Annual Report.
- A comprehensive plan focused on the needs of Indian communities with high rates of domestic violence and family violence is in development.
- A tracking system was established to capture progress on the TLOA Long Term Plan to Build and Enhance Tribal Justice Systems—an initial assessment showed that the goals have been partially or fully met.
- The information-gathering phase for the Model Juvenile Code will conclude at end of FY 2015 and drafting is in process to submit a Notice for publication in the Federal Register in early November 2015. Formal consultation is planned for early 2016.
- The first phase of the requirement to develop an inventory of federal resources, which was previously completed, is now available to tribes and tribal organizations on the SAMHSA TLOA website.

INTRODUCTION

The Tribal Law and Order Act (TLOA)² was signed by President Obama on July 29, 2010, and includes provisions focused on federal coordination of Indian alcohol and substance abuse resources and programs. One of the provisions requires establishment of an interdepartmental memorandum of agreement (MOA) between the Departments of Health and Human Services (HHS), Interior (DOI), and Justice (DOJ). In response to the Act, the Secretaries of HHS and DOI and the Attorney General signed an MOA on July 29, 2011, that among other things addresses efforts to:

1. Determine the scope of Indian alcohol and substance abuse problems.
2. Identify resources and programs that would be relevant to combating alcohol and substance abuse in tribal communities.
3. Coordinate existing agency programs.

This document responds to the requirement in the MOA that calls for an annual progress report at the completion of each fiscal year (FY).

ORGANIZATION AND STRUCTURE FOR COORDINATION

The Secretaries of HHS and DOI and the Attorney General bear equal responsibility for implementation of TLOA alcohol and substance abuse provisions in cooperation with Indian tribes. The Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, was specifically required to create the Office of Indian Alcohol and Substance Abuse (OIASA) to provide coordination leadership of SAMHSA, Indian Health Service (IHS), Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE), and DOJ efforts to address prevention, intervention, and treatment of alcohol and substance abuse.

In 2015, SAMHSA formally established the Office of Tribal Affairs and Policy (OTAP) to serve as the primary point of contact for tribes, tribal organizations, federal agencies, and other entities on matters pertaining to the behavioral health of the 567 federally recognized tribes. OTAP provides leadership and oversees activities that are cross-cutting, have policy implications for tribes, require consultation, and/or require a decision or action by the SAMHSA Administrator. OIASA was organizationally placed under OTAP to advance TLOA efforts and ensure coordination across all SAMHSA American Indian/Alaska Native (AI/AN) responsibilities. In 2015, SAMHSA also hired a new OIASA Director and continued to support a Youth Programs Officer, a Communications Specialist, and a Tribal Action Plan (TAP) Coordinator.

² Indian Alcohol and Substance Abuse Prevention and Treatment Act, as amended by Title II of the Tribal Law and Order Act, P.L. 111-211. The Indian Alcohol and Substance Abuse Prevention and Treatment Act, as amended, is codified at 25 U.S.C. Chapter 26.

Indian Alcohol and Substance Abuse (IASA) Interdepartmental Coordinating Committee

The IASA Coordinating Committee (Committee) is a chartered body that supports a sustainable federal partnership between HHS, DOI, and DOJ for coordinating critical Indian alcohol and substance abuse resources and programs. The Committee currently meets monthly, is chaired by the OIASA Director, and includes representatives from each of the federal partner agencies. The work of the Committee is carried out through guidance of the Executive Steering Committee and collaboration among standing workgroups comprised of MOA partner representatives. Several HHS components, including the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), Administration for Children and Families (ACF), and Centers for Medicare and Medicaid Services (CMS), and the Office of National Drug Control Policy (ONDCP) are invited to attend Committee meetings.

Executive Steering Committee

A primary focus of the Executive Steering Committee is to advance development of comprehensive tribal action planning. The intent is to provide guidance, direction, coordination, and improved access for tribes to appropriate federal resources that may assist them in developing and implementing tribal action plans for alcohol and substance abuse prevention, intervention, and treatment. The IASA Executive Steering Committee is comprised of federal partner agencies and provides overall guidance in carrying out TLOA MOA goals and responsibilities.

Workgroups

The Coordinating Committee oversees the work of seven standing workgroups. Five of the workgroups have met consistently since the establishment of the TLOA MOA. The exceptions are the: (1) Memorandum of Agreement Workgroup, which completed its primary work when the MOA was signed in 2011 and comes together only when matters within its responsibilities arise; and (2) Data Workgroup that was established in FY 2015 to address the scope of the alcohol and substance abuse problems in tribal communities. Each of the workgroups has a chair and co-chair to coordinate their areas of responsibility, oversee progress, and report to the Committee on accomplishments and recommendations. The workgroup responsibilities are as follows:

- **Memorandum of Agreement (MOA) Workgroup** is comprised of Executive Steering Committee members and is charged with overseeing the annual review of the MOA to ensure it serves as an appropriate guiding document for the Coordinating Committee. The Workgroup is also responsible for overseeing and coordinating development of the annual IASA progress report.
- **Tribal Action Plan (TAP) Workgroup** coordinates support for tribes that choose to develop a TAP to combat alcohol and substance abuse. The Workgroup established a

protocol for tribal requests for assistance and works with partner agency regional staff to coordinate assistance and resources for tribes in their areas.

- ***Inventory/Resources (I/R) Workgroup*** identifies and coordinates federal, state, local, and tribal resources, including technical assistance contracts and services, grants, contracts, and cooperative agreements that address alcohol and substance abuse and can be used for TAPs.
- ***Communications Workgroup*** leads all phases of planning, development, and publishing of *Prevention & Recovery: A Quarterly Newsletter* that highlights successful practices and stories, tools, resources, information, and current research addressing alcohol and substance abuse in Indian Country. The Workgroup also: (a) produces a monthly news bulletin for the IASA Committee on new happenings across agencies, funding opportunities, upcoming conferences, webinars, and meeting schedules for the Committee and Workgroups; (b) develops marketing materials for IASA Workgroup outreach activities; and (c) creates relevant messages for posting on social media.
- ***Native Youth Educational Services (NYES) Workgroup*** coordinates efforts to gather, maintain, and update federal efforts that provide education services or benefits to AI/AN youth and families. The Workgroup also serves as a resource for tribes on educational programs and resources and provides information on alcohol, drugs, and substance abuse awareness, prevention, and treatment available to AI/AN youth.
- ***Minimum Program Standards (MPS) Workgroup*** develops and establishes minimum program standards for substance abuse prevention, intervention, and treatment, and collaborates with federal partners to identify common standards for similar programs and activities.
- ***Data Workgroup*** addresses the TLOA scope of the problem mandate by assessing different data and information systems and developing joint agency reports.

In FY 2015, the MOA Workgroup initiated a significant effort to unify the TLOA and Indian Health Care Improvement Act (IHICIA) MOAs. Both MOAs address Indian alcohol and substance abuse and engage similar federal partners in accomplishing their work. The purpose of the unification was to identify areas of overlap and similarity between the two agreements and pave the way for greater coordination across federal agencies. OTAP developed background documents and an initial draft of a unified TLOA and IHICIA MOA for the Committee's consideration. MOA Workgroup representatives have provided important input and recommendations not only for unifying the TLOA and IHICIA MOAs but also for streamlining and clarifying existing processes. The Workgroup's efforts are on track for completing a unified TLOA and IHICIA MOA for interdepartmental clearance in January 2016.

During FY 2015, the Data Workgroup met on a biweekly basis to develop a plan for assessing the scope of alcohol and substance abuse problems; identify data systems, research information, and administrative data that would be pertinent to the assessment process; and, develop a comprehensive federal report on AI/AN behavioral health data. Contributions for the federal report have been obtained from SAMHSA, CDC, IHS, CMS, and DOJ. The Workgroup will also

incorporate data and/or information from BIE, BIA, and NIH. Members of SAMHSA's Tribal Technical Advisory Committee, which is comprised of tribal leaders, requested that data from Tribal Epidemiology Centers also be incorporated into the report, which will include the behavioral health topic areas of substance use, mental health, suicide, trauma, violence, and unintentional injury.

The Data Workgroup will continue to document the scope of the alcohol and substance use problem as well as child abuse and neglect by identifying additional data sets/systems that may contribute to the report. The report is targeted for release in early 2016 and the available data is expected to contribute to the TLOA requirement that federal agencies work with tribes and other non-federal partners to develop a methodology for estimating the funding necessary for prevention, intervention, treatment, and recovery from alcohol and substance abuse.

SCOPE OF ALCOHOL AND SUBSTANCE ABUSE PROBLEMS

Among the 12 responsibilities identified in the TLOA MOA is the determination of the scope of the ongoing problem of alcohol and substance abuse for Indian tribes, their members, and those eligible for the programs and services of the Indian Health Service. In carrying out this responsibility, the IASA Coordinating Committee is to coordinate with tribes and other non-federal partners in determining the scope of the problem.

In 2015, the Coordinating Committee established the Data Workgroup to assess data and information systems that would lead to a comprehensive report to improve knowledge about Indian alcohol and substance abuse. During the first phase of its efforts, the Data Workgroup identified federal data systems, administrative data, and research from eight federal departments and agencies that would contribute to the report. Based on recommendations and support from SAMHSA's Tribal Technical Advisory Committee, the co-chairs of the Data Workgroup will work to engage Tribal Epidemiology Centers (TECs) in developing the report. The intent is to incorporate federal and tribal data and information that presents a more complete view of alcohol and substance abuse problems in tribal communities. Should TEC receive tribal concurrence to participate, this would represent the first federal multi-agency and tribal federal effort to assess the scope of the problem. The comprehensive data report is targeted for release in early 2016.

The IASA report will include data from SAMHSA's National Survey on Drug Use and Health (NSDUH)—which includes data on a sample of 70,000 civilian, non-institutionalized respondents, age 12 and older, through in-person household interviews—and the Treatment Episode Dataset (TEDS), which contains the demographic characteristics and substance abuse problems of admissions to treatment facilities in the United States. SAMHSA is issuing a new report on alcohol and substance abuse among American Indians and Alaska Natives. 2013 NSDUH data show that rates of current and heavy alcohol use by American Indians and Alaska Natives aged 12 and older has decreased over time and are lower than the comparative national rates (Table 1). However, rates of binge alcohol use by American Indians and Alaska Natives aged 12 and older remains higher than the national rate (Table 1). Of additional concern is that rates of tobacco use, illicit drug use, and non-medical use of prescription pain relievers for American Indians and Alaska Natives aged 12 and older are markedly higher than the comparative national rates.

Table 1. Substance Abuse				
NSDUH 2013	age	AI-AN	Nat'l	Comparison
Alcohol				
alcohol use (current)	12+	37.3	52.2	↓
binge alcohol use	12+	23.5	22.9	↑
heavy alcohol use	12+	5.8	6.3	↓
Tobacco				
tobacco use (current)	12+	40.1	25.5	↑
cigarette use (current)	12+	36.5	21.3	↑
cigar use (current)	12+	6.1	4.7	↑
smokeless tobacco (current)	12+	5.3	3.4	↑
Illicits/Substance Abuse/SUD				
illicit drug use (current)	12+	12.3	9.4	↑
substance abuse or dependence	12+	14.9	6.6	↑
Non-medical Use of Rx Pain Relievers				
past year	12+	9.9	5.8	↑

In terms of substance use, 2013 NSDUH data show that alcohol use among Native youth aged 12-17 is lower than the national rate and that current underage alcohol use and underage binge drinking for Native youth aged 12-20 is also lower than the comparative national rates (Table 2). However, tobacco use among Native youth aged 12-17 is higher than the national rate (Table 2).

Table 2. Youth Substance Use				
NSDUH 2013	age	AI-AN	Nat'l	Comparison
Alcohol				
youth alcohol use	12-17	9.3	11.6	↓
underage alcohol use (current)	12-20	17.8	22.7	↓
underage binge drinking	12-20	13.9	14.2	↓
Tobacco				
youth tobacco use (current)	12-17	11.4	7.8	↑

While rates of substance use among American Indians and Alaska Natives have shown improvements over time, rates of mental illness among American Indians and Alaska Natives aged 18 years and older remain a significant concern. 2013 NSDUH data show that rates of mental illness (any mental illness (AMI), serious mental illness (SMI), and major depressive episode (MDE)) were higher among American Indians and Alaska Natives compared to corresponding national rates (Table 3). Further, rates of co-occurring mental and substance use

disorders (SUD) were higher among American Indians and Alaska Natives aged 18 years and older (Table 3).

