THE NATIONAL TRIBAL BEHAVIORAL HEALTH AGENDA

Draft Overview
National Tribal Public Health Summit

April 11-13, 2016

Behavioral Health Is Essential to Health • Prevention Works • Treatment Is Effective • People Recover

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The Voices

Suicide pacts among American Indian youth in small and tight-knit communities
Long waiting lists to see a health provider
Providers who have little understanding of historical and traditional practices

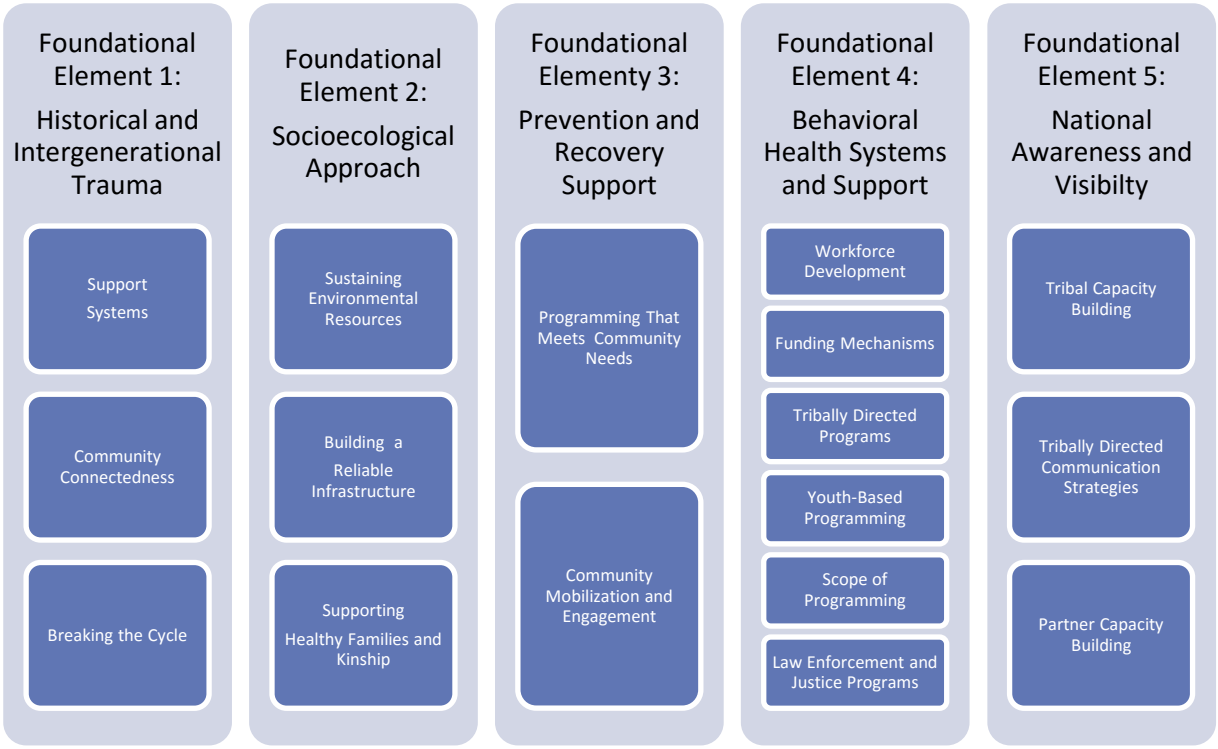
These comments are but a few of the concerns voiced by hundreds of Tribal members when asked about behavioral health issues in their communities. The story of American Indians and Alaska Natives is one of resiliency and survival. However, threats such as social injustices, perpetuated over multiple generations, continue to have enduring consequences for Tribal communities and contribute to the behavioral health problems experienced by them today.

