

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Tribal Law and Order Act SAMHSA'S Work to Improve Behavioral Health in Indian Country

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A Time Of Change

- Economic challenges like never before
- Promising partnerships between Tribes and Federal Government
- Self-determination approaches
- New prevention and treatment opportunities
- Tribal Law and Order Act (TLOA)
- Affordable Care Act/Health Reform (including Indian Health Care Improvement Act)

Easy To Lose focus on How To Best Meet Needs Of Communities

- Rural Tribal Communities vs. Urban
- Traditional Approaches to Healing vs. Modern
- Story-telling versus Science
- Treatment: Spiritually, Traditionally, Ceremonially or Scientifically?
- Modern AI/AN Communities:
 - Multi-tribal
 - Multi-ethnic
 - Multi-racial



SAMHSA – Leading Change

- **Mission:**
 - To reduce the impact of substance abuse and mental illness on America's communities
- **Roles:**
 - Leadership and Voice
 - Funding - Service Capacity Development
 - Information/Communications
 - Regulation and Standard setting
 - Practice Improvement
- **Leading Change:**
 - 8 Strategic Initiatives

HHS Strategic Plans - SAMHSA

Strategic Initiatives

AIM: Improving the Nation's Behavioral Health

- Prevention
- Trauma and Justice
- Military Families
- Recovery Support

AIM: Transforming Health Care in America

- Health Reform
- Health Information Technology

AIM: Achieving Excellence in Operations

- Data, Outcomes and Quality
- Public Awareness and Support

SAMHSA Strategic Initiative - Prevention

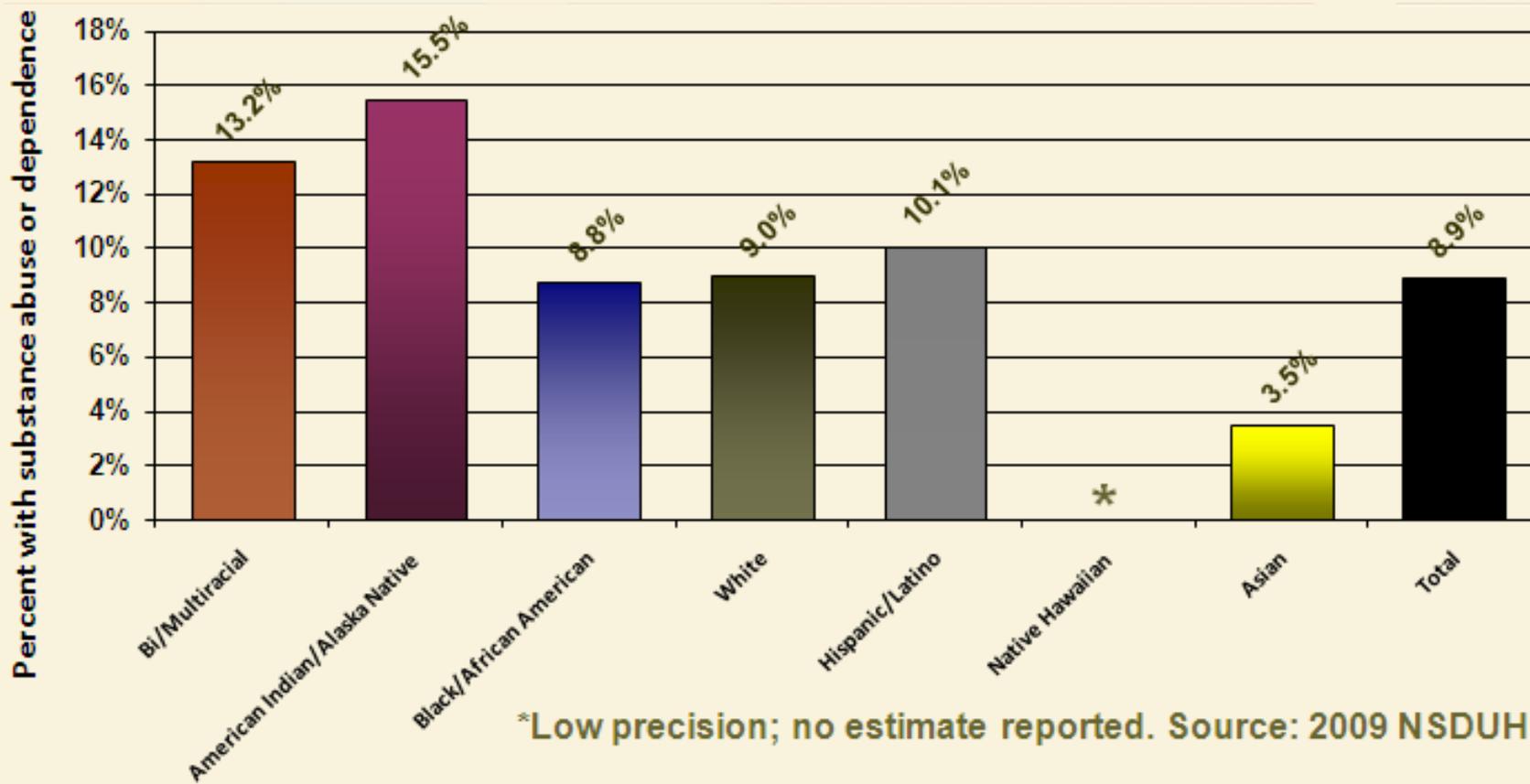
Challenges in AI/AN Communities:

- Higher adolescent death rates
- Higher youth suicide rates
- Higher past month binge alcohol use
- Higher past month illicit drug use
- Higher sexual assault rates against females
- Higher homicide rates against women
- Higher rates of intimate partner violence against women
- Higher rates of incarceration and arrest
- Higher rates of historical trauma
- Lower M/SUD treatment rates in non-HIS/specialty treatment settings

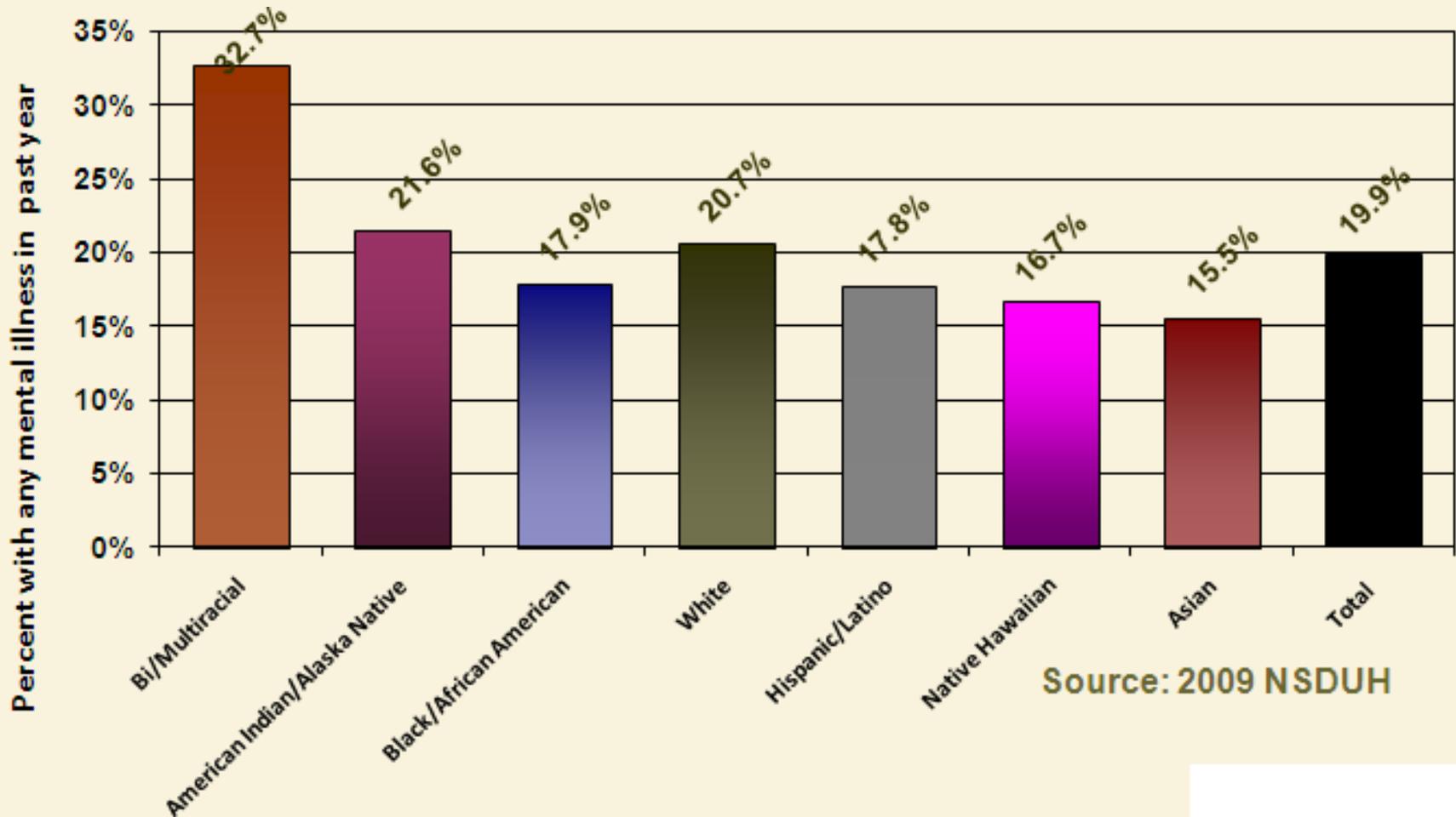
SAMHSA Strategic Initiative - Prevention