NSDUH 2013	age	AI-AN	Nat'l	Comparison
Mental health				
AMI (past year)	18+	26.0	18.5	↑
SMI (past year)	18+	5.8	4.2	↑
MDE (past year)	18+	8.9	6.7	↑
mental health service utilization (past year)	18+	15.7	14.6	↑
suicidal thoughts	18+	4.8	3.9	↑
Comorbidity				
co-occurring AMI-SUD	18+	7.4	3.2	↑
co-occurring SMI-SUD	18+	1.1	1.0	↑

Figure 1 provides TEDS data on substances of abuse among those admitted for substance abuse treatment. In 2012, American Indians and Alaska Natives had higher rates of treatment admissions for alcohol use (35.0) compared to other races (21.1) and higher rates of treatment for alcohol and drugs (41.6) compared to other races (35.1). Given the higher reported rates of drug use among American Indians and Alaska Natives, an area for future consideration is the lower rate of treatment admissions for drug use (22.7) compared to other races (42.9).

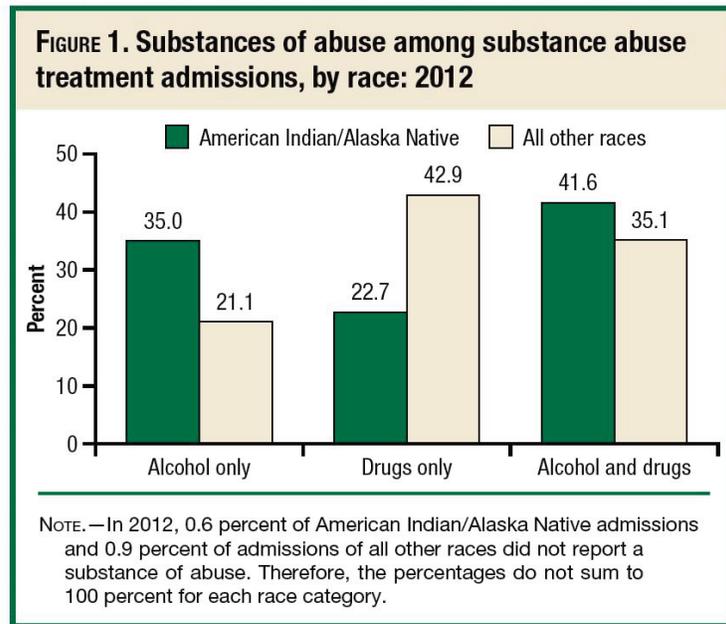
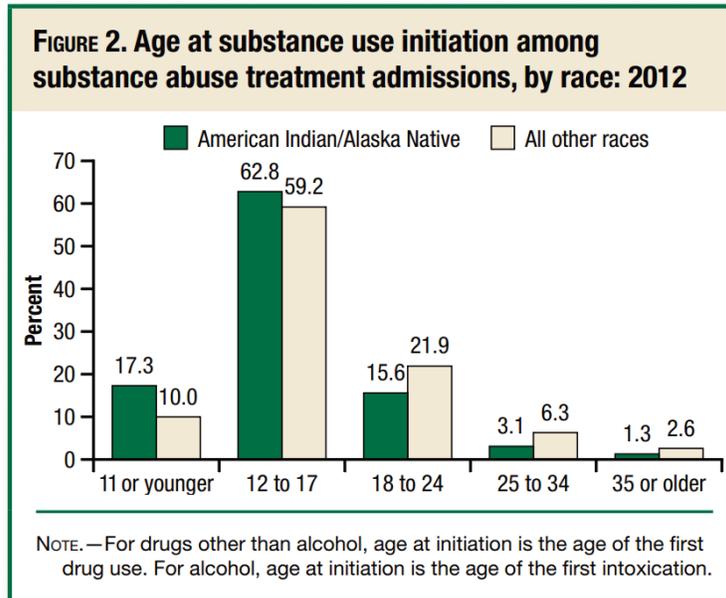


Figure 2 shows that, in 2012, American Indians and Alaska Natives admitted to treatment had higher rates of early substance use initiation. More American Indians and Alaska Natives were 11 years of age or younger (17.3) and between the ages of 12-17 (62.8) when they initiated substance use compared to all other races. Rates of substance use initiation are higher for all other races beginning at 18 years of age.



The tables and figures above present a number of future concerns that require continued and improved coordination of federal, tribal, and other resources. They show that excessive alcohol use and alcohol-related behavioral issues for American Indians and Alaska Natives continue. Specifically, mental illnesses remain high and co-occurring mental and substance use disorders remain a problem.

PROGRAMS AND RESOURCES

The MOA articulates 12 responsibilities that will be undertaken to achieve the goals and purposes of TLOA. These responsibilities largely pertain to identifying programs that address alcohol and substance abuse problems; collaborative development and/or increased access to standards, policies, protocols, training, and information and data; and, action planning to assist tribal communities combat alcohol abuse, substance abuse, and its consequences. The following sections identify MOA responsibilities related to program, resource, and information requirements and progress made by the IASA Coordinating Committee and its workgroups.

Alcohol and Substance Abuse Programs and Resources

The MOA requires the compilation of national, state, tribal, and local alcohol and substance abuse programs and resources. Between 2012-2014, the Inventory and Resources Workgroup completed the first phase of this requirement by developing an inventory of federal resources. The inventory was posted on the SAMHSA TLOA website in 2015, and is available through PDF and interactive links on the TLOA website. <http://www.samhsa.gov/tloa/tap-development-resources>, and captures:

- Over 70 federally-sponsored education and alcohol and substance abuse prevention support programs;
- Funding opportunity interactive links subdivided by HHS, DOI, and DOJ agencies and TLOA-related topics (e.g., public safety, justice systems and alcohol and substance abuse, corrections and correctional alternatives, violence against women, juvenile justice); and,
- Links to grant and contract resources.

The Inventory and Resources Workgroup continued to update the inventory on a quarterly basis and will begin work on collecting state, local, and tribal resources for the inventory in FY 2016. A resource map of federal programs will also be developed which will allow tribes and other interested parties to identify resources that can be applied for to support more comprehensive planning for alcohol and substance-related programming.

Minimum Program Standards

The MOA requires the development of minimum program standards for alcohol and substance abuse prevention, intervention, and treatment. The minimum standards may be based on current federal, state, and/or tribal standards. OIASA will, where appropriate, facilitate the provision of any necessary technical assistance to develop such standards. The Interdepartmental Coordinating Committee will provide a forum for the overall coordination of efforts to assist each federal partner in identifying common standards for similar programs and activities to facilitate incorporation of those standards into departmental programs.

The first phase of program review began on June 30, 2015, and follow up actions are expected to be completed by the end of FY 2015. There are a host of information sources for addressing minimum standards including, the Indian Health Manual (IHM), and standards from the Department of Veterans Affairs, Centers for Medicare & Medicaid Services, and the National Institute on Alcohol Abuse and Alcoholism. Minimum Program Standards Workgroup members have focused on potential gaps in existing standards and culturally relevant information for targeting substance abuse prevention, intervention, and treatment needs of American Indians and Alaska Natives. The Workgroup will continue to gather and review additional federal, state, and/or tribal standards to develop the comprehensive list of current minimum program standards.

Tribal Action Plans

During the course of the past year, tribes and tribal organizations were offered virtual and on-site trainings on all aspects of tribal action planning for substance abuse prevention and treatment and the fundamentals of tribal action planning (see Table 4). A TAP training was held in Phoenix on August 19-21, 2014. Twenty seven tribes, involving 88 participants, attended the training. A second intensive training on how to create a Tribal Action

Four TAP trainings were held in four different geographic areas, reaching 44 tribes and 372 tribal participants.

Plan was held in Billings, Montana on September 16-18, 2014. Eight tribes, involving 223 participants, were provided with training on all aspects of tribal action planning for substance abuse prevention and treatment. A third training, co-sponsored by the Northern Arizona Behavioral Health Authority, was held June 1-3, 2015, in Flagstaff, Arizona. Five tribes, involving 38 participants, attended the training. The fourth training included four tribes from the United South Eastern Tribes Area and included 23 participants.

In addition to the trainings, a TAP portal website was created to allow tribes and tribal organizations to share ideas and questions with each other about developing a TAP (<https://tap.bja.gov/SitePages/Community%20Home.aspx>). The TAP Portal allows federal partners to collaborate, share, and disseminate information to tribal communities in a streamlined fashion while strengthening relationships with the tribes. Federal partners are committed to assisting tribes in the development of TAPs, which will ultimately assist tribes in building culturally-appropriate comprehensive strategic plans to address the unique alcohol and substance abuse issues within tribal communities. The TAP Portal also is unique to other websites as it includes collaborative efforts of the federal partners for reaching tribes with information, culturally-appropriate programming, technical assistance, as well as providing a site that allows for discussions and peer-to-peer learning.

The TAP Workgroup will implement a strategy for increasing the number of tribes that develop and implement a tribal action plan by 20 percent over the course of the next year.

Table 4. Regional Tribal Action Plan (TAP) Workshops

Dates	Location	Participating Tribes	Federal & Other Partners	Number of Attendees
Phoenix Area IHS				
August 19-21, 2014	Phoenix, AZ	Confederated Goshute Tribes Fort McDowell Fort Mojave Tribe Gila River Indian Community Hopi Nation Hualapai Nation Paiute Indian Tribe of Utah Salt River Maricopa Indian Community San Carlos Apache Shoshone Paiute Skull Valley Band of Goshutes Tohono O’odham Nation White Mountain Apache Tribe Yomba Shoshone Tribe	U.S Department of Agriculture Indian Health Service Veterans’ Administration Bureau of Land Management SAMHSA Northern Arizona Behavioral Health Authority (NARBHA) Native American Community Health Center (Tribal Urban Health Center, Phoenix, AZ)	88
Billings Area IHS				
September 16-18, 2014	Billings, MT	Crow Nation Flathead Blackfeet Fort Belknap Fort Peck Northern Cheyenne Rocky Boy Eastern Shoshone Northern Arapaho	U.S. Department of Health and Human Services: Office of the Assistant Secretary, Office of Regional Director, Centers for Disease Control and Prevention, Health Resources and Services Administration, Administration for Community Living, Administration for Children and Families, Centers for Medicare and Medicaid Services U.S. Department of Housing and Urban Development U.S. Department of the Interior, Bureau of Indian Affairs U.S. Department of Justice U.S. Department of Veterans Affairs Northwest Frontier Addiction Technology Transfer Center Network	223
Arizona—Collaboration with the Northern Arizona Regional Behavioral Health Authority				
June 1-2, 2015	Flagstaff, AZ	Hopi Yavapai White Mountain Apache Navajo Hualapai Mashpee Wampanoag Havasupai Eastern Band of Cherokee Lakota Gila River	SAMHSA Office of Indian Alcohol and Substance Abuse; Department of Veterans Affairs; Social Security Administration. State partners: Department of Juvenile Corrections; Department of Behavioral Health Other: Native Americans for Community Action (NACA); City of Flagstaff prevention projects	38
Nashville Area IHS				
August 11-13, 2015	Washington, DC	Mashpee Wampanoag Eastern Band of Cherokee Penobscot Tribe Oneida Indian Nation of New York	IHS, Division of Behavioral Health; SAMHSA, Office of Indian Alcohol and Substance Abuse; U.S. Department of Justice, Justice Programs Council on Native American Affairs; The White House, Office of National Drug Policy; U.S. Department of Health and Human Services, Office of Minority Health, Public Health Advisor; U.S. Department of Interior, Bureau of Indian Affairs, Division of Human Services, Child Protection and Welfare Issues; Centers for Medicare and Medicaid Services, Division of Tribal Affairs; National Indian Health Board; SAMHSA, Center for Substance Abuse Prevention; SAMHSA, Center for Substance Abuse Treatment, Criminal Justice Team	23

Prevention and Recovery Newsletter

Fourteen Quarterly issues of the *Prevention and Recovery Newsletter* have been published. The Newsletters have been downloaded over 200,000 times.

The Communications Workgroup was charged with addressing the MOA requirement to publish a quarterly newsletter that includes reviews of exemplary alcohol and substance abuse programs. To date, the Communications Workgroup has successfully produced fourteen quarterly issues of the *Prevention and Recovery Newsletter*. The Newsletter was published quarterly during

FY 2015 and addressed the following themes: Strengthening Federal-Tribal Partnerships, Celebrating Recovery in American Indian/Alaska Native Communities, Engaging and Empowering Native Youth Leaders, and Native Youth Today: Bridging the Gap Between Traditional and Modern Day Practices.