These problems—which result from adverse childhood experiences and traumatic events experienced historically and intergenerationally—are reflected in high rates of interpersonal violence, depressive symptoms (depression and unresolved grief and loss), substance use (alcohol and illicit drugs), and suicide. The root causes and resulting behavioral health issues also impact other areas that contribute to well-being, such as overall health, education, employment, child welfare, and engagement with the justice system, which create an urgent need for tribes, Federal agencies, and other interested parties to work together differently and more effectively.

The idea for a comprehensive document focused on the behavioral health of Tribal communities was brought forward by concerned and engaged Tribal leaders. There is no one single national program or document that brings together and elevates the importance of behavioral health for Native people, identifies priorities developed by Tribal communities, and guides the incorporation of strategies to improve the well-being of youth, families, and communities. Many individuals and organizations play a role in addressing behavioral health and related problems and are at times loosely connected through a broad landscape of Tribal and Federal projects, programs, initiatives, and funding streams that require better coordination to improve Native well-being.

To bring the National Tribal Behavioral Health Agenda (TBHA) idea to fruition, the Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Service (IHS), and the National Indian Health Board (NIHB) shared information and facilitated discussions and meetings with hundreds of Tribal leaders, Tribal health administrators, Tribal members, advocates for American Indian and Alaska Native health, Native youth, and Federal agency representatives. From the many meetings and discussions emerged a series of overlapping opportunities and priorities that serve as the framework for the National TBHA. The TBHA is not a strategic plan; but rather a guiding blueprint that will assist in strengthening policies and programs, aligning disparate resources, and facilitating collaboration. It identifies existing strategic plans and efforts that can serve as an initial pathway for action and a single, unifying tool around which engaged parties can gather, utilizing common language and priorities. All parties have a responsibility and role to play in creating solutions that are viable and sustainable, and the TBHA provides the needed framework and priorities for doing so.

The TBHA framework is organized around *five foundational elements* that provide both content and direction. The foundational elements were dominant themes from early formative work with Tribal leaders and capture the opportunities and issues presented. Underlying each of the five foundational elements are *priority areas* that reflect recurring issues raised by Tribal leaders, Tribal members, and stakeholders as outlined below.



Within the priority areas are strategies that can be framed to address unique community circumstances. The strategies are not prescriptive and range from engaging key stakeholders in policy and systems changes to examining staffing patterns to create a healthier and more responsive workforce. Some strategies are appropriate for Tribal governments, whereas others are more appropriate for Federal partners or even individual community members, reflecting opportunities where interested parties can engage.

Tribal leaders, Tribal council members, Tribal health administrators, American Indian and Alaska Native health advocates, and Federal agency representatives have consistently called for coordination and collaboration among the discrete jurisdictions and entities whose efforts contribute to the health and well-being of American Indian and Alaska Native communities. The TBHA offers the opportunity for these parties to find common ground for developing interrelated and integrated actions for addressing the behavioral health needs of American Indians and Alaska Natives. This includes a commitment to incorporate the long-held wisdom and cultural practices of Tribal communities along with Western approaches and systems in identifying solutions, garnering appropriate attention and support for addressing outstanding challenges, and mobilizing collaborators to act together to combat localized behavioral health and related issues. The TBHA creates a platform that will allow Tribal and Federal partners to chart a unified course for program and policy actions. This is the power of the TBHA.

DEVELOPMENT OF THE NATIONAL TRIBAL BEHAVIORAL HEALTH AGENDA

The idea and necessity for a blueprint such as the TBHA were brought forward by SAMHSA's Tribal Technical Advisory Committee, which comprises elected Tribal leaders. The concept was advanced by equally concerned and engaged Tribal leaders who also witnessed inequities in resources available to non-Native communities compared with Native communities experiencing significant challenges, such as multiple suicides. In response, SAMHSA and the IHS worked to lay the foundation for what would become the TBHA. To bring this idea to fruition, SAMHSA, IHS, and NIHB engaged in discussions with Tribal leaders and members, Tribal health administrators, Tribal advocates for American Indian and Alaska Native health, and Federal agency representatives over an 18-month period through the end of 2015.

