

VIRTUAL MEETING & LISTENING SESSION – March 23, 2023

Updating the Tribal Behavioral Health Agenda Convening of Tribal Nation and Community Representatives

Meeting Notes

WELCOME & OVERVIEW

Joe Garcia of the Ohkay Owingeh Tribe opened the listening session with a prayer. Then Anne Herron, Director of SAMHSA's Office of Intergovernmental and Public Affairs, welcomed participants.

Ms. Herron acknowledged the work that had been done related to the [Tribal Behavioral Health Agenda \(TBHA\)](#) but noted that a lot has happened in the past three years and communities are struggling. However, she noted that the TBHA has a strength-based approach that can be further leveraged.

In terms of updates, she noted two paths: updating the actual document and identifying ways to elevate it so that more people are aware of it's wisdom.

Ms. Herron noted the importance of also acknowledging the lives lost, particularly in Indian County which has been disproportionately impacted by health crises including COVID, suicide and substance use disorders.

Don Lyons, who moderated the session, noted that there is a lot of diversity across the Tribal Nations as well as with urban-living Native Americans. As a result, being able to develop a common document is a meaningful achievement.

A list of participants is provided in Appendix A.

SESSION 1: TBHA AS A GUIDING BLUEPRINT FOR COLLABORATION

Seprieono Locario, with [SAMHSA's Tribal Technical Assistance Center](#) (TTA Center), gave an overview of the resources and services of the Center. Specifically, this includes support with curriculum development, Tribal action plans, community readiness assessments, and cultural competency support. Mr. Locario encouraged participants to review the resources on the TTA Center website as well as directly contacting the TTA Center if there are any specific technical assistance needs. He added that the TTA Center works collaboratively with other technical assistance centers so they have the capability to address very tailored requests which may go beyond their original expertise.

Sara Pearson then provided an overview of the original TBHA. She noted that the TBHA is over 90-pages long which can be a barrier for users to read and learn from. As a result, the TTA Center has translated the document into a Prezi presentation which provides a visual self-directed approach for users to review the contents.



The Prezi presentation allows for users to click on a section and see further detail about that specific topic area.

In terms of key points, Ms. Pearson noted the following:

- **Three Themes** – The three themes woven throughout the TBHA are “we honor,” “we will,” and we know.”
- **Not a Strategic Plan** – Rather, the TBHA is a guiding blueprint to assist in strengthening policies and programs; aligning disparate resources; and supporting facilitation coordination.
- **Storytelling** – The TBHA tells the story of resiliency and survival.
- **Authors/Ownership** – The authors are the tribal community with others (e.g. Federal partners) contributing in a supportive role.
- **Indigenous Healing Practices** – Tribes have a long history of engaging in health promotion and healing through practices such as community ceremonies, plants, and prayer. This needs to be integrated more with Western practices and accepted as an adaptive treatment.
- **Workforce and Infrastructure** – There is not only a workforce shortage but also providers may lack cultural competency. In addition, infrastructure issues range from lack of funding and internet access to an inability to have resources to apply for and/or manage grant administrative requirements.

Following are questions/comments from tribal participants:

- **SAMHSA Funding Related to the TBHA** – SAMHSA has three Tribal-specific grant programs: the Tribal Opioid Response; Circles of Care; and Native Connections. The cultural declaration from the TBHA is embedded in the grant and these grants allow for reimbursement of cultural-specific activities.
- **Expanding Awareness of the TBHA** – SAMHSA hopes to leverage the TTA Center to do more outreach and also to establish learning communities. This outreach will support updates to the TBHA, but will also serve as outlets for expanding awareness of the resource.