As a result of the SAMHSA Native Youth Conference and White House Generation Indigenous initiative that occurred in FY 2015, the *Prevention and Recovery Newsletter* established a new section on the Native Youth Perspective. Each current issue as well as an archive of past issues can be accessed on the TLOA website (<http://www.samhsa.gov/tloa/news>) and the websites of the various federal partnering agencies. In 2014, the Newsletter grew to a total of nearly 110,000 downloads and the number of downloads increased to well over 200,000 in FY 2015.

The Communications Workgroup produces a monthly IASA news bulletin that highlights federal agency programs, national and local conferences, webinars, and the upcoming schedules for the monthly IASA Coordinating Committee and Workgroup meetings. To date, the Communications Workgroup has disseminated eleven news bulletins to the Committee, which allows for improved communications across federal agencies on TLOA-related business.

In FY 2016, the Communications Workgroup will continue to plan, develop, and publish the *Prevention and Recovery Newsletter* with collaboration from the TLOA federal partner agencies. The Workgroup will work to double the number of downloads of the Newsletter and continue to coordinate and promote existing interdepartmental agency programs and activities. The Workgroup will also increase use of social media to advance TLOA efforts.

The Communications Workgroup ensures that the TLOA website (<http://www.samhsa.gov/tloa>) is user-friendly, easily accessible, and is maintained with current information pertaining to AI/AN tribes and Native youth. The SAMHSA TLOA Implementation website is being updated and will improve access to resources and information developed in response to the MOA, such as the Long Term Plan to Build and Enhance Tribal Justice Systems.

Law Enforcement and Judicial Personnel Training

BIA, in coordination with DOJ, is required by the MOA to take the lead role in developing and implementing law enforcement and judicial personnel training. In FY 2015, the BIA Office of Justice Services (OJS) conducted training programs for law enforcement and judicial personnel focusing on the investigation and prosecution of offenses related to illegal narcotics (25 U.S.C.

Section 2451). Based on the statutory requirement, in 2011, DOI began to conduct three-day trial court advocacy skills training using an illegal narcotic case analysis, with training provided by Tribal Justice Support staff and staff from DOJ. Similarly, DOI took a proactive posture and conducted three-day training sessions focused on domestic violence cases and included DOJ trainers in the sessions.

In FY 2015, DOI sponsored two tribal court training sessions focused specifically on issues surrounding the implementation of the Violence Against Women Reauthorization Act of 2013 (VAWA) as applied to Indian Country. The training sessions were conducted by two of the five VAWA pilot tribal courts implementing the special domestic violence criminal jurisdiction prior to 2015—specifically, Pascua Yaqui and Tulalip. To date, DOI and DOJ have trained over 900 tribal court personnel through the Tribal Court Trial Advocacy Training Sessions.

Over 900 tribal court personnel have received training through Tribal Court Trial Advocacy Training Sessions.

Procedures, Policies, and Protocols for Emergency Medical Assessments

The MOA requires that IHS and BIA, in collaboration with tribal communities, develop, implement, and maintain procedures, policies, and protocols for emergency medical assessments for Indian youth arrested or detained for an offense relating to, or involving, alcohol or substance abuse. The health of every incarcerated Indian youth is a top priority in law enforcement. There are protocols for medical assessments for Indian youth, who are initially arrested and or detained over a period of time. These assessments can include an initial medical clearance from a medical doctor. Upon booking into an Indian Juvenile Detention Center, a medical and suicide screening occurs to provide additional assessment for each youth. While incarcerated, health care treatment plans (general care, specialty care, dental, vision, mental health and substance abuse) are put together based on a completed health appraisal and all youth have access to health care. Any and all follow-up on medical treatment plans are shared with the courts and the parents/guardians, and when possible, coordinated through IHS. The Minimum Program Standards Workgroup is currently reviewing multiple resources in an effort to modernize and align emerging practices related to co-occurring needs in Indian Country.

Standards for Establishment and Operation of Emergency Shelters

The BIA/OJS has moved to a philosophy focused on alternatives to incarceration with an emphasis upon “solution-focused” sentencing, and treatment as simply warehousing offenders without addressing the underlying cause is largely ineffective. OJS has contracted to begin administration of a nationally-recognized screening and assessment tool. This new protocol for assessing offender need, risk, and responsiveness prior to placement into service has the potential for serving as the cornerstone for linking all public safety service elements.

The Minimum Program Standards Workgroup is continuing collaborations with OJS and DOJ’s Office of Justice Programs (OJP) to advance alternatives to incarceration and accessibility of

resources, such as IHS' Youth Regional Treatment Center programs, to support TLOA goals focused on prevention, intervention, and treatment of alcohol and substance abuse.

Child Abuse and Neglect Data

BIA, in cooperation with DOJ, is required to compile data relating to the number and types of child abuse and neglect cases and the type of assistance provided, reflecting those cases that involve, or appear to involve, alcohol and substance abuse, those cases which are recurring, and those cases that involve other minor siblings.

In FY 2015, BIA partnered with HHS, DOJ, BIE, and tribes to address child protection and child welfare issues in Indian Country. BIA is working to define the scope of services appropriate to tribal area needs and identify resources to address the continuum of care for AI/AN children at risk for abuse and/or neglect. BIA is also working to strengthen the coordinated interagency multidisciplinary response for the protection of children and prevention of child abuse and neglect in AI/AN communities.

During FY 2015, reliable data on child abuse and neglect was difficult to obtain. The existing data collection instruments used by BIA and its partner agencies did not request child abuse and neglect data. In addition, given that a great majority of social services programs are tribally operated under Indian Self Determination and Education Assistance Act (ISDEAA) contracts/compacts, it was equally difficult to get the tribes to report this data independently as they were under no legal obligation to do so. Consequently, child abuse and neglect data for FY 2015 would not be representative of all the social services programs in Indian Country.

The Indian Child Welfare Quarterly and Annual Report forms have been revised to collect reliable tribal child abuse and neglect information.

To rectify child abuse and neglect data collection issues, BIA has taken a number of steps for FY 2016. BIA recently revised the Indian Child Welfare Quarterly and Annual Report form. The new form was approved by the Office of Management and Budget

(OMB Control No. 1076-0131) and is effective until January 31, 2018. The revised form added the collection of tribal child abuse and neglect information. Part A of the revised form applies to the Indian Child Welfare Act (ICWA) data collection and must be filled out by all tribes that receive ICWA grants. Part B of the form applies to tribal child abuse and neglect data and must be filled out only by those tribes that operate child protection programs (the previous form only collected ICWA data). The purpose of the revision was to enable BIA to collect reliable child abuse and neglect data for tribal child protection programs. The form also provides information regarding child welfare worker client to staff case ratios.

On September 29, 2015, BIA issued a Dear Tribal Leaders letter requesting that tribal leaders and Awarding Officials negotiate with all tribes that operate a social services program to amend their ISDEAA contract and require the tribe(s) to provide their child abuse and neglect data, in addition to their ICWA data, on the revised Indian Child Welfare Quarterly and Annual Report form. Under 25 CFR 23.47, tribes or tribal organizations receiving grants under ICWA are required to submit data on ICWA programs on a quarterly and annual basis. In September

2015, BIA, Office of Indian Service (OIS), Division of Human Services (DHS) conducted a webinar sessions on the Indian Child Welfare Quarterly and Annual Report form.

In an effort to promote the wellbeing of AI/AN children and families, OIS and DHS will partner with HHS and DOJ to develop and implement a comprehensive plan to address the needs of Indian communities with high rates of domestic violence and family violence; expand family services related to domestic

A comprehensive plan focused on the needs of Indian communities with high rates of domestic violence and family violence is being developed.

and family violence; improve teamwork between law enforcement and social services to more rapidly address instances of domestic and family violence; and improve coordination of services with other related domestic and family violence partners in Indian Country.

Long-term Plan: Juvenile Detention, Treatment Centers, and Alternatives

In 2010, DOI and DOJ created the Federal Workgroup on Corrections to enhance collaboration in tribal correction efforts. After the passage of TLOA, this Workgroup was expanded to include other federal partners and guided the development of the Tribal Justice Plan entitled “The TLOA Long Term Plan to Build and Enhance Tribal Justice Systems,” which was published in 2011 (<http://www.justice.gov/sites/default/files/tribal/legacy/2014/02/06/tloa-tsp-aug2011.pdf>).

While the TLOA requirement called for the development of a long-term plan for the construction, renovation, and operation of Indian juvenile detention and treatment centers and alternatives to detention for juvenile offenders, the Workgroup chose to highlight alternatives to incarceration in response to the wishes of tribes. A template has been developed to track progress in meeting the goals established in the Plan. An initial assessment showed that the goals have been partially or fully met.

Model Juvenile Code

DOI and DOJ, in cooperation with Indian organizations having law enforcement and judicial procedure expertise and in consultation with Indian tribes, are required to coordinate development of a Model Juvenile Code. BIA has worked in collaboration with DOJ’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) to develop the Model Juvenile Code as outlined in the MOA. BIA has developed a website to solicit input and comments on the current plan and have begun soliciting input from experts in TLOA partnering departments to ensure collaboration (<http://www.bia.gov/WhoWeAre/BIA/OJS/ojs-services/ojs-tjs/index.htm>). Information gathering sessions were conducted at the 2014 Office for Victims of Crime (OVC) National Indian Nations Conference, Federal Bar Association’s 2015 Indian Law Conference, as well as the National Congress of American Indians’ (NCAI) 2015 Mid-Year Conference.

The informal information-gathering phase for the Model Juvenile Code will conclude in October 2015 with participation in juvenile justice sessions at the annual conferences of the National American Indian Judges Association and NCAI, respectively. Drafting is in process to submit a notice for publication in the Federal Register in early November 2015. Formal consultation will

then take place in early 2016. The Native Youth Educational Services Workgroup is charged with overseeing the progress on the development of a Model Juvenile Code.

FY 2016 ACTIVITIES

In FY 2015, all IASA workgroups established plans for the current year and identified areas for focus for FY 2015. The following is a summary of initial proposals for FY 2016, which will continue to be overseen by the Coordinating Committee to ensure progress and collaboration exists to accomplish objectives.

Unification of the TLOA and IHCIA MOAs

In FY 2016, the MOA workgroup will focus on completing the unification of the TLOA and IHCIA MOAs. Actions that will be taken to achieve this goal include:

- Consulting with tribes and conferring with urban Indian organizations on the proposed language of the unified draft MOA.
- Incorporating tribal and urban Indian feedback into the draft unified MOA.
- Providing briefing sessions to federal partner departments' senior leaders on the draft unified MOA.
- Obtaining signatures from federal partner departments for final MOA approval.
- Developing a dissemination plan to inform regional, area, and local communities of the responsibilities in the finalized unified MOA.
- Establishing a strategy to ensure existing and/or new workgroups are convened to meet all of the IHCIA responsibilities.

Scope of the Problem

The Data Workgroup will continue to work with federal partners, work to collaborate with Tribal Epidemiology Centers, and continue to identify datasets/systems that may contribute to the multi-agency report on the scope of the alcohol and substance use problem. In addition to SAMHSA, IHS, and DOJ, the report will include data and/or information from BIE, BIA, Centers for Disease Control and Prevention, National Institutes of Health, and the Centers for Medicare and Medicaid Services.

Identification of Programs

The primary goal for the Inventory/Resources Workgroup in FY 2016 is to continue updating federal resources in the inventory and incorporating state, local, and tribal efforts and resources. Among the resources will be regional office contact information for federal partner

departments/agencies. The expanded and improved inventory will be announced through webinars in coordination with the Tribal Action Plan Workgroup, SAMHSA TLOA Implementation website, *Prevention & Recovery Newsletter*, OIASA Monthly Bulletin, IASA list serv, fact sheets, and program service announcements in tribal areas. The fact sheet on the inventory will be distributed at meetings and conferences. A resource map of alcohol and substance abuse-related grant programs from each federal partner department/agency will be developed to show available resources and will be posted on the SAMHSA TLOA Implementation webpage.

Minimum Program Standards

In FY 2016, federal partner departments will collaborate to determine the minimum program standards for alcohol and substance abuse prevention, intervention, and treatment. The proposed minimum standards will be based on common standards for similar programs and activities. All efforts will be made to ensure the standards support an integrated behavioral health approach and address aftercare and continuum of care.

Assessment of Resources

A significant focus in FY 2016 will be to recruit new members who have methodological expertise in estimating funding and resource needs. Efforts will be informed primarily by the Data Workgroup's report on the scope of the Indian alcohol and substance abuse problem. Coordination will also be planned across workgroups as the range of responsibilities hold implications on the estimation of funding and resources.