Input was received through facilitated sessions that were held independently or that took place during other scheduled Tribal and Federal gatherings and meetings. Dedicated conference calls with elected Tribal leaders also took place concerning efforts to develop the TBHA, and a Web page was created to receive comments online. Because it was important to garner Federal input in the process, the U.S. Department of Health and Human Services (HHS) hosted the Federal Interagency Forum on December 14, 2015, to discuss current Federal programming that might align with development of the TBHA. Federal Interagency Forum discussions demonstrated a synergy between Tribal and Federal representatives and showed that substantial opportunity exists for greater collaboration. Participants at the Forum included representatives from the following agencies:

- Administration for Children and Families , HHS
- Administration for Community Living, HHS
- Bureau of Indian Affairs, U.S. Department of the Interior
- Centers for Disease Control and Prevention, HHS
- Centers for Medicare & Medicaid Services, HHS
- Health Resources and Services Administration, HHS
- Indian Health Service, HHS
- National Institutes of Health, HHS
- Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice
- Substance Abuse and Mental Health Services Administration, HHS
- Social Security Administration
- U.S. Department of Veterans Affairs

Collectively, the input sessions allowed participants to share information on behavioral health and related priorities, the nature of behavioral health service delivery, significant successes and challenges, and considerations for advancing behavioral health among American Indian and Alaska Native people and communities. A qualitative strategy for analyzing the input received, in a manner that honored all of the feedback and input, was adopted. The development process was inherently iterative, with prior meetings and discussions shaping subsequent conversations to validate and supplement previous information and conclusions. Discussions were transcribed and then analyzed manually in teams of two or three people to examine similarities and identify broader themes. At the end of the process, data were categorized and collapsed into foundational elements and recommendations across all conversations. Across discussions, Tribal leaders and representatives agreed to the importance of the TBHA, its foundational elements, and considerations for the development of the TBHA.

The most important aspect of the directions captured in the TBHA is that the framework and priorities were identified through discussions with Tribal leaders and members. A few points to note:

- The TBHA is not an exact map but an initial step toward driving action in the same direction and along a common path. It is organized around five elements that were deemed to be foundational for designing an agenda that held significance for Tribal communities. These five foundational elements organically coalesced from conversations with Tribal leaders around their concerns with the state of behavioral health in Indian Country. Through the various meetings, discussions, and input opportunities that contributed to building this blueprint, the five foundational elements were affirmed and reaffirmed.
- The priority areas noted reflect Tribal views and areas of importance as seen through Tribal community perspectives. It is significant to note that during conversations and input sessions, many of the comments were framed not in terms of quantitative actions but rather the conditions that are necessary for positive emotional health and well-being to exist. As questions were posed, Tribal leaders and representatives used their cultural knowledge and experience as reference points for their comments. The framing and essence of Tribal input were consistent across discussions. The points of view shared were not optional but rather essential to a new state of collaboration among Tribal nations, Federal agencies, and other interested parties—a state in which all parties commit to "working differently" together for the benefit of Tribal communities. This document honors and attempts to share input in the context in which these points of view were given.
- Following an examination of the historical and current contexts that frame the state of behavioral health for American Indians and Alaska Natives today, the breadth and essence of Tribal input, and discussions around existing Federal programs and strategic directions, priorities for working collaboratively on a range of opportunities are proposed. These opportunities extend beyond tribes and Federal agencies to state and local entities and other potential collaborators.

CROSS-CUTTING CONSIDERATIONS

Throughout the input-gathering sessions and TBHA development discussions, several considerations for improving behavioral health arose that cut across multiple foundational elements. These considerations related to actions that support the recognition of youth, identity, culture, self-sufficiency, data, and Tribal leadership. To maximize the collaborative work across the five foundational elements, the cross-cutting topics are defined as follows:

Youth. American Indian and Alaska Native culture places importance on honoring youth and building strong foundations for future generations. Native youth hold an important role in the future of tribes; however, they are significantly and negatively affected by poverty, substance use, depression, and suicide and are at high-risk for other behavioral health challenges. Healthy youth lead to healthy adults and healthy communities. Across the foundational elements, youth were identified as being an important part of the solution for issues they face as well as those faced by their peers, families, and communities. Behavioral health planning should incorporate the voices of youth and engage them in implementation activities.

