



# Tribal Behavioral Health Agenda – An Approach to Improving Wellness in Tribal Communities

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# ABOUT SAMHSA



- Agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
- SAMHSA's behavioral health work for AI/AN communities is achieved through the Office of Tribal Affairs and Policy, four Offices, and four Centers that focus on:
  - Behavioral Health Statistics and Quality
  - Mental Health Services
  - Substance Abuse Prevention
  - Substance Abuse Treatment

# OFFICE OF TRIBAL AFFAIRS & POLICY



- Serves as the primary point of contact within SAMHSA for tribes, tribal organizations, and other stakeholders on tribal behavioral health
- Leads and supports SAMHSA-wide actions to improve behavioral health of tribal communities
- Leads SAMHSA tribal consultation, outreach, education, and engagement efforts
- Leads coordination of Indian alcohol and substance abuse efforts in response to the Tribal Law and Order Act

# STRATEGIC INITIATIVES (SIs): Leading Change 2.0



- Trauma is a SAMHSA priority and is one of 6 SIs—intent is to promote a comprehensive public health approach to reduce the harmful effects of trauma.
- SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach was released in 2014.
- Framework includes integrating trauma approaches across service sectors; coordinating training and technical assistance; establishing a measurement strategy; assisting communities in preparing for, responding to, and recovering from traumatic events.

# SAMHSA GRANTS



- Increased tribal grant portfolio by almost 50% between FY 2013 – 2014 (\$27 million increase in awards to tribes in one year).
- FY 2014 awards almost up to \$100 M across tribal-specific programs and regular programs.
- Primary Programs: Tribal Behavioral Health Grant, Circles of Care, Systems of Care, Garrett Lee Smith (GLS) State/Tribal Youth Suicide, GLS Campus, Strategic Prevention Framework-Partnerships for Success, Linking Actions for Unmet Children's Needs in Health, Drug Courts

# FY 2016 TRIBAL BEHAVIORAL HEALTH INITIATIVE (TBHI)



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- SAMHSA is collaborating with IHS on the TBHI.
- SAMHSA's intent is to expand the number of tribes receiving a Tribal Behavioral Health Grant (TBHG) to address mental health promotion and suicide and substance abuse prevention for Native youth.
- Tribes receiving core TBHG funding also have an option to address: (1) suicidal behavior in BIE-funded schools; (2) intergenerational trauma/child trauma; or (3) coordinated and timely response to behavioral health crises.



# Indian Health Service Overview



**DR. ALEC THUNDERCLOUD**  
**DIRECTOR**  
**OFFICE OF CLINICAL AND PREVENTIVE**  
**SERVICES**



# Indian Health Care System



- **The Indian health care system consists of:**
  - Indian Health Service (IHS) direct health care services
  - Tribally operated health care services
  - Urban Indian health care services and resource centers

# Population Served & Annual Appropriation



- Members of 566 federally recognized Tribes
- IHS provides a comprehensive healthcare delivery system for approximately 2.2 million American Indians and Alaska Natives.
- FY 2014 budget appropriation: \$4.4 billion
- FY 2015 budget appropriation: \$4.6 billion

# Human Resources



- Total IHS employees: 15,370 (69% are American Indian/Alaska Native)
- Includes 2,480 nurses, 780 physicians, 670 engineers/sanitaricians, 200 physician assistants/nurse practitioners, and 280 dentists
- Over 500 behavioral health providers

# Behavioral Health Services



- Over 500 combined Alcohol and Substance Abuse and mental health clinics
- 10 Youth Regional Treatment Centers (YRTC) with one slated to open in Southern California in FY 2015 and another planned for Northern California
- YRTC locations and information found at [www.ihs.gov/yrtc](http://www.ihs.gov/yrtc)

# FY 2014 Annual Patient Services



- Inpatient Admissions: 44,677
- Outpatient Visits: 13,180,745
- Alcohol and Substance Abuse Outpatient Visits: 87,947
- Mental Health Client Service Encounters: 490,994
- Alcohol and Substance Abuse Inpatient Days: 8,238
- YRTC # of youth served: 915 (FY 2012)
  - Average age: 15.8 years

