

Testimony Before the Senate Committee on Indian Affairs
Hearing on "Tribal Law and Order Act One Year Later: Have We Improved
Public Safety and Justice Throughout Indian Country?"

Implementation by the Substance Abuse and Mental Health
Services Administration (SAMHSA)

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Chairman Akaka, Ranking Member Barrasso and members of the Senate Indian Affairs Committee, thank you for inviting me to testify at this important hearing on the implementation of the Tribal Law and Order Act of 2010 (TLOA). I am pleased to testify along with my colleagues at the Indian Health Service (IHS), Department of Interior (DOI) and Department of Justice (DOJ). We all know that substance abuse is one of the most severe public health and safety problems facing American Indian and Alaska Native (AI/AN) individuals, families and communities and more must be done to diminish the devastating social, economic, physical, mental and spiritual consequences.

The TLOA amended the Indian Alcohol and Substance Abuse Treatment Act of 1986 (Pub. L. 99-570). The TLOA amendments called for the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish an office tasked with improving coordination among the federal agencies and departments responsible for combating alcohol and substance abuse among the AI/AN population.¹ The TLOA also instructs the Department of Health and Human Services (DHHS) to collaborate with DOI and DOJ on determining the scope of the ongoing problem; identifying and assessing national, state, tribal, and local alcohol and drug abuse programs and resources; and creating standards for programs. Today, I am pleased to share with you the myriad ways in which SAMHSA, along with its federal partners and in coordination and consultation with tribal governments and organizations, is implementing the letter and spirit of the TLOA amendments codified in Title 25, Chapter 26 of the United States Code.

Office of Indian Alcohol and Substance Abuse

First, it is important to note that SAMHSA's number one strategic initiative is "Prevention of Substance Abuse and Mental Illness." Included in this initiative is a strong and consistent focus on prevention of alcohol and drug abuse among the AI/AN population. As required by TLOA, SAMHSA has established the Office of Indian Alcohol and Substance Abuse (OIASA) and I'm pleased that its Acting Director, Dennis Romero, is at the hearing with me today. In addition, SAMHSA has assigned an experienced program officer to the OIASA and is in the process of hiring a permanent Indian Youth Programs Officer.

OIASA has done an excellent job carrying out its responsibilities. To date, OIASA, along with DOI, DOJ, and additional DHHS Operating and Staff Divisions has ensured the establishment of the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee (IASA Committee); served as a point of contact for Indian Tribes and the Tribal Coordinating Committees with respect to the implementation of TLOA; and, in collaboration with DOI and DOJ, finalized the Indian Alcohol and Substance Abuse Memorandum of Agreement (MOA) by July 29, 2011 as directed by the TLOA.

¹ While the TLOA refers to alcohol and substance abuse among the AI/AN population, alcohol is a powerful substance of abuse itself. Given this distinction, this testimony will discuss this issue in terms of the prevention and treatment of alcohol and drug abuse.

IASA Committee

The IASA Committee serves as an interagency body composed of representatives from the Federal agencies whose responsibilities include addressing issues of alcohol and drug abuse in Indian Country and its Charter was approved in July 2011. The Director of OIASA serves as the Committee Chairperson while senior level representatives from IHS, DOI's Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), and DOJ's Office of Justice Programs (OJP) and the Office of Tribal Justice (OTJ) serve as the Committee Co-chairs. In addition, the IASA Committee includes representatives from the Administration on Aging and Administration for Children and Families within DHHS, Department of Education, the Office of National Drug Control Policy, the Department of Agriculture, and the Department of Labor. The IASA Committee provides a forum for these agencies, bureaus, and offices to collaboratively assist AI/AN communities in achieving their goals in the prevention, intervention, and treatment of alcohol and drug abuse. The IASA Committee will: (1) help to identify opportunities and programs relevant to alcohol and drug abuse among Tribes and Native communities; (2) address issues of concern to Tribes and Native communities related to alcohol and drug abuse; (3) serve as a focal point within the Federal government for coordination, collaboration and outreach on alcohol and drug abuse issues affecting the American Indian, Alaska Native population nationwide; and (4) serve as a liaison advisory body to the federal partners responsible for providing programs and services in Indian Country relative to alcohol and drug abuse.

