

# National Indian Health Board



## TBHA Strategies

### Historical and Intergenerational Trauma

- HIT1.1: Actively inform communities about the forms of trauma and their manifestations as a means for enhancing the potential for family engagement in services.
- HIT1.2: Incorporate into Federal, tribal, and other programs opportunities for engaging family members who live with trauma as part of funded activities to ensure that they have access to support mechanisms.
- HIT1.3: Allow tribes, within existing programs and new funding streams, the flexibility to develop, tailor, and/or implement support mechanisms that best address their local and specific manifestations of trauma.
- HIT1.4: Incorporate opportunities to address unresolved grief as a root cause of behavioral health challenges and a core component in positive healing within programs that focus on Tribal communities.
- HIT1.5: Strengthen support systems across health, behavioral health, education, child welfare, and justice services programming to ensure continuity and availability of support for family members who connect through different systems.
- HIT2.1: Expand opportunities for tribes to incorporate Native language learning and development as a means for strengthening pride, self-esteem, identity, and other contributions to community connectedness.
- HIT2.2: Provide support for creating new or maximizing existing healthy social structures and social supports through schools and other local settings that permit community members to engage and be validated as valuable members of the community.
- HIT2.3: Support Gathering of Native Americans (GONA) events to support community healing from historical trauma and enhance local prevention capacity through meaningful activities that incorporate healthy traditions; focus on a holistic approach to wellness; empower community members; and provide a safe place to share, heal, and plan for action.
- HIT3.1: Align Tribal, Federal, and other programs that support actions to address trauma and prevent retraumatization as a means for supporting trauma-informed services that are continuous across systems.
- HIT3.2: Integrate authentic cultural interventions and culturally tailored evidence-based practices into existing Tribal programs as a means for reestablishing Tribal spiritual conditions of physical, mental, and spiritual health.

- HIT3.3: Review and modify Tribal, Federal, state, and other programs to recognize and address the impacts of adverse childhood experiences among American Indian and Alaska Native populations.
- HIT3.4: Widely diffuse strategies, in concert with established support mechanisms, across Tribal communities to encourage families to talk in safe ways about their own identities and experiences with trauma to begin the process of healing.
- HIT3.5: Develop a research agenda on historical and intergenerational trauma to aid building knowledge in areas that require further investigation.
- HIT3.6: Use existing workforce development/learning centers to intensify education for health, behavioral health, and other professionals about historical and intergenerational trauma and support efforts to more effectively address trauma in clinical and professional settings.

## **Socio-Cultural-Ecological Approach**

- SCE1.1: Proactively advance collaborations among Tribal, Federal, and state programs to protect environmental resources as a vital part of the spiritual connection and traditional lifestyle.
- SCE1.2: Incorporate actions across Tribal, Federal, and state programs that improve access to safe and healthy traditional foods.
- SCE2.1: Strengthen educational capacity of schools and access to education resources.
- SCE2.2: Collaborate with Federal and state agencies on creative opportunities for addressing the determinants of health, including opportunities to increase housing stock, facilitate transportation needs, and improve job readiness.
- SCE2.3: Improve coordination during the planning of new tribal housing to ensure water and waste infrastructure needs are considered.
- SCE2.4: Strengthen tribal capacity to effectively manage water programs
- SCE3.1: Support broader efforts to strengthen families as integral prevention and invention mechanisms and develop family-driven strategies for reinforcement.
- SCE3.2: Collaborate across local, Tribal, state, Federal, and private entities to leverage opportunities to create safe and nurturing environments for youth.
- SCE3.3: Expand collaboration across education, health, and human service systems that engage, support, and protect elders.

## **Prevention and Recovery Support**

- PR1.1: Create and support culturally and spiritually based programming and healing that aligns with the diversity and needs of the local Tribal population.
- PR1.2: Support and coordinate reentry programming across service sectors and programming for incarcerated persons and their families, especially their children.
- PR1.3: Prioritize and collaborate on behavioral health-related prevention efforts as a primary strategy across education, health, behavioral health, child welfare, law enforcement, and other systems.
- PR1.4: Treat mental and substance use disorders as significant diseases that require support and services across the spectrum—from prevention for individuals at all levels of risk through recovery.
- PR1.5: Advocate for and support comprehensive suicide prevention efforts that incorporate protocols for at-risk youth and adults, required infrastructure to supporting suicide prevention, active community outreach following discharge from the hospital or the emergency department, trained community workers, and coordinated crisis response and intervention systems.
- PR1.6: Support, establish, or improve data collection systems to support the collection of information on suicide prevention activities that is managed locally or in collaboration with a Tribal Epidemiology Center.
- PR1.7: Support suicide prevention efforts that include youth, families, and communities.
- PR1.8: Build and sustain supportive environments in schools.
- PR1.9: Support and promote Tribal Healing to Wellness Courts, Veterans Courts (or the VA Diversion Courts Peer-to-Peer Support Program), and other courts that support recovery.
- PR2.1: Formulate and implement long-term, communitywide engagement and mobilization strategies that emphasize community ownership of their issues and solutions.
- PR2.2: Support and train community members to serve as peer counselors.
- PR2.3: Actively address and support the behavioral health-related programming needs of urban- and reservation-based American Indian and Alaska Native populations.

