

Testimony Before the Senate Committee on Indian Affairs
**Hearing on "Tribal Law and Order Act (TLOA) – 5 Years Later: How Have
the Justice Systems in Indian Country Improved?"**

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Chairman Barrasso, Ranking Member Tester, and members of the Senate Committee on Indian Affairs, 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 colleagues from the Department of Interior (DOI) and Department of Justice (DOJ). Substance use is one of the most severe public health and safety problems facing American Indian and Alaska Native (AI/AN) individuals, families, and communities, and we must continue to work together to diminish the devastating social, economic, physical, mental, and spiritual consequences.

TLOA amended the Indian Alcohol and Substance Abuse Treatment Act of 1986 (Pub. L. 99-570). The 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 use disorders among the AI/AN population.¹ TLOA also instructs the Department of Health and Human Services (HHS) to collaborate with DOI and DOJ on determining the scope of ongoing problems; identifying resources and programs that would be relevant to combating alcohol and substance use disorders in tribal communities; and coordinating existing agency 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.

Office of Indian Alcohol and Substance Abuse

As required by TLOA, SAMHSA established the Office of Indian Alcohol and Substance Abuse (OIASA) in 2010. OIASA was originally established within the Center for Substance Abuse Prevention, and in 2015 was realigned as a component of SAMHSA's new Office of Tribal Affairs and Policy (OTAP). SAMHSA's OTAP serves as the primary point of contact for tribal governments, tribal organizations, Federal departments and agencies, and other governments and agencies on behavioral health issues facing AI/AN populations. The creation of OTAP brought together SAMHSA's tribal affairs, tribal policy, tribal consultation, tribal advisory, and Tribal Law and Order Act (TLOA) responsibilities to improve agency coordination and achieve meaningful progress. As a component of OTAP, OIASA has greater reach across SAMHSA's centers and offices and is fully engaged in tribal policy and consultation efforts.

I'm pleased to mention that Marcella Ronyak, the OIASA Director, is at the hearing with me today. OIASA has three additional staff positions, including a permanent Indian Youth Programs Officer. To date, OIASA, along with our Federal partners – Indian Health Service (IHS), DOI, and DOJ - the Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee (IASA Committee) has served as a point of contact for Indian Tribes with respect to the implementation of TLOA and finalized the Indian Alcohol and Substance Abuse Memorandum of Agreement as a framework for coordinating the resources and programs of SAMHSA, IHS, DOI, and DOJ, as directed by TLOA.

IASA Committee

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

For the past four years, the IASA Committee has served as an interagency forum for Federal partners to collaboratively work to support AI/AN communities in achieving their goals in the prevention, intervention, and treatment of alcohol and substance use disorders. The committee is composed of representatives from Federal agencies with responsibilities for addressing the consequences of alcohol and drug use in Indian Country, including SAMHSA, IHS, DOI's Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), and DOJ. The Director of OIASA serves as the Committee Chairperson. In addition, the Administration for Children and Families (ACF), Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), and National Institutes of Health (NIH) - all within HHS - and the White House Office of National Drug Control Policy (ONDCP) are invited to attend IASA Committee meetings.

The IASA Committee work has and continues to focus on: (1) determining the scope of Indian alcohol and substance use problems; (2) advancing development of comprehensive tribal action planning; (3) identifying opportunities and programs relevant to alcohol and drug use among Tribal communities; (4) sharing information on practices, programs, and resources through the Prevention and Recovery Newsletter; and (5) addressing issues of concern to Tribes related to alcohol and drug use. The IASA Committee includes seven workgroups: (1) Memorandum of Agreement (MOA); (2) Tribal Action Plan; (3) Inventory/Resources; (4) Communications; (5) Native Youth Educational Services; (6) Data; and (7) Minimum Program Standards. Recently, the IASA Committee voted to establish a Public Safety and Health Workgroup to further enhance collaborations and actions related to re-entry services specific to youth regional treatment and detention centers, model juvenile code, and implementation of law enforcement and judicial personnel training, among other MOA responsibilities. Each of the workgroups is chaired by a TLOA Federal partner agency.

Memorandum of Agreement (MOA)

In fiscal year (FY) 2015, the MOA Workgroup initiated a significant effort to unify the TLOA and Indian Health Care Improvement Act (IHCIA) MOAs. Both MOAs address Indian alcohol and substance use and engage similar Federal partners in accomplishing requirements. The purpose of the unification effort is to identify areas of overlap and similarity between the two agreements and pave the way for greater coordination across Federal agencies. The MOA Workgroup is co-chaired by DOJ and IHS. OTAP developed background documents and an initial draft of a unified TLOA and IHCIA MOA for consideration. MOA Workgroup representatives have provided important input and recommendations not only for unifying the TLOA and IHCIA MOAs but also for streamlining and clarifying existing processes. Moving forward, the MOA Workgroup will provide leadership in the required annual review of the MOA.

Tribal Action Planning (TAP)

A primary focus of the IASA Committee is to advance comprehensive tribal action planning so that tribes can identify resources, priorities, and design a systems approach to treating alcohol and substance use disorders and their co-occurring conditions. The intent of coordinated Federal TAP is to provide guidance, direction, coordination, and improved access for tribes to appropriate Federal resources that may assist them in developing and implementing tribal action plans. The TAP Workgroup coordinates

support for tribes that choose to develop a TAP to prevent and treat alcohol and substance use disorders. The Workgroup has established a protocol for tribal requests for assistance and works with partner agency regional staff to coordinate assistance and resources for tribes in their areas.