Identity. American Indians and Alaska Natives connect their political identity with varying aspects of cultural, geographic, Tribal, familial, and social frameworks—creating a unique identity framework that is unique not just to American Indians and Alaska Natives as a whole but also to American Indian and Alaska Native individuals. Understanding the sources of identity and honoring and embracing them can be a significant

source of communal and individual strengths that can be harnessed to combat behavioral health challenges. Behavioral health professionals who work actively with American Indians and Alaska Natives can incorporate identity exploration into their treatment plans; community action plans can celebrate communal identities; education can take place to ensure that external collaborators, entities, and funders understand the nature of American Indian and Alaska Native identity; and traditional practitioners can work with clinicians on how best to honor the identities of the people they serve.

Culture. Culture is at the root of American Indian and Alaska Native identities—culture incorporates aspects of living, interpersonal and communal relationships, communication, worldview, and spirituality. The uniqueness of Tribal cultures as well as their commonalities is a source of strength. Although each American Indian and Alaska Native tribe is unique, tribes share common beliefs, including valuing traditional practices, honoring elders, respecting nature, and emphasizing clan/community importance. American Indian and Alaska Native communities also have a Native language that connects them to their culture and Tribal identities and creates strong cultural bonds with other indigenous communities. These commonalities affect the manner in which tribes conduct themselves, including in health care delivery and behavioral health program design and implementation.

The revitalization of American Indian and Alaska Native languages is essential to sustaining Native culture and strengthening self-determination. Research has shown that use of one's Native language builds identity and assists communities in moving toward social cohesion and self-sufficiency. Language and culture foster higher educational outcomes by Native youth as a result of lower levels of depression, increased academic achievement, and strengthened problem-solving skills.[1,2,3,4] Furthermore, American Indian and Alaska Native values and traditions are embedded in language, and there is growing evidence that language and culture act as protective factors against suicide and suicidal ideation, substance abuse disorders, and other risky behaviors. Languages are among the most critical and meaningful culturally and linguistically based tools necessary to not just survive but also to thrive.

In 2008[5] researchers could find only one article that examined the link between indigenous language and health, but this finding was significant: Bands with higher levels of language knowledge (measured by a majority of band members having conversational-level abilities) had fewer suicides than those with lower levels. In fact, the rates of suicide in the bands with high language knowledge levels were "well below the provincial averages for both Aboriginal and non-Aboriginal youth." When the language knowledge factor was added to six other measures, "the presence of the language factor made a drastic difference in suicide rates." In all cases but one, the suicide rate dropped to zero when the language factor was added.[6]

Tribal consultation and listening sessions held by HHS indicate that investments in Native language programs are critical to Tribal communities. As educational institutions recognize that Native culture and language are inherent strengths, the self-worth and optimism of Native youth increase. It is by going back to traditional, ancestral, indigenous ways of knowing based on culturally and linguistically specific values and norms that American Indian and Alaska Native communities are able to thrive on their own terms.

Individual Self-Sufficiency. Tribes and Tribal members are autonomous—they have the capacity to act independently on their own behalf. Although tribes know best what works and does not work for their communities, each Tribal member has the ability to make decisions individually. At the individual level, self-sufficiency encompasses the full development of individuals—spiritually, mentally, physically, educationally, and economically, among others—in a manner that contributes to the person's success in life. The intent is for Tribal members to have the capacity and initiative to take care of self and ultimately contribute to the well-being of their families and communities. The value is in being able to take care of self in order to effectively

contribute to the lives of others. Individual self-sufficiency contributes to Tribal self-sufficiency and the responsibilities of sovereign nations to their people.