Tribal Action Plan Development

The Tribal Action Plan Workgroup (TAP) will have two primary focus areas in FY 2016: (1) finalize and advance a strategy for providing TAP training in all IHS areas that have not had focal training; and, (2) implement a strategy for increasing the number of tribes that develop and/or implement a tribal action plan. An FY 2016 TAP calendar will be developed to ensure that regions/areas of the country with the greatest need receive priority for available training. The calendar will include in-person conferences, targeted webinars, expert consultation, and peer-to-peer engagement of tribes that have successfully developed TAPs and tribes desiring to develop a TAP. Particular focus will be given to ensuring conferences are tailored to tribes in the region/area where it is being held and that training accounts for the needs of the tribes participating in planned sessions.

The TAP Workgroup will partner with the Communications Workgroup to develop an outreach strategy to inform tribal leaders and tribal health, behavioral health, educators, law enforcement, social service, and other personnel about the value of developing a TAP. To address concerns regarding the cost of developing TAPs, federal partners are examining opportunities for increasing the number of tribes who commit to developing a TAP. Targeted opportunities include modifying guidance in federal partner department Funding Opportunity Announcements (FOAs) that include development of strategies and plans as a requirement to

incorporate elements of TAPs. The intent is to meet the requirement of the program issuing the FOA while also meeting the requirements of a TAP. Federal partner departments will also reach out to states through regional/area personnel to encourage them to support tribal efforts to develop and/or implement a TAP.

Newsletter

The primary goal of the Communications Workgroup in FY 2016 is to promote delivery of information that supports the requirements of TLOA through improved access to key program activities, events, and resources of federal partner departments. The Workgroup will accomplish this goal through the following approach:

- Increase communications with federal partner department staff and contractors working with programs that contribute to TLOA goals as a means for expanding access to information about exemplary programs and resources.
- Substantially increase downloads of the *Prevention and Recovery Newsletter* from over 200,000 downloads to over 300,000 downloads through targeted marketing of the Newsletter and articles such as the Native Youth Perspective.
- Improve the utility of the IASA News Bulletin on federal programs, national and local conferences, webinars, IASA meetings, IASA Workgroup meetings, and alcohol and substance abuse resources through more deliberate querying of federal and national partners. The intent is to publicize and make information available as early as possible to demonstrate the value of the Bulletin as an important communication, coordination, and planning tool.
- Assist IASA Workgroups in developing critical communication activities pertinent to their responsibilities and products that help to advance TLOA goals. This activity includes assisting Workgroups to develop marketing plans to facilitate broad communication about the outcome or impact of their work and promote existing interdepartmental agency programs.
- Improve reach of IASA efforts by enhancing the SAMHSA TLOA Implementation webpage and increasing use of social media to carry out the activities, events, and messages of the Coordination Committee.
- Ensure the Coordination Committee is reaching its target audience (i.e., AI/AN communities, tribal stakeholders, federal partners, etc.) through a series of evaluation assessments which:
 - Seek positive feedback from the Committee on expanding ideas for new and innovative ways to communicate objectives, news, etc.;
 - Request completion of an annual satisfaction survey by tribes and tribal organizations;
 - Allow for quarterly reviews/scorecards by federal partner departments (Committee members/mid-level management);

- Monitor web traffic and the total number of hits on the *Prevention & Recovery* Newsletter; and,
- Facilitate updates to list serves and contact information of individuals and organizations that play a role in addressing the goals of TLOA.

Emergency Medical Assistance

In FY 2016, IHS and BIA will collaborate with tribal communities to improve policies, procedures, and protocols for emergency medical assessments of Indian youth. To the extent that other HHS, DOI, and DOJ partners may have resources for use related to these assessments, IHS and BIA will work to incorporate and/or coordinate these resources with current assessment practices. A subcommittee of the Minimum Program Standards Workgroup will be established to collect partner resources, review/analyze existing procedures, policies, and protocols, and create a model assessment protocol for use by all agencies. When the updated protocol is finalized, the subcommittee will work with the Communications Workgroup to determine how it might be made available for community-level use.

Emergency Shelters

The primary goal for FY 2016 is to promulgate standards for the establishment of emergency shelters or halfway houses for Indian youth with alcohol and/or substance abuse problems. This strategy would include the following elements:

1. Review the National Council of Juvenile and Family Court Judges' evidence-based practices, as well as review potential literature sources from the Society of Indian Psychologists.
2. Review and discuss historical trauma from the mental and substance use disorder perspective.
3. Cross reference best and promising practices from the IHS Domestic Violence Prevention Initiative and Methamphetamine and Suicide Prevention Initiative.
4. Collaborate with BIA and DOJ's Office of Justice Programs (OJP) in establishing alternatives to incarceration and accessibility of resources, such as IHS' Youth Regional Treatment Center programs in an effort to assist AI/AN communities in achieving their goals in the prevention, intervention, and treatment of alcohol and substance abuse.

Child Abuse and Neglect Data

In addition to furthering data collection activities, OIS' DHS will partner with HHS and DOJ in FY 2016 to develop and implement a comprehensive plan to address the needs of Indian communities with high rates of domestic violence and family violence. In FY 2016, OIS, DHS will partner with DOJ and HHS to provide Family Violence Training. Through this effort, OIS will expand family services and improve teamwork between law enforcement and social services.

The intent is to more rapidly address instances of domestic and family violence and improve coordination of services among partners in Indian Country.

Juvenile Detention Centers

In FY 2016, activities to implement the TLOA Long Term Plan to Build and Enhance Tribal Justice Systems (Plan) will continue. To improve awareness about implementation activities, the Plan will be placed on the TAP Portal and distributed to IASA contacts. In addition, federal partner departments will work closely with the Communications Workgroup to broadly disseminate information about accomplishments.

CLOSING

IASA federal partners increased planning and collaborations in FY 2015 to more effectively meet the requirements of TLOA. The federal partners are poised to advance TLOA through critical activities that are scheduled for completion in FY 2016. A major focus will be completion of the unified TLOA and IHCIA MOAs, updated charter, and refinement of the IASA structure to support collaborative efforts. Other major areas of focus include publication of the multi-agency, comprehensive report on the scope of Indian alcohol and substance abuse problems; development of a comprehensive TAP strategy; comprehensive plan to address the needs of Indian communities with high rates of domestic and family violence; and, refinement and expansion of the reach of the IASA Newsletter.

APPENDIX A: Tribal Law and Order Act

For the purposes of this report, only the language pertaining to Indian Alcohol and Substance Abuse is provided in this Appendix. The full text of P.L. 111-211—July 29, 2010 is available at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ211/pdf/PLAW-111publ211.pdf>.

PUBLIC LAW 111-211—JULY 29, 2010
124 STAT. 2287

Subtitle D—Tribal Justice Systems

SEC. 241. INDIAN ALCOHOL AND SUBSTANCE ABUSE.

(a) CORRECTION OF REFERENCES.—

(1) INTER-DEPARTMENTAL MEMORANDUM OF AGREEMENT.—Section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1)—

(I) by striking “Not later than 120 days after the date of enactment of this subtitle” and inserting “Not later than 1 year after the date of enactment of the Tribal Law and Order Act of 2010”; and

(II) by inserting, “the Attorney General,” after “Secretary of the Interior”;

(ii) in paragraph (2)(A), by inserting, “Office of Justice Programs, Substance Abuse and Mental Health Services Administration,” after “Bureau of Indian Affairs,”;

(iii) in paragraph (4), by inserting, “Department of Justice, Substance Abuse and Mental Health Services Administration,” after “Bureau of Indian Affairs”;

(iv) in paragraph (5), by inserting, “Department of Justice, Substance Abuse and Mental Health Services Administration,” after “Bureau of Indian Affairs”;

(v) in paragraph (7), by inserting, “the Attorney General,” after “Secretary of the Interior”;

(B) in subsection (c), by inserting, “the Attorney General,” after “Secretary of the Interior”; and

(C) in subsection (d), by striking “the date of enactment of this subtitle” and inserting “the date of enactment of the Tribal Law and Order Act of 2010”.

(2) TRIBAL ACTION PLANS.—Section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412) is amended—

(A) in subsection (b), in the first sentence, by inserting, “the Office of Justice Programs, the Substance Abuse and Mental Health Services Administration,” before “and the Indian Health Service service unit”;

(B) in subsection (c)(1)(A)(i), by inserting, “the Office of Justice Programs, the Substance Abuse and Mental Health Services Administration,” before “and the Indian Health Service service unit”;

(C) in subsection (d)(2), by striking “fiscal year 1993 and such sums as are necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000” and inserting “the period of fiscal years 2011 through 2015”;

(D) in subsection (e), in the first sentence, by inserting, “the Attorney General,” after “the Secretary of the Interior”; and

(E) in subsection (f)(3), by striking “fiscal year 1993 and such sums as are necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000” and inserting “fiscal years 2011 through 2015”.

(3) DEPARTMENTAL RESPONSIBILITY.—Section 4207 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2413) is amended—

(A) in subsection (a), by inserting, “the Attorney General” after “Bureau of Indian Affairs”;

(B) in subsection (b)—

(i) by striking paragraph (1) and inserting the following:

“(1) ESTABLISHMENT.—

“(A) IN GENERAL.—To improve coordination among the Federal agencies and departments carrying out this sub-title, there is established within the Substance Abuse and Mental Health Services Administration an office, to be known as the ‘Office of Indian Alcohol and Substance Abuse’ (referred to in this section as the ‘Office’).

“(B) DIRECTOR.—The director of the Office shall be appointed by the Administrator of the Substance Abuse and Mental Health Services Administration—

“(i) on a permanent basis; and

“(ii) at a grade of not less than GS–15 of the General Schedule.”;

(ii) in paragraph (2)—

(I) by striking “(2) In addition” and inserting the following:

“(2) RESPONSIBILITIES OF OFFICE.—In addition”;

(II) by striking subparagraph (A) and inserting the following:

“(A) coordinating with other agencies to monitor the performance and compliance of the relevant Federal programs in achieving the goals and purposes of this subtitle and the Memorandum of Agreement entered into under section 4205;”;

(III) in subparagraph (B)—

(aa) by striking “within the Bureau of Indian Affairs”; and

(bb) by striking the period at the end and inserting; “and”; and

(IV) by adding at the end the following:

“(C) not later than 1 year after the date of enactment of the Tribal Law and Order Act of 2010, developing, in coordination and consultation with tribal governments, a framework for interagency and tribal coordination that— “(i) establish the goals and other desired outcomes of this Act;

“(ii) prioritizes outcomes that are aligned with the purposes of affected agencies;

“(iii) provides guidelines for resource and information sharing;

“(iv) provides technical assistance to the affected agencies to establish effective and permanent interagency communication and coordination; and

“(v) determines whether collaboration is feasible, cost-effective, and within agency capability.”; and by striking paragraph (3) and inserting the following:

“(3) APPOINTMENT OF EMPLOYEES.—The Administrator of the Substance Abuse and Mental Health Services Administration shall appoint such employees to work in the Office, and shall provide such funding, services, and equipment, as may be necessary to enable the Office to carry out the responsibilities under this subsection.”; and

(C) in subsection (c)—

(i) by striking “of Alcohol and Substance Abuse” each place it appears;

(ii) in paragraph (1), in the second sentence, by striking “The Assistant Secretary of the Interior for Indian Affairs” and inserting “The Administrator of the Substance Abuse and Mental Health Services Administration”; and

(iii) in paragraph (3)—

(I) in the matter preceding subparagraph (A), by striking “Youth” and inserting “youth”; and

(II) by striking “programs of the Bureau of Indian Affairs” and inserting “the applicable Federal programs”.

(4) REVIEW OF PROGRAMS.—Section 4208a(a) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2414a(a)) is amended in the matter preceding paragraph (1) by inserting “, the Attorney General,” after “the Secretary of the Interior”.

(5) FEDERAL FACILITIES, PROPERTY, AND EQUIPMENT.—Section 4209 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2415) is amended—

(A) in subsection (a), by inserting “, the Attorney General,” after “the Secretary of the Interior”;

(B) in subsection (b)—

(i) in the first sentence, by inserting “, the Attorney General,” after “the Secretary of the Interior”;

(ii) in the second sentence, by inserting “, nor the Attorney General,” after “the Secretary of the Interior”; and

(iii) in the third sentence, by inserting “, the Department of Justice,” after “the Department of the Interior”; and

(C) in subsection (c)(1), by inserting “, the Attorney General,” after “the Secretary of the Interior”.