The goals of the IASA Committee will be achieved through the IASA Committee's efforts to: (1) formalize a structure for Interdepartmental coordination and collaboration as it relates to AI/AN alcohol and drug abuse; (2) educate committee members and increase awareness of what federal agencies are currently doing to address all AI/AN alcohol and drug abuse issues; (3) reaffirm the Federal Government's recognition of the sovereign status of federally recognized Indian Tribes as domestic dependent nations and the adherence to the principles of government-to-government relations; (4) promote the Federal Government's policy to provide greater access to and quality services for AI/AN individuals throughout the Federal government and in Indian Country; and (5) promote the Tribal-Federal government-to-government relationships on a Federal Government-wide basis.

The IASA Committee is comprised of an Executive Steering Committee for which SAMHSA's Director of the OIASA serves as the Chair. In addition to the Executive Steering Committee, the IASA Committee includes five workgroups: (1) MOA; (2) Tribal Action Plan (TAP); (3) Inventory/Resource Workgroup; (4) Newsletter Workgroup; and (5) Educational Services Workgroup. Each of the workgroups is chaired by one of SAMHSA's federal partners.

Indian Alcohol and Substance Abuse Point of Contact

Within SAMHSA, the OIASA has actively engaged our cross-Center Tribal Liaison Workgroup and convened conference call meetings with the SAMHSA Tribal Technical Advisory Committee which is composed of 14 elected/appointed tribal leaders. OIASA has also worked with the White House Domestic Policy Council – Native American Affairs and, in order to improve the coordination and conduct other efforts necessary for the implementation of the requirements under TLOA, SAMHSA

arranged for Acting Director Romero to serve a part-time detail to the Office of Justice Programs (OJP) for a limited engagement.

Reaching far and wide to the tribal community, OIASA staff and I, as SAMHSA Administrator, have attended, presented and participated in tribal consultations / listening sessions in partnership with DOI, DOJ and IHS staff and leadership. OIASA also conducted outreach to the National Indian Health Board (NIHB), National Congress of American Indians (NCAI), National Council of Urban Indian Health (NCUIH) as well as many other organizations. The OIASA staff and TLOA partners have provided presentations at conferences for AI/AN groups such as the Intertribal Court Justice Council, Affiliated Tribes of Northwest Indians, National American Indian Court Judges Association, Tribal Justice Safety Wellness Sessions and The Center for Native Youth.

SAMHSA also established and funds the Native American Center for Excellence (NACE) to address issues related to alcohol and drug abuse in AI/AN communities. The three principles that direct the approach, attitude, and activities of the NACE are: (1) bringing cultural attention, sensitivity, and regard to our interactions and relationships with AI/AN communities, service providers, researchers, and Native people as we invite them to participate in technical assistance, trainings, and gatherings; (2) providing training, technical assistance, meetings, and tools that are accurate in cultural, scientific, technical, and statistical terms; and (3) developing and producing trainings, technical assistance, and services for AI/AN communities that are high quality and user-friendly in a timely, efficient, and cost-effective manner.

Finally, in an effort to improve the communication, dissemination of information, and to serve as a point of contact for Indian Tribes and the Tribal Coordinating Committees regarding alcohol and drug abuse issues across the Federal government, OIASA established and launched a new website page at <http://www.samhsa.gov/tloa/>.

MOA

An interdepartmental workgroup, convened as a precursor to the MOA Workgroup of the IASA Committee, oversaw the development, including the policy and legal review, of the MOA. This group also established and managed the overall coordination of comments from the various federal departments and other entities; shepherded the MOA through partner department clearance processes; secured final signatures; and coordinated the submission of the MOA to Congress, its dissemination to Indian Tribes, and its publication in the *Federal Register*, as required by law. The MOA was signed by Secretary Sebelius, Secretary Salazar, and Attorney General Holder on July 29, 2011.