Tribal representatives who have contributed to building the TBHA believe that opportunities should exist across foundational elements that contribute to the ability of Tribal members and tribes to be self-sufficient. This could include, among other areas, the availability, accessibility, and/or oversight of education and training opportunities; access to Native foods; access to prevention and treatment resources to address unique behavioral health challenges that exist in communities; referral networks across systems that support well-being; and law enforcement agreements.

Data. The problems of the accuracy of and access to viable data have long impacted American Indian and Alaska Native communities. Small sample sizes make it difficult to capture accurate data, and sharing data is even more tenuous for fear of violating confidentiality. Frequently the data available to tribes are significantly out of date, requiring Tribes to use data sets that may not reflect realities within their communities. Moreover, all too often, American Indians and Alaska Natives are not a distinct group captured within larger data sets. Without access to timely and accurate data, communities are unable to capture their communities' true needs, thereby inhibiting effective community-based planning and improvement of outcomes.

As a cross-cutting consideration, improving data accuracy, availability, and access offers real opportunities to improve definitions for data collection; strengthen Tribal data collection systems; provide capacity building for tribes and partners on how to collect and manage data that are tribally owned; allow for the interpretation and use of data to improve systems and programs; and create systems that allow partners to benefit from the data that are available. These opportunities should be leveraged within strategies that support the five foundational elements and their accompanying priority areas.

Tribal Leadership. Tribal leaders care deeply for their communities and hold significant responsibility for the welfare of their people. They have the authority and communal support to take action and can serve as drivers of meaningful community change. To be most effective regarding behavioral health matters, Tribal leaders must be informed about problems in their communities; lead community-based dialogs to hear from their community members about behavioral health and factors that influence wellness; work with their Tribal councils and with Federal agencies to address prevention as well as health system, facilities, and service needs; and seek, identify, and/or champion funding and programs that most effectively support behavioral health needs.

Through the input received for developing the TBHA, Tribal leaders and representatives conveyed that Tribal leaders need to "own" the behavioral health challenges facing their communities in order to assume true leadership on the issue. Tribal leaders who are viewed as having the greatest effect on behavioral health were identified as champions who were informed and took a visible role in driving solutions.

FOUNDATIONAL ELEMENTS

"We continue to address the impacts of alcohol and other drugs, youth suicides, domestic violence and the list continues. However, now is the time to address the source of these symptoms—historical and intergenerational trauma."—Tribal leader, White House Tribal Nations Conference, 2014

Improving the behavioral health of culturally, geographically, and socioeconomically diverse populations is a complex undertaking that requires a multipronged approach. There is no single strategy that will accomplish this task because there are interwoven factors and systems that may each require intense examination, deconstruction, and retooling. Individual behavioral health risk unfolds within the social settings of family, peer networks, schools, communities, service systems and within the cultural and historical contexts of the tribe.[7] Health care systems are needed that provide new perspectives on integrating treatment for mental and substance use disorders with holistic well-being, including family, community, socioeconomic, and social supports.[8] Strategies need to be developed to effect system and policy changes that reduce barriers to high-quality care and promote the well-being of American Indian and Alaska Native youth, families, and communities.[9]

FOUNDATIONAL ELEMENTS AND PRIORITY AREAS

The five foundational elements of the TBHA were the first product of the many discussions held with Tribal leaders, Tribal representatives, and other stakeholders regarding the factors contributing to or exacerbating behavioral health challenges in Indian Country. Each foundational element includes priority areas that were gleaned from targeted conversations about the most pressing concerns.

FOUNDATIONAL ELEMENT 1: HISTORICAL AND INTERGENERATIONAL TRAUMA

Dr. Maria Yellow Horse Brave Heart (1998) describes historical and intergenerational trauma (HIT) as the "cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma" and includes the impact of chronic stress and trauma that negatively affect health. These impacts are magnified when entire communities experience current trauma and reexperience past trauma.