(6) REVIEW.—Section 4211(a) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2431(a)) is amended in the matter preceding paragraph (1) by inserting “, the Attorney General,” after “the Secretary of the Interior”.

(b) INDIAN EDUCATION PROGRAMS.—Section 4212 of the Indian Alcohol and Substance Abuse Prevention Act of 1986 (25 U.S.C. 2432) is amended by striking subsection (a) and inserting the following:

“(a) SUMMER YOUTH PROGRAMS.—

“(1) IN GENERAL.—The head of the Indian Alcohol and Substance Abuse Program, in coordination with the Assistant Secretary for Indian Affairs, shall develop and implement programs in tribal schools and schools funded by the Bureau of Indian Education (subject to the approval of the local school board or contract school board) to determine the effectiveness of summer youth programs in advancing the purposes and goals of this Act.

“(2) COSTS.—The head of the Indian Alcohol and Substance Abuse Program and the Assistant Secretary shall defray all costs associated with the actual operation and support of the summer youth programs in a school from funds appropriated to carry out this subsection.

“(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out the programs under this subsection \$5,000,000 for each of fiscal years 2011 through 2015”.

(c) EMERGENCY SHELTERS.—Section 4213(e) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433(e)) is amended—

(1) in paragraph (1), by striking “fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.” and inserting “each of fiscal years 2011 through 2015.”;

(2) in paragraph (2), by striking “each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.” and inserting “each of fiscal years 2011 through 2015.”; and

(3) by indenting paragraphs (4) and (5) appropriately.

(d) REVIEW OF PROGRAMS.—Section 4215(a) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2441(a)) is amended by inserting, “the Attorney General,” after “the Secretary of the Interior”.

(e) ILLEGAL NARCOTICS TRAFFICKING; SOURCE ERADICATION.—

Section 4216 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2442) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

- (i) in subparagraph (A), by striking the comma at the end and inserting a semicolon;
- (ii) in subparagraph (B), by striking “, and” at the end and inserting a semicolon;
- (iii) in subparagraph (C), by striking the period at the end and inserting “; and”;
- (iv) by adding at the end the following: “(D) the Blackfeet Nation of Montana for the investigation and control of illegal narcotics traffic on the Blackfeet Indian Reservation along the border with Canada.”;

(B) in paragraph (2), by striking “United States Custom Service” and inserting “United States Customs and Border Protection, the Bureau of Immigration and Customs Enforcement, and the Drug Enforcement Administration”;

(C) by striking paragraph (3) and inserting the following:
“(3) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$2,000,000 for each of fiscal years 2011 through 2015.”; and

(2) in subsection (b)(2), by striking “for the fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000” and “for each of fiscal years 2011 through 2015.”.

(f) LAW ENFORCEMENT AND JUDICIAL TRAINING.—Section 4218 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2451) is amended—

(1) by striking subsection (a) and inserting the following: “(a) TRAINING

PROGRAMS.—

“(1) IN GENERAL—The Secretary of the Interior, in coordination with the Attorney General, the Administrator of the Drug Enforcement Administration, and the Director of the Federal Bureau of Investigation, shall ensure, through the establishment of a new training program or by supplementing existing training programs, that all Bureau of Indian Affairs and tribal law enforcement and judicial personnel have access to training regarding—

“(A) the investigation and prosecution of offenses relating to illegal narcotics; and
“(B) alcohol and substance abuse prevention and treatment.

“(2) YOUTH-RELATED TRAINING.—Any training provided to Bureau of Indian Affairs or tribal law enforcement or judicial personnel under paragraph (1) shall include training in issues relating to youth alcohol and substance abuse prevention and treatment.”; and

(2) in subsection (b), by striking “as may be necessary” and all that follows through the end of the subsection and inserting “as are necessary for each of fiscal years 2011 through 2015.”.

(g) JUVENILE DETENTION CENTERS.—Section 4220 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2453) is amended—

(1) in subsection (a)—

(A) by striking “The Secretary” the first place it appears and inserting the following:

“(1) IN GENERAL.—The Secretary”;

(B) in the second sentence, by striking “The Secretary shall” and inserting the following:

“(2) CONSTRUCTION AND OPERATION.—The Secretary shall”; and

(C) by adding at the end the following: “(3) DEVELOPMENT OF PLAN.—

“(A) IN GENERAL.—Not later than 1 year after the date of enactment of this paragraph, the Secretary and the Attorney General, in consultation with tribal leaders and tribal justice officials, shall develop a long-term plan for the construction, renovation, and operation of Indian juvenile detention and treatment centers and alternatives to detention for juvenile offenders.

“(B) COORDINATION.—The plan under subparagraph (A) shall require the Bureau of Indian Education and the Indian Health Service to coordinate with tribal and Bureau of Indian Affairs juvenile detention centers to provide services to those centers.”; and

(2) in paragraphs (1) and (2) of subsection (b)—

(A) by striking “for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000” each place it appears and inserting “for each of fiscal years 2011 through 2015”; and

(B) by indenting paragraph (2) appropriately.

APPENDIX B: Memorandum of Agreement

INDIAN ALCOHOL AND SUBSTANCE ABUSE MEMORANDUM OF AGREEMENT BETWEEN

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,

U.S. DEPARTMENT OF THE INTERIOR,

AND

U.S. DEPARTMENT OF JUSTICE

i Purpose and Parties

Alcoholism, addiction, and alcohol and substance abuse are among the most severe public health and safety problems facing American Indian and Alaska Native individuals, families, and communities, resulting in devastating social, economic, physical, mental and spiritual consequences. American Indians and Alaska Natives suffer disproportionately from substance abuse disorder compared with other racial groups in the United States. In a 2010 report from the National Survey on Drug Use and Health (NSDUH), the rates of past month binge alcohol use and illicit drug use were higher among American Indian or Alaska Native adults compared to national averages (30.6 vs. 24.5 percent and 11.2 vs. 7.9 percent, respectively) and the percentage of American Indian or Alaska Native adults who needed treatment for an alcohol or illicit drug use problem in the past year was higher than the national average for adults (18.0 vs. 9.6 percent).¹

The Department of Health and Human Services (DHHS), Department of the Interior (DOI), and the Department of Justice (DOJ) have multiple programs, including prevention and treatment programs, that respond to the consequences of alcoholism, addiction, and alcohol and substance abuse, and its impact on public health and safety (*e.g.*, education, social services, justice services, law enforcement, mental health, acute and chronic medical care services). However, there is a need to align, leverage and coordinate federal efforts and resources at multiple levels within each department to effectuate comprehensive alcohol and substance abuse services and programs for American Indian and Alaska Native individuals, families, and communities.

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies (June 24, 2010). *The NSDUH Report: Substance Use among American Indian or Alaska Native Adults*, Rockville, MD.

Pursuant to the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (Title IV, Subtitle C of Public Law 99-570) (the Act), DHHS and DOI entered into a Memorandum of Agreement (MOA) to develop and implement a coordinated program for the prevention and treatment of alcohol and substance abuse at the local level. Through the Tribal Law and Order Act of 2010 (Title II of Public Law 111-211) (TLOA) amendments to the Act, Congress sought to engage new federal partners to build upon those efforts. Pursuant to the TLOA amendments to the Act, the Secretary of Health and Human Services, the Secretary of the Interior, and the Attorney General, are to develop and enter into a MOA to, among other things:

1. Determine the scope of the alcohol and substance abuse problems faced by Indian tribes, as defined at 25 U.S.C. § 2403(3);
2. Identify the resources and programs of each department that would be relevant to a coordinated effort to combat alcohol and substance abuse among American Indians and Alaska Natives; and
3. Coordinate certain existing department programs with those established under the Act.

The purpose of this MOA is to establish a framework for collaboration in the implementation of the Act, that results in the coordination of resources and programs of DHHS' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Indian Health Service (IHS), DOI's Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), and DOJ, to assist American Indian and Alaska Native communities in achieving their goals in the prevention, intervention, and treatment of alcohol and substance abuse. A wide variety of federal programs and activities exist that can support and supplement the efforts of these conunw lities to address alcohol and substance abuse issues affecting their peoples; relevant programs and activities are currently underway across the various components of the MOA partner departments- and elsewhere in the federal government, such as in the Department of Education and the Department of Housing and Urban Development. As a core effort of this collaboration, the federal partners will develop and maintain a sustainable partnership infrastructure that enables these various resources to be more fully engaged and coordinated to offer a truly holistic approach in support of tribal alcohol and substance abuse efforts to address alcohol and substance abuse by American Indians and Alaska Natives.

I. Authorities

Authorities for this MOA include, the Snyder Act (25 U.S.C. § 13), the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 450, *et seq.*), and the Act, as amended by TLOA (25 U.S.C. § 2401, *et seq.*).

II. Policy

As required by the Act, it is the policy of DHHS, DO, and DOJ that all activities undertaken pursuant to the Act will be done in a manner that is least disruptive to tribal control, in accordance with the Indian Self-Determination and Education Assistance Act. DHHS, DOI, and DOJ, through each department's respective components, shall coordinate existing alcohol and substance abuse programs and resources. All new activities undertaken pursuant to the Act, as amended by TLOA, shall supplement, not supplant, ongoing activities and programs. The Secretary of Health and Human Services, the Secretary of the Interior, and the Attorney General, acting through these respective department's components, as appropriate, shall bear equal responsibility for the implementation of the Act in cooperation with Indian tribes, who have the primary responsibility for protecting and ensuring the wellbeing of their members and for the coordination of resources made available under this MOA through implementation of Tribal Action Plans (TAPs).

III. Organization Responsibilities

DHHS, DOI, and DOJ, through these department's respective components, are responsible for ensuring compliance, monitoring of performance, subsequent evaluation and follow-up activities for this MOA. Each department will determine which officials and offices within that department will be responsible for implementing the provisions of this MOA, including which officials and offices will be charged with coordinating resources and programs and providing technical assistance at the regional and local levels, as appropriate.

The Office of Indian Alcohol and Substance Abuse (OIASA), established within SAMHSA pursuant to the Act, is charged with, among other things, improving coordination among the federal agencies and departments in carrying out the responsibilities delineated in the Act. (25 U.S.C. § 2413(b)). SAMHSA, acting through its OIASA, will initiate the development, in coordination and consultation with tribal governments, of a framework for inter-agency and tribal coordination, in accordance with 25 U.S.C. § 2413. This framework, which will be developed by July 29, 2011, will be designed to provide for ongoing process and performance review and improvement of the coordination among federal partners, and between federal partners and tribes, with regard to Indian alcohol and substance abuse programming. In addition, the framework will provide-among other beneficial tools-resource and information-sharing guidelines, technical assistance to facilitate federal partner communication and coordination of program initiatives, and assessments of the feasibility and cost-effectiveness of department collaborative efforts.

OIASA will use its expertise in the prevention and treatment of alcohol and substance abuse to inform MOA partner departments, Indian tribes, and other interested parties and stakeholders about coordination of activities undertaken pursuant to 25 U.S.C. § 2413. OIASA will coordinate with the MOA partner departments to provide the most effective, accessible, culturally-adaptive, medically-sound, and evidence-based services to address the causes, correlates, and effects of alcohol and substance abuse affecting American Indian and Alaska Native communities.

OIASA will coordinate with the departments participating under this MOA to monitor the performance and compliance of the relevant federal programs in achieving the goals and purposes of the Act, and this MOA, and will serve as a point of contact for Indian tribes and Tribal Coordinating Committees as described at 25 U.S.C. § 2413.

With regard to Area-/Regional-level coordination and implementation, a joint Area/Regional-level work plan will be developed and updated, as appropriate, by IHS/BIA and appropriate components, to identify specific organizational challenges, resources, and programs within that jurisdiction.

If any Indian tribe does not adopt a resolution for the establishment of a TAP as provided in 25 U.S.C. § 2412(a) within 90 days after the publication of this MOA in the *Federal Register*, appropriate officials from BIA, where appropriate, and IHS who serve such tribe, shall enter into an agreement to identify and coordinate available alcohol and substance abuse prevention and treatment programs and resources for such tribe.

Responsibilities include:

1. Scope of problem: DHHS, DOI, and DOJ, as facilitated by the Interdepartmental Coordinating Committee (see Section VII below), will coordinate with tribes and other non-federal partners to determine the scope of the ongoing problem of alcohol and substance abuse for Indian tribes, their members, and those eligible for the programs and services of IHS who are directly or indirectly affected by alcohol and substance abuse.