# WHY THIS DISCUSSION?



- American Indians and Alaska Natives continue to face significant behavioral health problems
- Issues that impact the behavioral health of AI/AN people are significant and include many factors
- Federal agencies beyond IHS and BIA have responsibility for improving the health and well-being of AI/AN people
- There is an urgency for federal agencies to partner with tribes and other stakeholders to meaningfully improve well-being of AI/AN people



# THE URGENCY: Behavioral Health Services



Future of Native Communities



# URGENCY: Behavioral Health Services



- Suicide is the second leading cause of death—2.5 times the national rate—for Native male youth in the 15 to 24 year old age group
- AI/ANs experience serious psychological distress 1.5 times more than the general population
- AI/AN have twice the rate of violent victimization twice that of African Americans and more than 2 1/2 times that of whites
- Drug related death rates have doubled from 2000 to 2008



# WHAT IS ENVISIONED?



- A lean, joint national document that:
  - Is developed in consultation with tribal leaders
  - Includes broad input from relevant stakeholders
  - Is built upon foundational elements (i.e. root causes—historical trauma, ecological factors, etc.)
  - Includes a more inclusive scope of the problem
  - Identifies key national behavioral health priorities
  - Proposes key actions that leverage investments
  - Is developed by the end of 2015



# YOUR INPUT



- Based on Tribal leader comments, SAMHSA and IHS are proposing 5 foundational elements
- To provide input, today's session participants will be divided into groups charged with one of the proposed elements. Each group will:
  - pick a spokesperson;
  - discuss the questions for the assigned element; and,
  - report back to the larger group for discussion.
- Each group's report out should include their responses and any recommended modifications to elements or questions



# ELEMENT #1



**ISSUE:** Historical and Intergenerational Trauma

**QUESTIONS:**

- How should historical and intergenerational trauma be framed in the national TBHA?



# ELEMENT #2



## ISSUE: National Awareness and Visibility

### QUESTIONS:

- How might behavioral health issues faced by AI/AN people and communities, and their underlying causes, be more effectively communicated within tribal communities and across broader national audiences?
- How can all levels of governments and other stakeholders improve national visibility?
- How might the proposed communication and collaborative actions above be incorporated into existing efforts?



# ELEMENT #3



## ISSUE: Social-Ecological Approach

## QUESTIONS:

- Are there other partnerships at all levels of government with tribes to address social, policy, and economic factors that have shown improvement?
- Are there AI/AN-specific models that address social, policy, and economic factors that should be show-cased in the TBHA?



# ELEMENT #4



## ISSUE: Prevention and Recovery Support

### QUESTIONS:

- What recommendations should the TBHA include for federal, state, tribal, and local governments and other stakeholders to address discrimination and negative attitudes about behavioral health?
- What factors should be considered in facilitating engagement of AI/AN individuals, families, and communities in culturally appropriate prevention efforts and recovery support services?
- What strength based approaches would best capture culturally appropriate prevention efforts and recovery supports in AI/AN communities?



# ELEMENT #5



**ISSUE:** Behavioral Health Services & Systems Improvement

**QUESTIONS:**

- How might existing federal, tribal, state, and/or local programs be better aligned to address behavioral health and other health care personnel shortages in AI/AN communities?
- What efforts are needed to support a clinically skilled and culturally competent behavioral health workforce for AI/AN communities?
- What points on a care continuum, including traditional Native medicine, should be integrated to improve the health and well-being of AI/AN people?



# NEXT STEPS



- Proposed elements and questions will be revised based on your input
- Revised elements and questions will be used to develop the initial structure for the national TBHA
- Your input will be used to frame listening and consultation sessions over the next months with:
  - Tribal leaders
  - National and regional AI/AN organizations
  - Federal partners
  - Other stakeholders



# THANK YOU!



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