- **Prevent Substance Abuse and Mental Illness (Including Tobacco) and Build Emotional Health**
- **Prevention Prepared Communities (PPCs)**
- **Suicide**
- **Underage Drinking/Alcohol Polices**
- **Prescription Drug Abuse**

Percent of Persons 12 or Older Who Met Criteria For Substance Abuse or Dependence By Race/Ethnicity: 2009



Percent of Persons 18 or Older Who Met Criteria For Any Mental Illness by Race/Ethnicity: 2009



Source: 2009 NSDUH

Proposed for FY 2012: Behavioral Health – Tribal Prevention Grant (BH-TPG)

- **Proposed new discretionary grant program in the President's 2012 Budget (\$50 million)**
 - Authorized from the Prevention and Public Health Fund and appropriated by the Affordable Care Act (ACA)
- ***Focus on prevention of Substance Abuse and Suicide***
- **SAMHSA will coordinate with IHS to implement community-based prevention strategies that complement the clinical services provided by IHS-funded providers**
- **Non-competitive application process; every 3 yrs and annual reporting**
- **All federally-recognized tribes eligible to receive funding**
- **Formula to be determined after consultation with Tribal leaders**
 - Likely a base amount with additional money depending on population and need

BH-TPG Formula Considerations

- **Scenario #1 w/base amount of \$50,000**
 - At 100 percent request = total base allocation of \$28,250,000
 - Additional \$21,750,000 to be distributed (Formula TBD)
- **Scenario # 2 w/base amount of \$50,000**
 - At 75 percent request = total base allocation of \$21,150,000
 - Additional \$28,850,000 to be distributed (Formula TBD)
- **Scenario #3 w/base amount of \$35,000**
 - At 100 percent request = total base allocation of \$19,775,000
 - Additional \$30,225,000 to be distributed (Formula TBD)
- **Scenario #4 w/base amount of \$35,000**
 - At 75 percent request = total base allocation of **\$14,805,000**
 - Additional \$35,195,000 to be distributed (Formula TBD)

BH-TPG Formula Considerations

- **If less than 100 percent apply do we increase base so base and additional amounts are relatively equal?**
- **What criteria should be used for calculating the formula for the non-base portion of the funding?**
- **If SAMHSA does not receive full amount requested, how should funding be distributed?**

July 29, 2010 – Tribal Law and Order Act (TLOA) Signed Into Law

- **The Act reauthorizes and amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act (IASA) of 1986**
 - Title II - Tribal Law and Order
 - Subtitle D - Tribal Justice Systems
 - Section 241 - Specifically addresses SAMHSA's responsibilities
- **TLOA requires the Federal Government to better coordinate efforts, resources, and services to address the unique challenges in Indian Country**



Key TLOA Federal Participants

- Office of the President (President)
- Majority Leader of the Senate
- Minority Leader of Senate
- Speaker of the House of Representatives
- Minority Leader of the House of Representatives
- The Office of the Attorney General
- The Secretary of the Interior
- The Secretary of Health and Human Services
- Department of Education
- Office of Justice Services
- Department of Justice
- Federal Bureau of Investigation
- Indian Law and Order Commission
- Administrative Office of the U.S. Courts
- Bureau of Indian Affairs
- GAO (Comptroller General)
- The Office of the U.S. Attorney
- Bureau of Prisons (Director of BOP)
- Bureau of Indian Education
- Indian Law Enforcement Foundation
- Indian Health Services
- SAMHSA
- Native American Issues Coordinator