2. Identification of programs: SAMHSA, through OIASA, will take the lead role, in collaboration with IHS, BIA, and DOJ, in compiling a listing of national, state, tribal, and local alcohol and substance abuse programs and resources.
3. Minimum program standards: DHHS, DOI, and DOJ, in consultation with Indian tribes, will develop and establish minimum program standards, as appropriate, for alcohol and substance abuse prevention, intervention, and treatment. These standards may be based upon existing federal, state, or tribal standards currently in effect. OIASA will, where appropriate, facilitate the provision of any necessary technical assistance to develop such standards. The Interdepartmental Coordinating Committee will provide a forum for the overall coordination of efforts to assist each MOA partner in the identification of common standards for similar programs and activities to facilitate incorporation of those standards into departmental programs.
4. Assessment of resources: DHHS, DOI, and DOJ, via the Interdepartmental Coordinating Committee, will coordinate with tribes and other non-federal partners to develop a methodology to estimate the funding necessary for prevention, intervention, treatment, and recovery of Indians affected by alcohol and substance abuse.
5. TAP development: BIA Agency Superintendents, BIE Education Line Officers, IHS Chief Executive Officers (CEOs), and Office of Justice Programs (OJP) and SAMHSA agency representatives are directed to cooperate fully with tribal requests pursuant to 25 U.S.C. § 2412 to assist in the development of a TAP. Once that plan has been developed, the BIA Agency Superintendents, BIE Education Line Officers, and IHS CEOs shall proceed to enter into an agreement with the tribe for the implementation of that TAP within funding constraints and program regulations.
6. Newsletter: DOI will continue to publish the newsletter, as described in 25 U.S.C. § 2416. The newsletter shall be published quarterly and include reviews of exemplary alcohol and substance abuse programs. All federal MOA partners agree to provide relevant content for distribution.
7. Law enforcement and judicial training: BIA, in coordination with DOJ, will take the lead role in development and implementation of the law enforcement and judicial personnel training, as described in 25 U.S.C. § 2451.
8. Emergency medical assessment: IHS and BIA will jointly, in collaboration with tribal communities, develop, implement, and maintain procedures, policies and protocols for emergency medical assessments for Indian youth arrested or detained for an offense relating to, or involving, alcohol or substance abuse, as provided in 25 U.S.C. § 2452. To the extent that other DHHS, DOI, and DOJ partners may have resources for use related to these assessments, those resources will be coordinated.
9. Emergency shelters: As described in 25 U.S.C. § 2433(d) and subject to the availability of appropriations, BIA will update, maintain, and, where necessary, promulgate standards for the establishment and operation of emergency shelters or halfway houses under programs pursuant to 25 U.S.C. § 2433(a). Under 25 U.S.C. § 2433(a), IHS, BIA, and tribes are authorized to use available resources to establish and operate emergency shelters or halfway houses for Indian youth with alcohol or substance abuse problems.
10. Child abuse and neglect data: As provided in 25 U.S.C. § 2434, and in accordance with applicable confidentiality laws, BIA, in cooperation with DOJ, will compile data relating to the number and types of child abuse and neglect cases and the type of assistance

provided, reflecting those cases that involve, or appear to involve, alcohol and substance abuse, those cases which are recurring and those cases that involve other minor siblings. To the extent that the sharing of such data is not prohibited by law, BIA will provide child abuse and neglect data compiled by BIA and DOJ to the affected Indian tribe and Tribal Coordinating Committee, as described in 25 U.S.C. § 2412, to assist them in developing or modifying a TAP. In the compilation and reporting of the data, all necessary measures will be taken and safeguards put in place to preserve the confidentiality of families and individuals and to protect personally-identifiable information from unauthorized or inappropriate use and disclosure.

11. Juvenile detention centers: DHHS, DOI, and DOJ, in consultation with tribal leaders and tribal justice officials, will coordinate in developing a long-term plan for the construction, renovation, and operation of Indian juvenile detention and treatment centers and alternatives to detention for juvenile offenders, as described in 25 U.S.C. § 2453.
12. Model juvenile code: DOI and DOJ, in cooperation with Indian organizations having law enforcement and judicial procedure expertise and in consultation with Indian tribes, will coordinate in the development of a model juvenile code, as described in 25 U.S.C. § 2454.

IV. Period of Agreement

This MOA shall be effective from the last date of all signatures below in this MOA (date of effectuation of this MOA) and shall remain in effect until terminated or amended by DHHS, DOI, and DOJ acting jointly, or until there is a change in law authorizing and requiring this MOA.

V. Modification/Provisions for Amendment

This MOA, or any of its specific provisions, may be modified with the written approval of each signatory to the MOA. Such approval must be provided in writing and must be signed by an authorized representative of the signatory. OIASA will then publish a copy of the amended MOA in the *Federal Register* and DOI will disseminate it to each federally recognized Indian tribe.

VI. Interdepartmental Coordinating Committee

The mechanism by which this federal collaboration will occur is through an Interdepartmental Coordinating Committee (the Committee) including DHHS, DOI, and DOJ representatives, as well as representatives from other agencies or departments, such as the Department of Education. The MOA formally establishes this Committee. (The attached Exhibit A titled, "Tribal Law and Order Act Indian Alcohol and Substance Abuse (IASA) Interdepartmental Coordinating Committee," describes the initial composition and functions of the Committee.)

In order to assure that these cooperative efforts are pursued in a continuing and timely fashion, DHHS, DOI, and DOJ representatives and Committee representatives from other federal collaborative partners will meet on a regular basis, not less than quarterly, to review the activities supported by this MOA and will share information, report on progress, and explore new areas for cooperation. In addition, other meetings may be arranged to discuss specific projects.

As needed, in order to accomplish the purposes of this MOA, the federal collaborative partners may realign or otherwise restructure any workgroups working under the auspices of the Committee. Individual participating federal partners reserve the right to change department or agency representatives at will.

An annual progress report and a summary of meetings and activities conducted under this MOA will be prepared and submitted by the Committee to designated DHHS, DOI, and DOJ officials at the completion of each fiscal year, beginning with fiscal year 2012.

OIASA, in coordination with the MOA partners, will share information regarding activities under this MOA with American Indians and Alaska Natives, such as through periodic news features and updates in the newsletter (described at 25 U.S.C. § 2416), or other appropriate public information venues.

VIII. Public Information Coordination

The Freedom of Information Act as amended (5 U.S.C. § 552), the Privacy Act of 1974 as amended (5 U.S.C. § 552a), and any additional applicable federal department implementing regulations govern any disclosure of information under this MOA. The departments will provide notice to the other partners, through the Committee, prior to the disclosure of requested information.

This MOA does not contemplate the use or disclosure of alcohol or drug abuse patient records, except as expressly provided under applicable statutes and regulations.

IX. Discontinuance of Participation

A participating department may, subject to applicable federal law, by written notice (with at least 60 calendar days notification to each of the other participating departments), end its participation in this MOA, in whole or in part, when that department determines that it is unable to continue participation in the activities of this MOA.

X. Review of the MOA

DHHS, DOI, and DOJ, via the Committee, will review this MOA annually within a month of the anniversary of the signing of this MOA.

XI. Tribal Consultation

Consistent with Executive Order 13175 of November 6, 2000, and the Presidential Memorandum on Tribal Consultation of November 5, 2009, and applicable federal law, the federal parties to this MOA will establish a framework for the coordination of consultation activities, as necessary, relating to the federal efforts to be developed and implemented in accordance with this MOA. Participating departments, consistent with each of the departments' individual consultation policies, as required, will engage in such coordination of consultation activities in order to help ensure that regular and meaningful consultation and collaboration with tribal officials, as appropriate, occurs during the course of the development and implementation of multi-department activities under this MOA.

XII. Limitations

Nothing in this MOA constitutes an obligation of funds by any of the parties or an authorization to engage in activities that are inconsistent with applicable law or policy.

Similarly, nothing in *this* MOA restricts or otherwise limits departments from engaging

in activities that are otherwise consistent with applicable law or policy.

In addition, nothing in this MOA creates or conveys any rights or potential causes of action to any person, federally recognized Indian tribe, or other entity that may be affected by this MOA.

All activities and projects initiated or implemented as a result of this MOA are subject to the availability of appropriated funds.

Nothing in this MOA precludes the signatories from entering into inter-departmental agreements for services to be provided in furtherance of the Act.

XIII. Full-Time Equivalency (FTE) Responsibility

Under this MOA, no transfer of ITEs is required between federal partner departments.

XIV. Approval by Signatories

Kathleen Sebelius
Secretary of Health and Human Services



Ken Salazar
Secretary of the Interior



Date: July 29, 2011

Eric H. Holder, Jr.
Attorney General

APPENDIX C: Charter—July 13, 2014

<http://www.samhsa.gov/sites/default/files/oiasa-charter2013.pdf>

I. NAME

The name of the Committee shall be the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee (IASA Committee).

II. PURPOSE

The IASA Committee is organized for the following purposes:

In keeping with the Tribal Law and Order Act of 2010 (TLOA), Title II: Tribal Law and Order, section 241: Indian Alcohol and Substance Abuse and the Administration's priorities, goals, and objectives as they relate to American Indians/Alaska Natives (AI/ANs), the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee, hereinafter referred to as IASA Committee, is established at a senior level that results in the coordination of resources and programs of the Department of Health and Human Services' (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) and the Indian Health Service (IHS), the Department of the Interior's (DOI) Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), and the Department of Justice's (DOJ) Office of Justice Programs (OJP) and the Office of Tribal Justice (OTJ), the Department of Education (ED), and other agencies that desire to participate on the committee to assist AI/AN communities in achieving their goals in the prevention, intervention, and treatment of alcohol and substance abuse. A wide variety of federal programs and activities currently exist that can support and supplement the efforts of these communities to address alcohol and substance abuse issues affecting their peoples; relevant programs and activities are currently underway across the various components of the MOA partner Departments and elsewhere in the federal government, such as in the Department of Education (ED) and the Department of Housing and Urban Development (HUD).

As a core effort of this collaboration, the federal partners will develop and maintain a sustainable partnership infrastructure that enables these various resources to be more fully engaged and coordinated to offer a truly holistic approach in support of tribal alcohol and substance abuse efforts to AI/ANs.

The IASA Committee will (a) help to identify opportunities and programs relevant to Indian tribes and Native communities, (b) address issues of concern to Indian tribes and Native communities related to alcohol and substance abuse, (c) serve as a focal point within the federal government for coordination, collaboration and outreach on alcohol and substance abuse issues affecting the AI/AN population nationwide, and (d) serve as a liaison advisory body to the federal partners responsible for providing programs and services in AI/AN communities relative to alcohol and substance abuse.

To effectuate these goals, the IASA Committee will perform the following activities.

- A. Formalize a structure for interdepartmental coordination and collaborations in responding to the obligations imposed by the TLOA as it relates to Indian alcohol and substance abuse.

- B. Educate committee members and increase awareness of what federal agencies are currently doing to address all AI/AN alcohol and substance abuse issues.
- C. Reaffirm the federal government’s recognition of the sovereign status of federally recognized Indian tribes that adhere to the principles of government-to-government relations.
- D. Promote the federal government’s policy to provide greater access and quality services for AI/ANs throughout the federal government and in AI/AN communities.
- E. Promote the Tribal—Federal government-to-government relationships on a federal-wide basis that builds on the principals of the Indian Self-Determination Act and the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 as amended by TLOA.

III. FUNCTIONS

The functions of the IASA Committee may include but are not limited to the following:

- F. Promote the highest quality of services in the prevention, intervention, and treatment of alcohol and substance abuse in AI/AN communities by enhancing the coordination and collaboration processes among the federal agencies responsible for addressing these issues in AI/AN communities.
- G. Promote the federal government’s strategy to provide a comprehensive service delivery system for all AI/ANs, which identifies and targets priority needs related to Indian alcohol and substance abuse in AI/AN communities and focuses on coordination among departments and non-federal organizations to meet these needs, in accordance with the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 as amended by TLOA.
- H. Provide recommendations informed by data collected by workgroups for developing short, intermediate, and long-range solutions to improve the federal government’s substance abuse prevention, intervention, and treatment policy and programs that target AI/AN communities.
- I. Distribute information via the IASA quarterly newsletter, *Prevention and Recovery*, and the archiving of the Annual Report that accurately describes the challenges faced by AI/AN communities as a result of alcohol and substance abuse, and the federal government’s resources expended to meet these needs. This reporting, on a quarterly and annual basis, will include Indian alcohol and substance abuse projects and programs determined to be exemplary and provide sufficient information to enable interested persons to obtain further information about such programs.
- J. Advise and provide input to the respective federal partner agencies and departments on policy in furtherance of TLOA Title II: Tribal Law and Order, Section 241: Indian Alcohol and Substance abuse, which reiterates the government-to-government relationship and the requirement that each department develop a mechanism to coordinate and consult with Tribal governments. It is the policy of the federal government to consult with all AI/AN people to the greatest practicable extent and to the extent permitted by law before taking actions that affect these governments and people.