## **Behavioral Health Systems and Support**

- BH1.1: Support and develop a collaboration among tribes, Tribal organizations, Tribal Colleges and Universities, and Federal agencies to establish local “grow your own” behavioral health education programs and provide basic training for local Tribal behavioral health aides (community workers).
- BH1.2: Establish collaborations between tribes and Addiction Technology Transfer Centers to support education, training for certification exams, and clinical supervision opportunities for behavioral health professionals working in Tribal facilities to obtain and maintain certification.
- BH1.3: Support the incorporation of traditional practitioners within service delivery systems and provide training on cultural and organizational competency for all employees.
- BH1.4: Actively pursue collaborations with the HRSA National Health Service Corps Program to recruit psychiatrists, behavioral health professionals, and other practitioners to work in Tribal facilities.
- BH2.1: Assess state engagement with tribes and promote meaningful state/Tribal consultations.
- BH2.2: Monitor state behavioral health spending and support equitable resources and support to tribes and other entities providing services for Tribal members.
- BH2.3: Increase flexibility in funding requirements to tribes to support culturally based programming that meets the programmatic needs of Tribal communities.
- BH2.4: Develop flexibilities that allow tribes with multiple Federal grants to lower administrative costs, increase integration of funded programs, and enhance collaborative reporting.
- BH2.5: Prioritize behavioral health and related programs in all budgeting processes.
- BH2.6: Assess opportunities for funding traditional services including (staffing and supplies).
- BH3.1: Consult with tribes on programs that tribes are eligible for prior to developing program announcements.
- BH3.2: Support tribal efforts to incorporate cultural interventions into program activities that allow them to more effectively meet program expectations.
- BH3.3: Support tribally driven assessments and implementation of strengths-based, Tribal best practices.
- BH3.4: Increase coordination and collaboration among Federal, state, Tribal, and urban programs by sharing resources, decreasing competition, and improving strategic planning.

- BH3.5: Engage tribes on their technical assistance and support needs prior to articulating technical assistance requirements.
- BH4.1: Allow tribes the flexibility to engage youth in developing and implementing programming that target American Indian and Alaska Native youth.
- BH4.2: Support targeted education for youth that incorporates learning their Native language, respective culture(s), and role that culture plays in supporting behavioral health.
- BH5.1: Identify new models of care delivery that ensure more accessible intensive inpatient and long-term care.
- BH5.2: Support implementation of Tribal, Federal, and/or state collaborations that bolster wraparound services.
- BH5.3: Support and immediately implement a collaboration that supports early intervention services for behavioral health.
- BH5.4: Expand telebehavioral services to additional Tribal communities or clinics.
- BH6.1: Strengthen collaborations among health, behavioral health, and justice system programs of the U.S. Department of Health and Human Services, U.S. Department of Justice, and U.S. Department of the Interior to strengthen programs for Native youth that keep them out of the criminal justice system and ensure they receive needed behavioral health services.
- BH6.2: Support the expansion of the Tribal healing to wellness court programs of the U.S. Department of Health and Human Services, U.S. Department of Justice, and U.S. Department of the Interior to support diversion of Tribal members with a mental and/or substance use disorder from the criminal justice system to local behavioral health care.

## **National Awareness and Visibility**

- NA1.1: Support and engage in capacity-building efforts to raise the collective capacity of tribes to speak about the effectiveness of culture in prevention and care and their own best practices.
- NA1.2: Support and raise the capacity of tribes to discuss the impact of historical and intergenerational trauma within their own communities and with external partners, if they choose.
- NA1.3: Actively educate Tribal communities about behavioral health in an effort to defeat stigma and normalize topics of behavioral and emotional health.
- NA1.4: Support and raise the capacity of tribes to create and implement media and public relations plans.
- NA2.1: Establish a national behavioral health communications campaign, in collaboration with tribes, to educate individuals about behavioral health issues affecting Tribal communities. The campaign would target specific mental disorders, substance use, and/or co-occurring disorders that could be shared through multiple platforms and also tailored by tribes for local use. Broad national dissemination would ensure that urban Indian populations receive similar messages and support.
- NA2.2: Develop messages for American Indians and Alaska Natives that contain positive, Native-focused, media images and incorporate the voices of survivors and Tribal strengths to discuss issues and lived experiences.
- NA2.3: Package existing communications messages developed by Federal agencies and ensure that multiple agencies leverage the messages to improve diffusion to communities requiring support and stakeholders who can assist.
- NA2.4: Create web-based tools and resources that Tribal leaders and officials can utilize to craft media communication and public relations strategies, especially during times of crisis or increased need.
- NA3.1: Institute targeted training and technical assistance across Federal agencies about American Indian and Alaska Native populations, sovereignty, the nature of the government-to-government relationship, and issues that contribute to well-being.
- NA3.2: Engage in meaningful Tribal consultation and communication.
- NA3.3: Institute measures to increase the capacity of partners and stakeholders to understand the scope of the diversity and behavioral health challenges within Indian Country and how to treat this information in accordance with Tribal direction.