Incorporating the National Tribal Behavioral Health Agenda within Tribal Opioid Response Grantee Strategic Plans
Purpose: To advocate on behalf of all federally recognized American Indian and Alaska Native Tribes to ensure the fulfillment of the trust responsibility to deliver health and public health services as assured through treaties, and reaffirmed in legislation, executive orders and Supreme Court cases.

Mission Statement: One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities.
Learning Objectives

By the end of the training, participants will be able to...

• Identify the 5 foundational elements of the TBHA
• Explain the role of the TBHA in Tribal behavioral health programming and policymaking
• Draft a strategic plan that is responsive to community needs
• Incorporate the TBHA elements into strategic plans
• Identify resources for on-going Training/Technical Assistance
DAY ONE (8:30am-4:30pm)
• Welcome & Introductions
• What is the Tribal Behavioral Health Agenda?
• Looking at the TOR Grant
• Tribal Presentations
• Reflections
• Planning (Logic) Models
• Closing

DAY TWO (8:30am-12:30pm)
• Review and Preview
• Mapping Opportunities
• Partnerships
• Closing
WHAT IS THE TRIBAL BEHAVIORAL HEALTH AGENDA?
What is Behavioral Health?

- The promotion of mental health, resilience, and well-being
- Addresses behaviors and habits that challenge physical and mental well-being
- Includes:
  - The prevention and treatment of mental and substance use disorders
  - Gambling addiction
  - Eating disorders
Intersection of Behavioral Health and Public Health

**Behavioral Health**
- Examines behaviors
- Includes prevention
- Focuses on individual well-being
- Potential relation to a mental health disorder
- Large focus on treatment

**Public Health**
- Examines behaviors
- Includes prevention
- Focuses on individual well-being – as a component of population health
- Tracks disease, prevents injury, researches, and educates
State of Behavioral Health in Indian Country

• AI/AN born today have a life expectancy that is 4.2 years less than any other racial demographic in the country
• Both AI/AN women and men experience significantly higher rates of sexual violence and intimate partner violence than non-Hispanic Whites (NHW)
• A third of all experiences of violence occur in AI/AN youth between the ages of 18-24
• AI/AN youth are at much higher risk for suicidal ideations and suicide attempts than youth of other racial backgrounds
• Overall, AI/AN communities face significant challenges with substance and alcohol misuse, and prescription and illicit drug overdose
Opioid Use in Indian Country

• AI/Ans experienced the second highest overall opioid overdose death rate in 2017 at 15.7 deaths per 100,000.
• In 2017, AI/ANs experienced the second highest rate of heroin overdose deaths (5.2 deaths per 100,000).
• Rates of prescription opioid overdose deaths increased 10.8% among AI/ANs between 2016 and 2017 to a rate of 7.2 deaths per 100,000.
• The prescription opioid overdose death rate among American Indians and Alaska Natives is the highest in the entire country.
Those statistics do not speak to the inherent resilience and strengths in AI/AN communities.

We are here to focus on finding solutions and a path forward.
Concerted discussions amongst Tribal leaders of the SAMHSA TTAC about the need for an AI/AN specific behavioral health “blueprint”

Discussions about the role of culture in behavioral health on a national level

Partnerships established with federal agencies and Tribal organizations

Information gathering and vetting period to ensure a Tribally-informed document

Documentation of evidence-based, best, promising and wise practices

Background of the TBHA

FOUNDATION  HEART  REACH  SCOPE  PRODUCT
Foundation

• From the minds of concerned Tribal leaders that were seeing a rash of suicided
  • Leadership and vision of Chester Antone
    • Council member of the Tohono O’odham Nation,
    • Past Chair of the SAMHSA Tribal Technical Advisory Committee (TTAC), and past chair of the Secretary’s Tribal Advisory Committee (STAC)

• Guidance and Tutelage of SAMHSA Office of Tribal Affairs and Policy (OTAP)
  • Mirtha Beadle, Director of OTAP
Heart

• The Cultural Wisdom Declaration
  • A formal declaration of Tribal leaders with the endorsement of the federal agency of:
    • The sacredness of ancestral knowledge
    • That ancestral knowledge can lead to health and well-being
    • That culture can be integrated into healthcare efforts
    • The effectiveness of Native ways
    • The elevation of Tribal identities, beliefs and practices
Scope

• Over the span of 18 months (2015-2016)
• See Appendix 1 (page 78-79)
  • Open call for online comments
  • Discussion group with federal agency staff
  • Discussion among federal Tribal advisory committees
  • Youth input and push via social media
  • NCAI special evening session
  • TPHS special session
  • Two World Café activities during the TPHS
  • NTHC special sessions
  • Drafts vetted at the 2016 NTHC in Arizona
    • Signing of the Cultural Wisdom Declaration
Product