I. AUTHORITY

The IASA Committee, which will be responsible for achieving the purposes set forth in this Charter, is coordinated by the Office of Indian Alcohol and Substance Abuse within SAMHSA, as required in TLOA, and is chaired by SAMHSA. The IASA Committee will be co-chaired by senior level representatives from BIA, BIE, ED, IHS, OJP, and OTJ.. This Charter is established for the IASA Committee to reflect the responsibilities conferred on the IASA Committee by the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 as amended by TLOA.

ii ORGANIZATION

K. The Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee

1. Committee: The IASA Committee will serve as an interagency body representing federal agencies whose responsibility is to address issues of alcohol and substance abuse in AI/AN communities. The authority exercised by the IASA Committee to implement its various actions is the authority of the IASA Committee and not the individual authority of its respective members. This authority shall always rest within the IASA Committee, but may be delegated with the approval of the MOA federal partners to committees, workgroups, officers, or representatives as determined by the IASA Committee.
2. Chair: The Director of the Office of Indian Alcohol and Substance Abuse (OIASA), SAMHSA, will serve as the Committee Chair and Executive Steering Committee members will serve as alternates.
3. Co-chairs: Senior level representative from BIA, BIE, ED, IHS, OJP, and OTJ will serve as the Committee Co-chairs.
4. Executive Steering Committee: The IASA Interdepartmental Coordinating Committee is responsible for coordinating the federal response to substance abuse in cooperation with the tribes. A primary focus is to assist with the development of comprehensive tribal action planning, which provides final guidance, direction, coordination, and improved access to the appropriate federal resources to assist tribes to implement their Tribal Action Plan (TAP) as it relates to alcohol and substance abuse prevention and treatment.

In addition, the IASA Executive Steering Committee guides the workgroups in carrying out the MOA goals and responsibilities. The goals are to: 1) Determine the scope of the alcohol and substance abuse problems faced by American Indians and Alaska Natives; 2) Identify the resources and programs of each agency that would be relevant to a coordinated effort to combat alcohol and substance abuse among American Indians and Alaska Natives; 3) Coordinate existing agency programs that have been established under the Act; and 4) Ensure continued respect for tribal sovereignty embedded in all TLOA activities. The Responsibilities as outlined in the MOA are to address the following: Scope of Problem; Identification of Programs; Minimum Program Standards; Assessment of resources; TAP Development; Newsletter; Law Enforcement and Judicial Training; Emergency Medical Assessment; Emergency Shelters; Child Abuse and Neglect Data; Juvenile Detention Centers; and Model Juvenile Code.

5. Members: The IASA Committee membership shall be recommended by departments and appointed by the Chair. The Chair may also appoint other federal agency, bureau, or office heads or their designees who wish to participate.

Each IASA Committee member shall also serve as a liaison to his or her respective agency, bureau, or office's programs. The Committee Liaisons must be knowledgeable about their

respective agency, bureau, or office's programs and budgets, and have ready access to senior program leadership and be empowered to speak on behalf of their respective agency, bureau, or office. Members may identify additional agency, bureau, or office staff members they believe are necessary to perform the IASA Committee Liaison functions.

In an effort to acknowledge federally recognized tribes and to ensure that tribes have input into improving substance abuse efforts in their community, both the IASA Coordinating Committee and topic-specific workgroups will seek input from AI/AN representatives from outside the federal government and allow to serve as "stakeholder participants." The stakeholder participants will not be joining in a decision-making capacity, and will not be representing any specific federal agency. However, they will provide input to the workgroups in order to ensure that the needs of AI/ANs are incorporated into the work of IASA.

6. **Workgroups and Advisory Groups:** The IASA Committee shall create workgroups and advisory groups as necessary to carry out the work of the IASA Committee. Each workgroup shall have a chair and co-chair to coordinate efforts of the group in overseeing progress to meet goals and objectives set forth by the group. Workgroup Chairs/Co-chairs shall coordinate meetings, prepare agendas, distribute minutes including action items, and make assignments as deemed appropriate. Workgroup Chairs/Co-chairs or their designees will report on progress regularly to the IASA full committee. As new resources become available, Workgroup Chairs/Co-chairs will submit copies of products produced by the workgroup to OIASA to place on the TLOA website in order to disseminate broadly to the public. Each of the three partner departments (DOJ, DOI, HHS) will be represented on every workgroup. Members may identify staff experts they believe are necessary to perform the IASA Committee workgroup or advisory group activities. The Chair of the IASA Committee will recommend which agency will serve as Workgroup Chair and will seek concurrence from the applicable agency, bureau, or office head who also will identify the individual.
 - a) The *MOA Workgroup*, comprised of IASA Executive Steering Committee members, will oversee the annual review of the IASA Memorandum of Agreement, coordinate the IASA Committee consideration of any proposed changes, and develop the annual MOA Review Report to be submitted to the Secretary of Health and Human Services, Secretary of the Interior, and the Attorney General. The MOA Workgroup will consult with their respective legal counsel as appropriate on the review of the MOA. Legal counsel from the three departments will serve in an advisory role to the workgroup in relation to technical/legal writing, legal review of the document, and policy aspects of the MOA. Should changes to the MOA be necessary, the MOA Workgroup will, with OIASA's logistical support and coordination, establish and manage the overall coordination of comments from the various federal departments and other entities; shepherd the MOA through the MOA partner department clearance processes; secure final signatures; and coordinate the submission of the revised MOA to Congress, its dissemination to Indian tribes, and its publication in the *Federal Register*.
 - b) The *TAP Workgroup* coordinates the IASA Committee's guidance and support for tribes that choose to adopt a resolution for the development of a TAP to combat substance abuse among their members. The TAP Workgroup established a protocol to field and coordinate tribal requests for assistance in the development of a TAP, will coordinate assistance and support to tribes as deemed feasible, and work with IASA partner agency staff in the regions to coordinate assistance and resources for tribes in their areas that are developing and implementing TAPs.

- c) The *Inventory/Resource Workgroup* coordinates federal, state, local and tribal resources including, but not limited to technical assistance contracts and services, grants, contracts, and cooperative agreements that address alcohol and substance abuse (prevention, intervention and treatment) specific to AI/AN's. The Inventory Resources Workgroup will prepare and make available to tribes a list of national, state, tribal, and local alcohol and substance abuse programs and resources for consideration and use in the development of a Tribal Action Plan.
- d) The *Communications Workgroup* takes the lead for all phases of planning, developing, and publishing the IASA newsletter *Prevention & Recovery: A Quarterly Newsletter*, the purpose of which is to highlight successful practices and stories, tools, resources, information, and current research addressing substance abuse in Indian country. The Communications Workgroup will feature weekly blogs, upcoming events, new funding opportunities and the *Prevention and Recovery* Newsletter on various social media sites such as Facebook, Twitter and the SAMHSA Blog. The IASA Workgroups is responsible for providing OIASA with relevant messages to be posted on the social media sites.
- e) The *Native Youth Educational Services Workgroup* coordinates efforts to gather, maintain, and update the current federal effort/capacity with respect to federal programs providing education services or benefits to AI/AN youth and families, tribal, state, local, and private educational resources and programs. The Native Youth Educational Services Workgroup will serve as a resource for tribes and Indian country regarding educational programs and resources and provide information to tribes and Indian country regarding alcohol, drugs and substance abuse awareness, prevention and treatment available to Native youth.
- f) *Minimum Program Standards Workgroup* will take the lead in developing and establishing minimum program standards for substance abuse prevention, intervention, and treatment, and collaborating with federal partners to identify common standards for similar programs and activities. This will lay the foundation for identifying policy guidance appropriate for the full range of tribal entities and establishing a system for systematically monitoring developments in program standards and updating the IASA minimum program standards resources regularly. The Workgroup shall identify and review existing standards at the tribal and state level for consideration, will develop minimum program standards resources for the Committee's review, and will develop an executive summary of the resources to disseminate to tribal leaders and post on the TLOA website for broader access and feedback.

L. Responsibilities of the IASA Committee Chair

The Chair of the IASA Committee is charged with the overall direction of the IASA Committee. The Chair shall preside over all IASA Committee meetings or activities. The IASA Committee Chair will be responsible for the flow of information between and among participating IASA Committee members, federal agencies, and other interested parties. The Chair may make all other appointments, officers, representatives, and staff, as may be considered necessary and appropriate to accomplish the functions of the IASA Committee.

ii. COMMITTEE ADMINISTRATION

M. Management and Administrative Staff

The Chair of the IASA Committee is responsible for the management and administration of the IASA Committee activities; preparation of agendas for meetings, and maintaining the records of all IASA Committee business, including the preparation and dissemination of minutes from IASA Committee meetings. The IASA Committee shall be directly responsible to the Executive Steering Committee. Staff support for the IASA Committee may come through personnel details. Staff identified as potential details to the IASA Committee should be highly qualified with knowledge and/or experience in AI/AN issues. Employees detailed to the IASA Committee will be selected by the Chair in consultation with the Executive Steering Committee. When necessary, the Committee Liaisons will be assigned to assist the Committee Chair on special projects, with the concurrence of the applicable agency, bureau, or office head.

N. Meetings

The IASA Committee meetings shall be chaired by the Committee Chair, or a member of the Executive Steering Committee. The chair and co-chair of each workgroup shall report out on progress of set goals and objectives for their respective groups. The IASA Committee shall meet at such places (to include the option of participating via conference call) it considers appropriate. In order to ensure that these cooperative efforts are pursued in a continuing and timely fashion, the IASA Committee representatives will meet on a regular basis, not less than quarterly, to review the activities supported by the IASA MOA and will share information, report on progress, and explore new areas for cooperation. In addition, other meetings may be arranged to discuss specific projects. The Chair shall make every effort to provide IASA Committee members as much advance notice of IASA Committee meetings as feasible. The OIASA office shall coordinate meetings, prepare agendas, distribute minutes including action items, and make assignments as deemed appropriate.

O. Quorum

A representative from a majority of the workgroups and federal representation from each of DOI, DHHS, and DOJ shall constitute a quorum for the transaction of official business.

P. Issue Resolution

The IASA Committee will make every effort to resolve issues by developing a consensus among the members. In the event a consensus cannot be reached, the IASA Committee will resolve issues based on a vote of the members present at the meeting by a simple majority.

II. REPORTS

An annual progress report and a summary of meetings and activities conducted by the IASA Committee will be prepared and kept on file at OIASA, with copies available upon request. Each annual progress report will cover the preceding year August 1 – July 31.

III. SPECIAL PROJECTS

The IASA Committee may make recommendations to the Chair regarding special studies, research and development activities or demonstrations to improve the delivery of IASA services and benefits to all AI/AN people, consistent with the purposes of the IASA Committee.

IV. REVIEW OF THE CHARTER

The Chair of the IASA Committee, in consultation with SAMHSA’s Center for Substance Abuse Prevention (CSAP) and the full IASA Committee, will review this Charter as needed or at a minimum, annually within the month of the anniversary of the signing of this Charter.

V. CHARTER ADOPTION

This Charter will become operational upon the review and recommendation of the IASA Committee, concurrence from CSAP, SAMHSA, and the signatures of the IASA Committee Chair and Director of the Center for Substance Abuse Prevention.