Current Partners SAMHSA Could Leverage For Work On TLOA

Within the Department of Health and Human Services (HHS)

- Administration for Children and Families (ACF)
- Administration on Aging (AoA)
- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- NIAAA
- NIDA
- NIMH
- Office of Minority Health
- Office of the Surgeon General (OSG)
- Centers for Medicare and Medicaid Services (CMS)

Current Partners SAMHSA Could Leverage For Work On TLOA

Other Federal Partners Outside of HHS

- Department of Defense (DOD)
- Department of Education (ED)
- Department of Interior (DOI)
 - Bureau of Indian Affairs (BIA)
 - Bureau of Indian Education (BIE)
- Department of Justice (DOJ)
 - Drug Enforcement Administration (DEA)
 - Office of Juvenile Justice and Delinquency Prevention (OJJDP)
 - Office of Justice Programs (OJP)
- Office of National Drug Control Policy (ONDCP)

TLOA Section 241 – Deliverables For SAMHSA

SAMHSA Lead Coordinating Role:

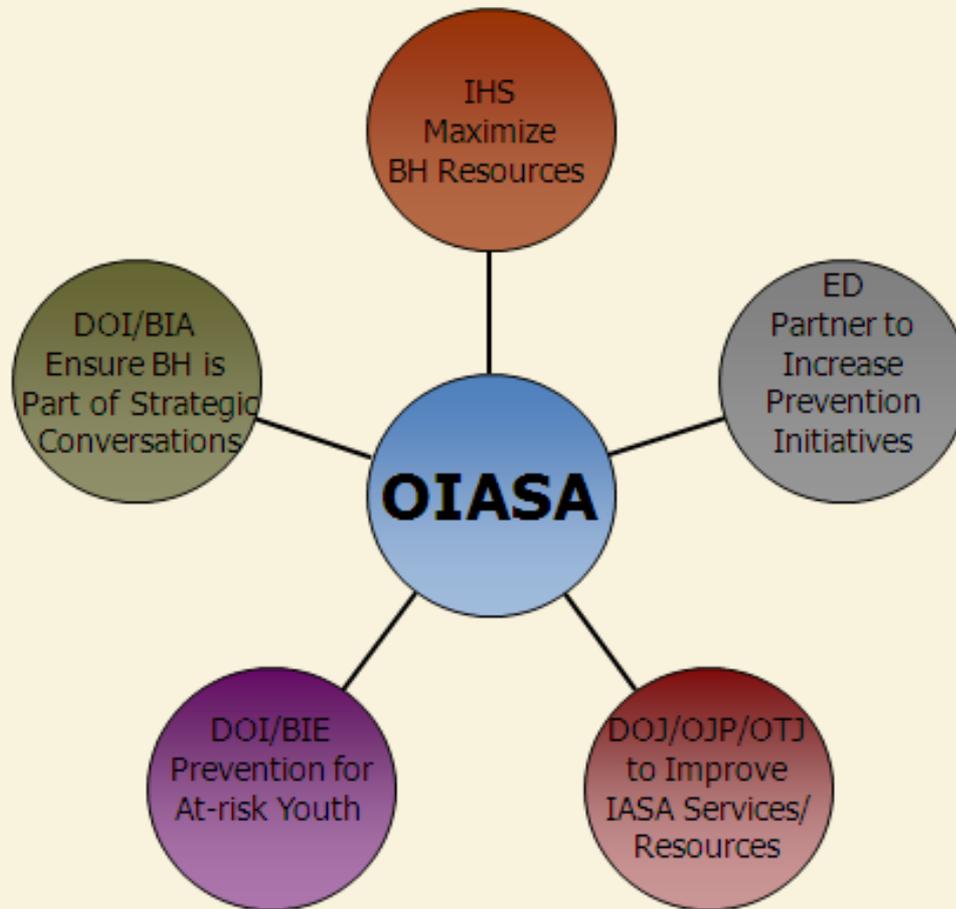
- Create and staff a SAMHSA Office of Indian Alcohol and Substance Abuse (OIASA) – in Center for SA Prevention (CSAP)
 - Memorandum of Agreement between Justice, Interior and HHS
 - Secure with partners an MOA among HHS, DOI, and DOJ (by end of July 2011)
 - SAMHSA, IHS, BIA/BIE, DOJ Office of Justice Programs and ED as partners
- Securing operating framework of TAPs
 - Work with interested Tribes on a TAP for combating alcohol and substance abuse (relevant for available Federal resources)
- Establish Inventory/Resource Workgroup