It is important to understand historical and intergenerational trauma from a variety of perspectives. First, understanding the sources of the trauma is important in creating a common understanding of how the past can contribute to the present. Second, understanding and learning how to take that information and openly discuss it are important steps. American Indian and Alaska Native people may not seek to discuss traumatic events or how these events are manifested in their daily lives for fear of giving power to the trauma. It is vital to lay out the issues so that Tribal members, allies, and other stakeholders (including Federal and state governmental entities) can understand and thus meaningfully engage in a discussion of healing.

Discussions regarding trauma should not be limited to adult Tribal members only. Youth also experience trauma intergenerationally but may not have the language or other skills to conceptualize or talk about it in the context of modern-day pressures and situations. The purpose of discovering, uncovering, and talking about historical and intergenerational trauma is to support healing. The intent of this first foundational element is not necessarily to further assess historical trauma but rather support the development of priorities and evidence- and practice-based actions to promote healing for Tribal members.

Healing practices must acknowledge the root causes of intergenerational and other sources of trauma. Trauma that has been directly experienced in the present compounds issues and reinforces the sense of hopelessness.

Resources and community norms should support the active prevention of trauma and incorporate strategies to address intergenerational trauma as a real and contributing factor to contemporary behavioral health issues.

Priority Areas

HIT1—Support Systems

At the core of this first HIT priority area is the importance of providing appropriate support to families who have been affected by traumatic events. The intent is for all members of a family to receive the support required for individuals and for the collective group to heal. Without support mechanisms for all family members, strategies to assist individual family members may fail. Incorporation of supports for the family requires program flexibility, collaboration, and commitment. It is important that tribes be informed of the resources available to them and even more important that tribes are comfortable with the competency and scope of these resources.

HIT2—Community Connectedness

The literature shows that an individual's sense of her or his own belonging and connection to communities in which they live is a strong protective factor against many behavioral health issues, including suicide, depression, and substance use. Fostering connectedness for individuals with their communities includes expanding those inherent strengths within the person and the community, including pride, self-esteem, community values, tradition, culture, and local resources.

HIT3—Breaking the Cycle

One of the most insidious aspects of historical trauma is its inheritability. It is passed down through families and communities, most often unknowingly, exposing future generations to centuries-old sorrow and trauma. Opportunities to intervene in this process are often overlooked or not identified, and so the cycle continues. An important way to actively promote healing is to break the cycle so as to interrupt the passing down of messages and stigma that contribute to trauma. Trauma should be proactively addressed in informed ways by the appropriate parties, including family members, teachers, leaders, traditional practitioners, and behavioral health professionals.

Foundational Element 2: Socioecological (SE) Approach

Behavioral health challenges evolve in a multivariate environment that extends well beyond the individual. The socioecological approach aims to understand and address the problems recognized and to work to resolve them within the construct of the social determinants of health. An individual exists within intersecting spheres of influence that include peers and social networks, family members, other community members, governing structures, economic systems and circumstances, and the even broader and often intangible influences of culture and history. These influencing factors impact an individual's attitudes about what is acceptable and not and how they should behave; these factors also help shape the norms that create and solidify an individual's worldview.

Many factors shape how people conceptualize health, health care, and what is considered healthy. These factors are even more complicated in American Indian and Alaska Native communities where traditional spheres of influence are often in conflict with Western approaches. For example, a Western governance structure communicates a style of leadership and engagement that is different from a more traditional and historical Native approach. These powerful variables contribute to how a community responds to challenges and how resources are structured to address such challenges.

The intent of this second foundational element is both to begin to understand the larger context and pressures within which American Indian and Alaska Native behavioral health issues are rooted and to guide interventions and efforts to address the root and base causes of these issues. Foremost, solutions to behavioral health challenges must target factors that contribute and exacerbate these challenges. Approaches that are part of the SE model include partners that have expertise or influence over a variety of factors that may support the development of viable solutions, including the environment, justice, education, health, housing, labor, and transportation.

Although an SE approach may focus on a variety of factors, including those identified above, Tribal leaders, communities, and programs specifically identified factors contributing to sustaining environmental resources, reliable infrastructure, and healthy families and kinship.