Rod K. Robinson
Director, Office of Indian Alcohol and Substance Abuse
Substance Abuse and Mental Health Services Administration

Date

Frances M. Harding
Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

Date

APPENDIX D: Interdepartmental Coordinating Committee

DEPARTMENT	MEMBER	TITLE	WORKGROUP*
Department of Health and Human Services			
SAMHSA	Mirtha Beadle	Director, Office of Tribal Affairs and Policy	Executive Steering Committee
SAMHSA	Marcella Ronyak	Director, Office of Indian Alcohol and Substance Abuse	IASA Committee (Chair), MOA, TAP
SAMHSA	Jean Plaschke	Youth Programs Officer, OIASA	I/R (Co-Chair), NYES (Co-Chair), Communications
SAMHSA	Sharece Tyer	Communications Lead, OIASA	Communications (Co-Chair), I/R
SAMHSA	Mike Koscinski	TAP Lead, OIASA	TAP (Co-Chair), MPS (Co-Chair), Data (Co-Chair)
SAMHSA	Sheila Cooper	Senior Advisor for Tribal Affairs	I/R
SAMHSA	Rachel Lipari	Center for Behavioral Health Statistics and Quality	Data
SAMHSA	Chipper Dean	Center for Behavioral Health Statistics and Quality	Data (Co-Chair)
IHS	Beverly Cotton	Director, Division of Behavioral Health	Executive Committee, MOA (Co-Chair)
IHS	Yvonne Davis	Deputy Director, Division of Behavioral Health	MPS
IHS	Shelly Carter	Management Analyst, Division of Behavioral Health	Communications
IHS	Georgianna Old Elk	Public Health Advisor, Division of Behavioral Health	I/R
IHS	Steven Whitehorn	Public Health Advisor, Division of Behavioral Health	TAP (Co-Chair)
DEPARTMENT	MEMBER	TITLE	WORKGROUP*
ACF	Michelle Suave	Senior Project Consultant, Administration for Native Americans	NYES
ACF	Janelle Jones	Office of Family Assistance	NYES
ACF	Denise Litz	Office of Family Assistance	-
CMS	Kitty Marx	Director, Office of Tribal Affairs	-
CMS	Georgie Sparks	-	-

DEPARTMENT	MEMBER	TITLE	WORKGROUP
NIH/NIDA	Kathy Etz	Health Science Administrator in the Epidemiology Research Branch and Chair of the American Indian and Alaska Native Coordinating Committee	Data
NIH/NIAAA	Judith Arroyo	Coordinator, Minority Health and Health Disparities	MPS
NIH/NIMH	Catherine Roca	Office of Research on Disparities & Global Mental Health (Behavioral Health/Suicide Prevention)	Data
CDC	Carmen Clelland	Associate Director for the Tribal Support Unit	Data
HRSA	Michael Weaver	Public Health Analyst, Office of Health Equity	Communications, I/R
OMH	Rick Haverkate	Public Health Advisor AI/AN Health Policy Lead	I/R
Department of Justice (DOJ)			
OAAG/OJP	Gena Tyner-Dawson	Senior Advisor to the Assistant Attorney General for Tribal Affairs Executive Director of the Justice Programs Council on Native American Affairs in the Office of Justice Programs	Executive Committee, MOA (Chair)
OGC/OJP	Rhonda Craig		MOA
OJP	Eileen Garry	Deputy Director, Bureau of Justice Assistance	
OTJ	Verlin Deerinwater	Attorney	
OTJ	Mark Carter	Attorney Advisor	MOA
OJP	Jim Antal	Deputy Associate Administrator, Youth Development, Prevention, and Safety Office of Juvenile Justice and Delinquency Prevention	MPS
OJP	Patrick Dunckhorst	Juvenile Justice System Improvement Program Manager	NYES
OJP/OJJDP	Kara McDonagh	Youth Development, Prevention, and Safety Office of Juvenile Justice and Delinquency Prevention Program Manager	TAP
OAAG/OJP	Amber Artis		
OVW	Lorraine Edmo	Deputy Director for Tribal Affairs	
EOUSA	Leslie Hagen	Senior Counsel, National Indian Country Training Coordinator	MPS, TAP
BJA/OJP	Patricia Thackston	Policy Advisor	TAP
Department of Interior (DOI)			

BIA	Rod Robinson	Deputy Associate Director Diversion and Re-entry Division, Office of Justice Services	MPS
DEPARTMENT	MEMBER	TITLE	WORKGROUP*
BIA	Hankie Ortiz	Deputy Bureau Director, Office of Indian Services (OIS)	Executive Committee, MOA
BIA	Spike Bighorn	Associate Deputy Director, OIS	I/R (Co-Chair), TAP, MOA
BIA	Evangeline Campbell	Chief, Division of Human Services, OIS	NYES, MOA
BIA	Babette Herne	Program Manager, DHS, OIS	Communications
BIE	Juanita Mendoza	BIE Program Analyst	NYES (Co-Chair)
Office of National Drug Control Policy (ONDCP)			
ONDCP	Meredith DeFraitas	Criminal Justice Policy Advisor Office of State, Local, and Tribal Affairs	Communications

*Acronym	Workgroup	Co-Chairs
CW	Communications Workgroup	Sharece Tyer
DW	Data Workgroup	Chipper Dean, Michael Koscinski
I/R	Inventory Resources	Spike Bighorn, Jean Plaschke
MOA	Memorandum of Agreement	Gena Tyner Dawson, Beverly Cotton
MPS	Minimum Program Standards	Michael Koscinski
NYES	Native Youth Education Services	Jean Plaschke, Juanita Mendoza
TAP	Tribal Action Plan	Michael Koscinski, Steven Whitehorn

APPENDIX E: Acronyms

ACF	Administration for Children and Families
Act	Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986
AI/AN	American Indian/Alaska Native
AOA	Administration on Aging
BIA	Bureau of Indian Affairs
BIE	Bureau of Indian Education
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officers
CMS	Centers for Medicare and Medicaid Services
DHS	Division of Human Services
DOI	Department of Interior
DOJ	Department of Justice
DVPI	Domestic Violence Prevention Initiative
ED	Department of Education
EOUSA	Executive Office for United States Attorneys
FY	Fiscal Year
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
IASA	Indian Alcohol and Substance Abuse
ICWA	Indian Child Welfare Act
IHCIA	Indian Health Care Improvement Act
IHM	Indian Health Manual
IHS	Indian Health Services
I/R	Inventory/Resources
ISDEAA	Indian Self Determination and Education Assistance Act
JDC	Juvenile Detention Centers
MOA	Memorandum of Agreement
MPS	Minimum Program Standards
MSPI	Methamphetamine and Suicide Prevention Initiative
NASW	National Association of Social Workers
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NYES	Native Youth Educational Services
OIASA	Office of Indian Alcohol and Substance Abuse
OIS	Office of Indian Services
OJP	Office of Justice Programs
OMB	Office of Management and Budget
ONDCP	Office of National Drug Control Policy
OTAP	Office of Tribal Affairs and Policy
OTJ	Office of Tribal Justice
SAMHSA	Substance Abuse and Mental Health Services Administration
TAP	Tribal Action Plan
TEC	Tribal Epidemiology Center
TBHA	Tribal Behavioral Health Agenda
TLOA	Tribal Law and Order Act
USDA	U.S. Department of Agriculture
YRTC	Youth Regional Treatment Centers

APPENDIX F: Definitions

Affordable Care Act - The Affordable Care Act (ACA), also known as the health care law, was created to expand access to coverage, control health care costs, and improve health care quality and coordination. The ACA also includes permanent reauthorization of the Indian Health Care Improvement Act, which extends current law and authorizes new programs and services within the Indian Health Service. Definition retrieved from <http://www.ihs.gov/aca/>.

Behavioral Health - Behavioral health is a state of mental/emotional being and/or choices and actions that affect wellness. Definition retrieved from <https://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/behavioral-health-lens-prevention/1>

Continuum of Care - Concept involving an integrated system of care that guides and tracks patient over time through a comprehensive array of health services spanning all levels of intensity of care. Definition retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10293297>.

Co-occurring Disorders - *Individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other.* Definition retrieved from <http://www.dpt.samhsa.gov/comor/Co-occurring.aspx>.

Domestic Violence Prevention Initiative – A congressionally mandated demonstration program for Tribes and villages, Tribal organizations, federally operated programs, and Urban Indian health programs to provide violence prevention and treatment services. This initiative promotes the development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to domestic and sexual violence from a community-driven context. Definition retrieved from <http://www.ihs.gov/dvpi/>.

Federal Collaboration - The linking or sharing of information, resources, activities, and capabilities by organizations to achieve jointly an outcome that could not be achieved by the organizations separately. Definition retrieved from “*Designing and Managing Cross-Sector Collaboration: A Case Study in Reducing Traffic Congestion*” (Washington, DC: IBM Center for The Business of Government, 2009).

Federal Coordination - Collective and individual department actions and recommendations to decrease duplication, enhance efficiencies, and simplify access for consumers. Definition retrieved from <http://www.gao.gov/products/GAO-12-647>.

Health Insurance Portability and Accountability Act - Provides federal protections for individually identifiable health information held by covered entities and their business

associates and gives patients an array of rights with respect to that information. Definition retrieved from <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.

Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 –

Provides a coordinated and comprehensive attack on Indian alcohol and substance abuse with a particular emphasis on youth. Definition retrieved from Department of Health and Human Services Office of Inspector General Indian Alcohol and Substance Abuse: Legislative Intent and Reality.

<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCkQFjABahUKEwj1t6vt2JLIAhVKXh4KHZRraAZo&url=http%3A%2F%2Ffoig.hhs.gov%2Ffoei%2Freports%2Ffoei-09-92-00010.pdf&usq=AFQjCNE3YcjK-Sc-wabHMEdNBE6LUkVkcA>

Indian Child Welfare Act - The Indian Child Welfare Act (ICWA) is a federal law that seeks to keep American Indian children with American Indian families. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. Definition retrieved from

http://www.nicwa.org/Indian_Child_Welfare_Act/.

Indian Health Care Improvement Act - Authorizes daily health care delivery to American Indians and Alaska Natives served by the Indian Health Service (IHS), who are in critical need of improved health care services. Also authorizes new programs within the IHS to ensure the Service is more equipped to meet its mission to raise the health status of American Indians and Alaska Natives to the highest level. Definition retrieved from

<http://www.ncai.org/news/articles/2012/06/28/indian-health-care-improvement-act-permanent-supreme-court-decision-upholds-reauthorization>.

Indian Health Manual - The Indian Health Manual (IHM) is the reference for IHS employees regarding IHS-specific policy and procedural instructions. Definition retrieved from

<https://www.ihs.gov/IHM/>.

Indian Self Determination and Education Assistance Act - Permits the Departments of the Interior and Health and Human Services to award contracts and grants to Indian tribes without the unnecessary burden or confusion associated with having two sets of rules for single program legislation. Definition retrieved from www.bia.gov/cs/.../idc017334.pdf.

Integrated Care - The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs. Definition retrieved from <http://www.integration.samhsa.gov/about-us/what-is-integrated-care>.

Learning Community (TAP Portal) - A group of individuals who are interested in a common topic or area and who engage in knowledge-related transactions as well as transformations within it. The Tribal Action Plan (TAP) Portal provides information on TAP development, funding opportunities, trainings, webinars and technical assistance for American Indians and Alaska Natives (AI/AN). The goal of the TAP Portal is to assist tribes in developing TAPs which will serve as comprehensive strategic plans to address alcohol and substance issues

within tribal communities. Definition retrieved from <http://ows.edb.utexas.edu/site/computer-supported-collaborative-learning-2011/2-definition-learning-community> and <https://tap.bja.gov/SitePages/Community%20Home.aspx>.

Medical Model - A set of assumptions that views behavioral abnormalities in the same framework as physical disease or abnormalities. Definition retrieved from <http://medical-dictionary.thefreedictionary.com/medical+model>.

Tribal Action Plan – A strategic plan written by a tribe or tribal organization that coordinates resources and programs to help tribes achieve their goals for preventing and treating substance use disorders. Definition retrieved from <http://www.samhsa.gov/tloa/tap>.

Tribal Behavioral Health Agenda – A blueprint for collaboration that provides a clear, national statement about the extent of behavioral health-related problems and their impact on the well-being of tribal communities; Identifies foundational elements that should be considered across programs designed to contribute to improved emotional well-being of tribal communities; elevates priorities for action that contribute to meaningful progress in tackling persistent behavioral health problems for Native youth, families, and communities; guides the development of strategies that over time more cohesively address factors that contribute to improved emotional health; and, informs a range of actions that tribal, federal, state, and local governments and other stakeholders should consider based on evidence- and practice based strategies. Definition retrieved from SAMHSA's National Tribal Behavioral Health Agenda Background Paper.

Tribal Law and Order Act of 2010- Addresses crime in tribal communities and places a strong emphasis on decreasing violence against American Indian and Alaska Native women. The Act encourages the hiring of more law enforcement officers for Indian lands and provides additional tools to address critical public safety needs. Specifically, the law enhances tribes' authority to prosecute and punish criminals; expands efforts to recruit, train and keep Bureau of Indian Affairs (BIA) and Tribal police officers; and provides BIA and Tribal police officers with greater access to criminal information sharing databases. It authorizes new guidelines for handling sexual assault and domestic violence crimes, from training for law enforcement and court officers, to boosting conviction rates through better evidence collection, to providing better and more comprehensive services to victims. It also encourages development of more effective prevention programs to combat alcohol and drug abuse among at-risk youth. Definition retrieved from <http://www.justice.gov/tribal/tribal-law-and-order-act>.