TLOA Section 241 – Deliverables For SAMHSA

- **SAMHSA Lead Coordinating Role**
 - Newsletter Workgroup (25 U.S.C. 2416)
 - Education Services Workgroup with focus on prevention for at-risk youth (25 U.S.C. 2431a)
 - Work with BIE to improve summer prevention opportunities for at-risk youth
- **SAMHSA to become an equal, participating member on Federal Tribal Coordinating Committee (25 U.S.C. 2412)**
 - Develop process with partners to monitor efforts and outcomes

SAMHSA'S OIASA

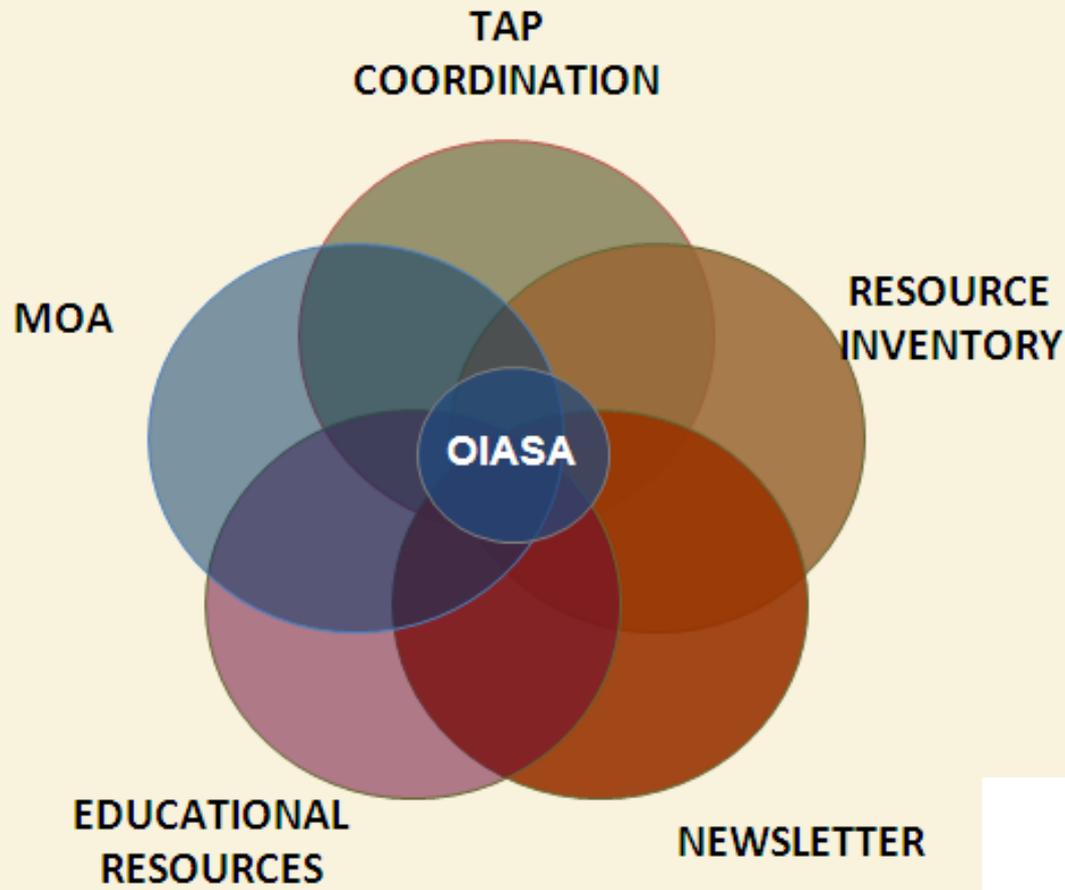
Coordinating Responsibilities



Also Engage:

- WHITCU
- ONDCP
- HUD
- DOL
- DOE

SAMHSA Leadership For OIASA Coordinated Efforts



MOA Workgroup

- Oversee legal review of document
- Establish and manage overall coordination of comments from the various federal agencies
- Compile, consolidate, and shepherd clearance process
- Secure final Cabinet-level signatures
- Coordinate publication of MOA in Federal Register as required by law
 - TLOA requires DOI, DOJ and HHS secure the MOA no later than July 29, 2011

TAP Workgroup

- Establish operating framework and provide guidelines for Tribes consistent with requirements of available Federal resources
- Develop inventory of current proven strategies - practice based evidence models
- Manage overall coordination of Tribal requests for assistance in development of tribal action plans
- Coordinate assistance/support to Tribes as deemed feasible
- Collaborate with Inventory Workgroup in developing an appropriate response back to Tribal entities seeking assistance

Inventory / Resource Workgroup

- Establish an operating model - gather, maintain, and update current Federal efforts/capacity toward:
 - T/A contracts and services
 - Grants
 - Contracts
 - Cooperative agreements
- Manage overall coordination of these efforts
- Collaborate with TAP Workgroup in developing appropriate response back to Tribal entities seeking assistance

Newsletter Workgroup

- Establish operating protocol and procedures to publish an alcohol and substance abuse newsletter reporting on Indian projects and programs
 - With Secretary of Health and Human Services
 - With Secretary of Education
- Publish once in each calendar quarter
- Include reviews of programs determined by the Secretary of the Interior to be exemplary
- Provide sufficient information to enable interested persons to obtain further information about such programs

Educational Services Workgroup

- **Establish an operating model - gather, maintain, and update current Federal efforts/capacity with toward:**
 - Federal programs providing education services or benefits to Indian children
 - Tribal, State, local, and private educational resources and programs
- **Accomplished By:**
 - Secretary of the Interior
 - Attorney General
 - Secretary of Health and Human Services
 - Secretary of Education (In Cooperation)
- **Results of reviews provided to each Tribe as soon as possible for consideration/use in development/modification of a TAP**

Work Completed – Progress Made

- **Outreach**

- National Tribal Organizations: NIHB , NCAI, NCUIH, AAIP, NNAAPC, NIEA
- Presentations: ATNI, NIEA, National Symposium, NAICJA, Intertribal Court of Southern California, IC Detention Summit, Tribal Justice Jail Administrators' Forum , Intertribal Court Tribal Justice Council
- Federal Partners Engaged: DOE , DOI, DOJ, OAG, HHS
- IASA Interdepartmental Coordinating Committee (4 Departments / 15 Components / 43 Members)
 - MOU
 - Tribal Action Plan

- **Attended and participated in several consultations / listening sessions**

Health Reform

“But if we're going to bring real and lasting change for Native Americans, we need a comprehensive strategy, as I said before. Part of that strategy is health care. We know that as long as Native Americans die of illnesses like tuberculosis, alcoholism, diabetes, pneumonia, and influenza at far higher rates than the rest of the population, then we're going to have to do more to address disparities in health care delivery.”

President Obama

Health Reform - Challenges

- **Approximately 25 percent of American Indians/Alaska Natives live at poverty level**
- **2006**
 - 36 percent of American Indians/Alaska Natives had private health insurance coverage
 - 24 percent relied on Medicaid coverage
- **2007**
 - 33 percent had no health insurance coverage

Health Reform Impact of Affordable Care Act

- More people will have insurance coverage
- Increased demand for qualified and well-trained BH professionals
- Medicaid will play a bigger role in M/SUDs
- Focus on primary care and coordination with specialty care
- Major emphasis on home and community-based services; less reliance on institutional care
- Theme: preventing diseases and promoting wellness
- Focus on quality rather than quantity of care

SAMHSA Strategic Initiative

Health Reform

- Ensure BH included in all aspects of health reform
- Support Federal, State, Territorial, and Tribal efforts to develop and implement new provisions under Medicaid and Medicare
- Finalize / implement parity provisions in MHPAEA and ACA
- Develop changes in SAMHSA Block Grants to support recovery and resilience and increase accountability
- Foster integration of primary and behavioral health care

SAMHSA Principles

- **People**
 - *Stay focused on the goal*
 - *Tribal people; culturally appropriate approaches*
- **Partnership**
 - *Cannot do it alone*
 - *Tribal leaders; AI/NA organizations*
- **Performance**
 - *Make a measurable difference*
 - *Outcomes defined by AI/AN culture*