Priority Areas

SE1—Sustaining Environmental Resources

All tribes share the strong connection to nature and the environment; nature is highly revered and treated with respect. The connection is not only spiritual; for many tribes, nature is also a way of life, including as a source of traditional foods and medicines. Tribes have experienced environmental devastation that has endangered nature and lowered hopes of protecting and preserving their physical environment.

SE2—Building a Reliable Infrastructure

Tribes and Tribal communities face many challenges when it comes to infrastructure. Unemployment rates throughout Indian Country are high, and housing shortages negatively affect Tribal members. The lack of adequate housing not only poses obvious challenges for Tribal members but also impacts the ability to attract and support a critically needed health care workforce.

SE3—Supporting Healthy Families and Kinship

Similar to community connectedness, family structures within Indian Country are vital sources of strength. However, in recent history, family structures are becoming more fragmented, with many youth lacking strong parental figures in their lives. Strong family structures are important in helping youth grow into healthy and resilient adults. Elders are the gatekeepers of knowledge and tradition within Tribal communities, and tribes have suggested engaging elders in a more meaningful way by strengthening elders' connection with youth.

Foundational Element 3: Prevention and Recovery (PR) Support

Strong public health delivery models emphasize early identification of community health issues to prevent the deterioration of health. Similarly, following an intervention, services should be available to provide ongoing, comprehensive support for sustained recovery. Existing systems must be strengthened to assess for the availability of critical services, gaps in services, and opportunities for improvement to meet community needs.

Priority Areas

PR1—Programming That Meets Community Needs

Prevention and treatment programs are not all designed to meet the diverse needs of differing communities, nor are they designed to readily incorporate traditional American Indian and Alaska Native worldviews that promote health and healing. Tribal communities must have the flexibility, support, and resources to implement prevention, treatment, and recovery programming that meet the needs of their members.

PR2—Community Mobilization and Engagement

Behavioral health is a community health issue that requires a community-wide response. Given the urgency of behavioral health problems in many Native communities, Tribal leaders should take ownership of the issues and work with their Tribal councils, Federal agencies, and other interested parties to develop an appropriate local response.

Foundational Element 4: Behavioral Health (BH) Systems and Support

As with all systemic issues, arriving at options for improving behavioral health services is complex. An assessment of applicable systems and their interactions with the community and community members is critical to identifying challenges and realistic opportunities for identifying resources required to support needed services. The source of resources can vary—Tribal, Federal, state, or private—and may require that tribes and other stakeholders work together to create coordinated and effective behavioral health systems for American Indian and Alaska Native people.

Issues that impact access, quality, and availability of health, behavioral health, and related services have long been raised by Tribal leaders, community members, and other stakeholders. The literature is replete with concerns related to personnel shortages, limited health care resources, and long travel distances to obtain services. Other issues also inhibit access to appropriate services, including lack of referrals from school, detention, court, housing, primary care, child welfare, and other systems.

The intent of this fourth foundational element is not only to identify challenges but also to address priorities and strategies that improve coordination, linkages, and access to high-quality behavioral health services. These priorities and strategies include examination of opportunities to increase the available workforce, development of the existing workforce, ensuring cultural competency in the delivery of services, and identifying potential options for improving meaningful access within communities. In Tribal communities, geography and staffing may inhibit community members from seeking services, but low utilization rates also may reflect the belief that services are not effective or in line with an individual's path for healing or inclusive of their worldviews. The reflection of belief systems within services and as part of service delivery is also a real consideration for American Indian and Alaska Native people who live in urban areas and may receive referrals to providers with no historical experience in working with Native people.

Additional service and service system considerations always include concerns related to funding—amounts, mechanisms, allocations, and adequacy. Substantive systems change cannot take place without adequate resources to create and support the desired change. In keeping with the purpose and approach of the TBHA, specific and detailed recommendations about funding will not be made. Discussions regarding funding of programs and initiatives should be managed by the appropriate Tribal and Federal authorities.