Prior to finalization of the MOA, OIASA posted draft versions of the MOA and TAP documents on-line at NIHB, NCAI, NCUIH, and NACE websites for input from Tribal Leaders and in preparation for a formal consultation. As noted above, federal partners also held a formal consultation on the MOA on December 8, 2010.

Moving forward, the MOA Workgroup will provide leadership in the required annual review of the MOA.

TAP

As established in the TLOA, the governing body of any Indian Tribe may, at its discretion, adopt a resolution for the establishment of a TAP to coordinate available resources and programs in an effort to combat alcohol and drug abuse among its members. If a tribe does not adopt such a resolution, HHS, DOJ, and DOI will identify and coordinate available resources and programs for the tribe, as directed by TLOA. The TAP Workgroup of the IASA Committee will establish the operating framework of the TAP, develop an inventory of current evidence-based practices, coordinate tribal requests for assistance in the development of a TAP, coordinate assistance and support to Tribes as deemed feasible, and collaborate with the Inventory Workgroup of the IASA Committee in developing appropriate responses to tribal entities seeking assistance.

Behavioral Health – Tribal Prevention Grants

As part of the implementation of the TLOA, and in line with SAMHSA's priority of ensuring that all Tribes have access to funding for bringing alcohol and drug abuse and suicide prevention activities to scale, the President's FY 2012 Budget for SAMHSA proposes a new formula-based grant program titled Behavioral Health – Tribal Prevention Grants (BH-TPG). The BH-TPG program is intended to increase SAMHSA's ability to support Tribes and tribal entities. The BH-TPG, to be funded from the Prevention and Public Health Fund, would represent a significant advance in the Nation's approach to the prevention of alcohol and drug abuse and suicide in tribal communities, and is based on the recognition that behavioral health is a part of overall health. As a formula grant program, its reach will extend to all of the 565 Federally-recognized Tribes. Recognizing the Federal obligation to help Tribes deal with physical and behavioral health issues, SAMHSA will work in consultation with Tribes, working toward the establishment of a single coordinated mental health and substance abuse program for all Federally-recognized Tribes. SAMHSA also will consult and work closely with Tribes and tribal leaders to develop a comprehensive, data-driven planning process to identify and address the most serious behavioral health issues in each Tribal community.

The BH-TPGs will enable Tribes to develop a comprehensive plan to address the most pressing prevention needs based on tribal data as well as in consultation with SAMHSA. The TAP would address the prevention and treatment of substance abuse including related issues such as suicide. As noted above, this planning activity is one of the basic components of the TLOA. Tribes will continue to be eligible for these BH-TPG prevention funds beyond the three-year time frame so long as they meet the requirements of renewal applications, provide the necessary annual reports, and show continued progress toward implementing their approved plans.

Uniform Block Grant Application

On July 26, SAMHSA announced a new application process for its Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) programs. The change is designed to provide States greater flexibility to allocate resources for substance abuse and mental illness prevention, treatment and recovery services in their communities. One of the

key changes to the block grant application is the expectation that States will provide a description of their tribal consultation activities. Specifically, the new application's planning sections note that States with Federally-recognized tribal governments or tribal lands within their borders will be expected to show evidence of tribal consultation as part of their Block Grant planning processes. A webinar and other technical assistance for States to meet this expectation are being planned. It is important to note that tribal governments shall not be required to waive sovereign immunity as a condition of receiving Block Grant funds or services.

Conclusion

Thank you again for this opportunity to share with you the extensive efforts SAMHSA and its federal partners are undertaking, in collaboration with the AI/AN community, in order to implement the TLOA and to reduce the impact of alcohol and drug abuse on AI/AN communities. I would be pleased to answer any questions that you may have.