In FY 2015, Tribal Action Plan trainings were held in four different geographic areas, reaching 44 tribes and 372 tribal participants. SAMHSA is leading the effort, in collaboration with Federal partners, to develop a new TAP strategy to advance comprehensive tribal action planning.

Engagement and Outreach on Indian Alcohol and Substance Abuse Issues

Within SAMHSA, OIASA has actively engaged with staff from the Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, the Center for Mental Health Services, and the Center for Behavioral Health Statistics and Quality. OIASA also has provided updates and sought advice from the SAMHSA Tribal Technical Advisory Committee, which is composed of 14 elected/appointed tribal leaders.

Reaching far and wide to the tribal community, OIASA staff and I, as the OTAP Director, have attended, presented, and participated in tribal consultations and meetings in partnership with DOI, DOJ and IHS staff and leadership. OIASA also conducted outreach to national AI/AN organizations, such as the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), and the National Council of Urban Indian Health (NCUIH). In addition, OIASA has engaged with AI/AN stakeholders including Tribal Epidemiology Centers and tribal behavioral health staff.

SAMHSA's efforts to address alcohol and substance use are supported through several technical assistance (TA) centers and providers. The TA centers most pertinent to supporting alcohol and substance use prevention in AI/AN communities include:

- The Tribal Training and Technical Assistance Center, which provides TA on an array of tribal behavioral health and wellness needs and is the primary TA provider for tribal action planning;
- The National AI/AN Addiction Technology Transfer Center, which supports substance use disorder and other training to behavioral health providers and individuals from tribal communities; and
- The National Native Children's Trauma Center, which provides trainings and consultations to community agencies, tribal programs, clinicians, school personnel, technicians, and families on the impacts and prevention of childhood traumatic stress.

OIASA and Federal partners have actively worked to share information about programs and resources on alcohol and substance use prevention, intervention, and treatment with tribes and tribal organizations. The primary modalities are published on the TLOA Implementation website (<http://www.samhsa.gov/tloa/>) and Prevention and Recovery Newsletter. The website includes resources for developing tribal action plans, addressing issues faced by Native youth, and an inventory of Federal resources that may benefit tribes. The inventory was specifically developed in response to TLOA and includes over 70 Federally-sponsored education and alcohol and substance use prevention support programs; funding opportunity interactive links subdivided by HHS, DOI, and DOJ agencies and TLOA-related topics (i.e., public safety, justice systems and alcohol and substance use, corrections and

correctional alternatives, violence against women, juvenile justice); and, links to grant and contract resources. Over the past four years, Federal partners have published 14 issues of the *Prevention and Recovery* Newsletter, which has been downloaded over 200,000 times.

SAMHSA Grant Program Alignment with TLOA

SAMHSA has made addressing the behavioral health of American Indians and Alaska Natives a priority. In FY 2014, Congress appropriated \$5 million to support the new Tribal Behavioral Health Grant (TBHG) program. With this funding, SAMHSA funded 20 tribes or tribal organizations. Grantees such as the Selawik Village Council in Alaska, the Turtle Mountain Band of Chippewa Tribe in North Dakota, and the Pueblo of Nambe in New Mexico plan to incorporate evidence-based, culture-based, and practice-based strategies for tribal youth. Grantees are required to work across tribal suicide prevention, mental health, substance use prevention, and substance use disorder treatment programs to build positive behavioral health among youth. Grantees connect appropriate cultural practices, intervention services, care, and information with families, friends, schools, educational institutions, correctional systems, substance use programs, mental health programs, foster care systems, and other support organizations for tribal youth. Technical assistance is provided to grantees through SAMHSA's Tribal Technical Assistance Center to support their ability to achieve their goals.

The President's FY 2016 Budget for the TBHG program is \$30 million, including \$15 million in the Mental Health appropriation and \$15 million in the Substance Abuse Prevention appropriation. This represents an increase over the FY 2015 Enacted Level of \$10 million in the Mental Health appropriation and \$15 million for a newly established line in the Substance Abuse Prevention appropriation. This funding supports Generation Indigenous, an initiative focused on removing possible barriers to success for Native youth. This initiative takes a comprehensive, culturally appropriate approach to help improve the lives and opportunities for Native youth. In addition to HHS, multiple departments, including the Departments of Interior, Education, Housing and Urban Development, Agriculture, Labor, and Justice, are working collaboratively with tribes to address issues facing Native youth. The FY 2016 Budget allows SAMHSA to expand activities that are critical to preventing substance use and promoting mental health and resiliency among youth in tribal communities.

The additional funding would expand the TBHG program to approximately 103 additional tribes and tribal entities. With the expansion of the TBHG program, SAMHSA aims to reduce substance use and the incidence of suicide attempts among tribal youth and to address behavioral health conditions which impact learning in Bureau of Indian Education-funded schools. The TBHG program will support mental health promotion and substance use prevention activities for high-risk tribal youth and their families, enhance early detection of mental and substance use disorders among tribal youth, and increase referral to treatment.

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 TLOA, and to reduce the impact of alcohol and drug use on AI/AN communities. I would be pleased to answer any questions that you may have.