• Published in December 2016; launched in January 2017
• The TBHA is the first ever Tribally-informed blueprint for improving behavioral health outcomes in American Indian and Alaska Native communities
• A blueprint for:
  • Establishing priorities
  • Crafting responses and plans
  • Developing local activities and programs
  • Shaping collaboration
  • Strengthen policies
  • Aligning resources
  • Utilizing common language
Looking at the TBHA Realistically

The TBHA is NOT...
A finished document

Substitute for a strategic plan

A strategic plan
• Foundational Elements
• Priorities
• Strategies
• Cross Cutting Considerations
• Cultural Wisdom Declaration
• Community
Foundational Elements

• Products of the earliest discussions among Tribal leaders based upon factors exacerbating behavioral health challenges in Indian Country
  • Historical and Intergenerational Trauma
  • Socio-Cultural-Ecological Approach
  • Prevention and Recovery Support
  • Behavioral Health Systems and Support
  • National Awareness and Visibility
Priorities

• Subset of each of the five foundation elements
• Represent most pressing concerns
• Results of analysis of conversations, discussions and information gathering sessions
Strategies

• Potential pathways or targeted efforts areas

• Based upon:
  • Desired outcomes
  • Healthy communities
  • Building partnerships
  • Strengthening systems
Elements, Priorities, & Strategies

- Each element has multiple priorities
  - Each priority has multiple strategies
- They are all organized and numbered accordingly
  - Example: HIT 2.3
Cross-cutting considerations

- Considerations for improving behavioral health that cut across multiple foundational elements
  - Youth
  - Identity (political and cultural)
  - Culture
  - Individual Self-Sufficiency
  - Data
  - Tribal Leadership
Community

• Used throughout the document
• Defers to the reader’s definition of a community, including, but not limited to factors of
  • Geography
  • Culture
  • Enrollment
  • Identity
Vision of the TBHA

• Meant to enhance what is happening or craft what could happen
• TBHA is a supplemental and complimentary element to existing plans and efforts
  • The TBHS is not a plan – does not exist on its own
• Can work with existing plans
  • Tribal Opioid Response
  • Tribal Action Planning
Historical and Intergenerational Trauma

• “Historical trauma is the cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.”
  • Dr. Maria Yellow Horse Brave Heart

• Ensuring trauma-informed approaches to behavioral health interventions
• Adapting interventions to reflect individual and community experiences of trauma
• Acknowledging that culture as a protective factor to address trauma
• Breaking down stigmas attached to discussing trauma
• Addressing both past and current trauma - breaking the cycle of transmission
Historical and Intergenerational Trauma Priority Areas

• Support Systems
• Community Connectedness
• Breaking the Cycle
Socio-Cultural-Ecological Approach

• Understanding the social determinants of health and their affect on overall well-being:
  • Poverty
  • Access to healthy foods
  • Access to educational, economic and employment opportunities
  • Access to quality healthcare
  • Exposure to violence and crime
Socio-Cultural-Ecological Approach
Priority Areas

• Sustaining Environmental Resources
• Reliable Infrastructure
• Healthy Families and Kinship
Prevention and Recovery Support

- U.S. model – focus on healthcare vs. public health (treatment vs. prevention)

- Culturally competent, Tribally-developed prevention programs

- Establishing early detection/intervention systems for suicide risk and domestic violence

- Investing in community education around substance and alcohol misuse

- Recognition of traditional healing and prevention practices as evidence-based practices
Prevention and Recovery Support Priority Areas

• Programming that Meets Community Needs
• Community Mobilization and Engagement
Behavioral Health Systems and Support

- Ensuring proper communication and collaboration between all stakeholders (i.e. Tribes, Tribal organizations, Federal partners, etc.)
- Adapting interventions and cross-sectional partnerships
- Integrating and elevating culture
Behavioral Health Systems and Support Priority Areas

- Workforce Development
- Funding Mechanisms
- Tribally Directed Programs
- Youth-based Programming
- Scope of Programming
- Law Enforcement and Justice Programs
National Awareness and Visibility

- Ensuring Tribal control of messaging while elevating knowledge and broadening engagement in treating and preventing behavioral health issues in Indian Country
- Working with Tribes to frame messaging
- Providing support for development of communication strategies and protocols
- Respecting a Tribes’ decision to not publicize certain information
National Awareness and Visibility Priority Areas

• Tribal Capacity Building
• Tribally Directed Communication Strategies
• Collaborator Capacity Building
Contextualizing the Strategies

• Recommendations for areas of focus
• Can be turned into activities or objectives for any plan
• TBHA indicates who might be the lead collaborator to engage on that strategies
• Look for what is appropriate, realistic, timely and impactful
• Remember
  • Not directive
  • Cannot do it all
LOOKING AT THE TOR GRANT
TOR Goals