This foundational element, one of the most complex in the TBHA, creates substantial opportunity for system- and service-level collaboration. Potential collaborations involve all aspects of prevention, treatment, and care, including referral sources, education and communication, patient navigation, advocacy services, and more. This collaboration engages the community and its leadership to positively influence attitudes, foster support for improvements, and drive actions that align with and benefit local needs.

Priority Areas

BH1—Workforce Development

There are staffing shortages at nearly all levels and areas within service systems. Sometimes these shortages mean that an individual in crisis is not able to receive immediate, adequate care. Furthermore, many tribes believe that behavioral health and other professionals would benefit from cultural competency training. In the face of high levels of staffing shortages, improving access to providers through established sources, improving the competence and practice skills of existing providers and addressing development of the behavioral health workforce using a "grow your own" model require proactive collaboration among Tribes, Tribal organizations, educational institutions, Federal agencies, and states.

BH2—Funding Mechanisms

Tribal behavioral health programs frequently struggle as a result of insufficient funding. Programs are frequently underfunded or funded for only a finite period. Furthermore, the requirements of some programs do not always align with other Tribal priorities, values, or traditional practices. Tribes have long advocated for greater access to particular funding streams and for direct funding from particular Federal programs rather than expecting that tribes access funds through states.

BH3—Tribally Directed Programs

Tribes know best the needs of their communities. However, Federal agencies may not regularly consult with tribes about their programs and thus may develop Federal program requirements, design evaluations, and require reporting using a Western lens.

BH4—Youth-Based Programming

Youth hold an important position within Tribal communities—they are the literal future for tribes. Youth education is important to tribes, and youth-specific programs in Tribal communities require additional support given limited local resources and services. Learning about culture is a strong protective factor, and providing education on behavioral health issues may help reduce the stigma surrounding treatment.

BH5—Scope of Programming

In response to service-related challenges, including funding, staffing, facility shortages, and quality care, many tribes do not receive or are unable to provide a full continuum of care for their members. This often means that Tribal members either must leave the community to receive care or not receive the care they need. Tribes have sought expanded programs to ensure that Tribal members can receive vital care within their communities.

BH6—Law Enforcement and Justice Programs

American Indians and Alaska Natives with mental and/or substance use disorders may end up in the criminal justice system rather than receiving care. Incarceration frequently compounds already challenging preexisting conditions, and tribes are seeking greater collaboration between the behavioral health and criminal justice systems in a way that does not further victimize Native youth and adults, supports growth, and promotes healthy living.

Foundational Element 5: National Awareness (NA) and Visibility

Increasing the visibility of behavioral health issues is a key strategy for ensuring that stakeholders understand the unique challenges and potential solutions for American Indian and Alaska Native communities. These challenges can include geography, lack of access to basic behavioral health resources, poverty, poor living

conditions, and other impacts of traumatic events. Some tribes are concerned about extensive national visibility on issues that are better addressed locally, whereas other tribes believe that openly talking about and broadening the engagement of appropriate authorities will lead to funding support and better solutions for their people. Increasing visibility, while ensuring that Tribal governments have the ability to direct shared messages, can serve to strengthen a tribe's public and behavioral health response and readiness.

Priority Areas

NA1—Tribal Capacity Building

Tribes have the ability to decide what information to share and what not to share, what warrants national attention and what does not, and what steps will benefit rather than further damage their communities. Should Tribal leaders choose to address behavioral health issues locally or nationally, they will require data, support, and capacity development on ways to best communicate challenges and successes in their communities.

NA2—Tribally Directed Communication Strategies

To communicate effectively with media outlets, external and internal communities, and governmental collaborators, tribes need support on how best to exchange information and communicate in a timely and effective manner. These strategies must be developed and managed in partnership with tribes.

NA3—Partner Capacity Building

Many entities engage with tribes on health-related matters, including Federal, state, and other governments; nonprofit and community-based organizations; health care and other service providers; providers of health insurance; emergency response systems; and the media. These entities require continuous capacity building when working with Tribal communities to effectively engage and drive change.

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