• The program aims
  • to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment
  • to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD
• Encourages incorporation of TBHA and Cultural Wisdom Declaration
Suggested SAMHSA TOR Activities

• Complete a comprehensive strategic plan
• Implement workforce development activities
• Develop effective prevention strategies
• Develop strategies to purchase and disseminate naloxone and provide training on its use
• Implement service delivery models that enable the full spectrum of treatment and recovery support services
• Implement community recovery support services (such as peer supports, recovery coaches, and recovery housing)
• Provide assistance to patients with treatment costs
• Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings
• Work with Tribal Epidemiology Centers to assess impact
SAMHSA TOR Allowable Activities

• Incorporate culturally appropriate and traditional practices into program design and implementation
• Support innovative telehealth strategies
• Address barriers to receiving MAT
  • Reducing the cost of treatment
  • Developing innovative systems of care to expand access to treatment, engage and retain patients in treatment
  • Address discrimination associated with accessing treatment
  • Support long-term recovery.
• Develop and implement tobacco cessation programs
Look for the Overlaps and Intersections

• TOR Required Element:
  • Implement workforce development activities

• TBHA BH 1.1
  • Support and develop a collaboration among Tribes, Tribal organizations, TCUs, and federal agencies to establish a local ‘grow your own’ behavioral health education program and provide basic training for local Tribal behavioral health aides/community workers
Look for the Overlaps and Intersections

• TOR Required Element:
  • Implement community recovery support services (such as peer supports, recovery coaches, and recovery housing)

• TBHA PR 2.2
  • Support and train community members to serve as peer counselors

National Indian Health Board
SO WHAT ARE YOU DOING LOCALLY?
• What shared challenges did you hear?
• What shared success did you hear?
• What opportunities did you hear for collaboration?
• What elements of the TBHA did you hear presented?
MAPPING OPPORTUNITIES
Mapping TOR Projects

• Look at your TOR plan, Tribal programs, and your presentation from this morning

• Create a visual map of your plan
  • Be artistic and creative
  • Include areas that offer resources or are of interest to your TOR project
  • Think about it as if it were a person walking through your program
Mapping TBHA Opportunities

• Look at your map
• Get our copies of the TBHA
• Use green stickers to physically represent where you are doing TBHA strategies, or where you could be doing TBHA strategies
• Write the strategy number on the green sticker if you like
PARTNERSHIPS
Value of Partners

• Expand reach
• Save money
• Tap into expertise
• Expand resources
• Avoid duplication
• What else?
Partners in TOR and TBHA

• Essential to success
• TBHA maps out which partners would be appropriate for which activities
• TOR asks for partnerships to be created
Kinds of Partners

**Internal Partners (within the Tribe)**
- Tribal police and Tribal jail
- Tribal emergency services
- Tribal emergency department
- Tribal schools
- Tribal colleges or universities
- Community Health Representative program
- Clinics or hospitals
- *Who else?*

**External Partners (outside the Tribe)**
- State health department
- Country health department
- Local police
- Local emergency services
- Detox
- Treatment centers
- Tribal Epidemiology Center
- *Who else?*
What to do with Partners?

• Engage them in your plan
  • Give them a responsibility

• Encourage them to incorporate you and the TBHA in their plans
  • States are required to work with Tribes in their SOR plans
  • Make sure they are using the TBHA
Mapping Out Partners

• Go back to your project maps
• Now place a red sticker where you are currently partnering with an internal or external organization.
  • Label the partner
• Now place a blue sticker where you think an opportunity to partner exists
  • Label the partner
• What is needed from them?
WHAT IS YOUR PARTNER LIST

- Who are they?
- What do need from the blue stickers?
Turning Strategy into Action

• Revise existing or develop TOR plans and workplans to incorporate the TBHA
• Expand your partnership and collaboration opportunities with different stakeholders
• Sharing recommendations and best practices
• Conduct organizational capacity scans and readiness assessments
• Update behavioral health focused community health assessments
• Evaluate current behavioral health programming and approaches
• Devising appropriate behavioral health care and public health models
• Developing a multi-pronged approach that respects and integrates cultural values
How to use the TBHA

- Advocacy (with internal and external partners)
- Workforce and infrastructure development
- Policy development
- Strategic planning
- Coordination and partnerships (both Tribal and Federal)
Resources

• NIHB
• NCUIH
• Tribal Epidemiology Centers / Area Indian Health Board
• Tribal Colleges/Universities
• State Health Departments
• SAMHSA Tribal Training and Technical Assistance Center
• SAMHSA funded AI/AN Prevention Technology Transfer Center
• Tribal elders and leaders
• Who else?
Thank you for your time and dedication!

Robert Foley
(202) 355-5494
rfoley@nihb.org