- **Government to Government Relationships** – There is a need to build trust and honor historical treaty obligations. In addition, it is important that US Agencies coordinate their funding streams and activities to minimize the administrative burden on tribes.
- **Tribal Liaisons** – These positions exist in most Federal agencies and they are a great resource that should be leveraged better.
- **Relationships** – Relationships are important in Tribal communities and, as a result, the isolation associated with the pandemic hit Indian country particularly hard. It is also why Tribal Liaisons are so important. They have credibility. Many Tribal citizens value “word of mouth” in adopting new ideas and judging programs.
- **Urban Natives** – The needs of these communities should be incorporated more extensively into the TBHA conversations.
- **Awareness is Different than Adoption** – There does seem to be some awareness about the TBHA but additional work is needed towards translating awareness into adoption (and understanding if there are any barriers in this translation).
- **State Relationships** – Tribal Nations should be seen as peers rather than subordinate to States. It would be good to have some best practices related to State-Tribe cooperative grants.
- **Training of Federal Staff** – Federal staff would benefit from cultural humility and awareness trainings.
- **Components of Good Technical Assistance (TA)** – TA is more than data, it should be inspirational and tailored to meet the needs of the requester. Sometimes having that “outside lens” helps to boost a project and identify challenges. The community, not the TA provider, should guide the conversations. TA should also be proactive rather than reactive. It was recommended that when requesting TA, there should be planning calls and clear expectations set before a site visit to the community. It is also important to understand the local environment as there is a lot of diversity across Tribes.

SESSION 2: LISTENING SESSION

Mr. Lyons then asked a series of questions for open discussion:

What lessons have you learned through COVID-19 that could be applied to an updated TBHA?

- Mental health is an integral part of emergency management.
- Life expectancy for AI/AN populations dropped precipitously from 71.8 years pre-pandemic to only 65.2 years by the end of 2021 (21 months into the COVID-19 pandemic).
- One participant noted that she used the TBHA document extensively when writing grants and working with Tribal communities. In particular, the TBHA helped to sync the grant document with existing Tribal community strategic plans.
- The document could also be produced in smaller booklets for each theme. This will improve awareness (easier to read).
- The COVID-19 experience should be included in the TBHA.

- The TBHA should include guidance around telehealth. It is much more prevalent now and has mixed acceptance among various communities.
- The updated TBHA should include a social marketing plan that spans across generations (e.g., virtual and "old school" approaches).
- Community health workers (CHWs) were on the frontline during COVID-19 to help communities with isolation. Many in tribal communities live in multigenerational households. It would be good to interview CHWs to garner lessons learned from them.
- Have the TBHA more interactive with keyword search capabilities.
- Leverage the wisdom of the Tribal Behavioral Health Work Group which were the on-the-ground providers for IHS regions.
- Substance use disorder is constantly changing (e.g., the growing threat of xylazine).
- Acknowledge the importance of “collective engagement” and community for the healing and empowerment of human family. We aren’t meant to live in isolation.
- Incorporate the successes/challenges of the 988 rollout in Tribes.
- During the pandemic, community members who were in recovery sustained challenges to their normal spaces of recovery and support.
- Poverty and other social determinants of health worsened under the pandemic and have direct impact on behavioral health.

Have you identified other topics or areas of the TBHA that need updated?

- High quality culturally-informed technical assistance on the grant writing process.
- The need for US Federal agencies to be more culturally responsive.
- The need for better access to telehealth (e.g., technology and internet infrastructure).
- Is there something other than the community readiness model for needs assessment? [AASTEC](#) developed their own needs assessment that was more culturally-relevant.
- Emphasize that indigenous communities are the experts on what they need and what works for them.
- COVID-19 didn’t just “crush” physical health but also spiritual health (e.g., isolation).
- Expand section on Indigenous healing practices.
- Tribal communities have historical trauma and fear of pandemics.
- The impact of isolation in our community as we are a very connected/relationship-based society.
- The need to align GPRA reporting across agencies is quite burdensome.
- A greater focus on infancy and early childhood needs (e.g., prevention/early intervention) as many live in multigenerational households. This could encompass the issue of caregivers with substance use disorders and also the issue of child welfare agencies (and historical impact in Indian Country of children removed from their families).
- Review how SAMHSA’s National Registry of Evidence-Based Programs and Practices or (NREPP) could incorporate more culturally-centered interventions.
- The TBHA should have more emphasis on the importance of tribal self-governance and self-determination.

- Update the data from the CDC's Youth Risk Behavior Survey data which is referenced in the TBHA.
- Reference the intersectionality of homelessness and housing instability with behavioral health issues.
- Incorporate a discussion on generational resilience.
- Funding issues ranging from the need to braid funds across Federal agencies and the issue of sustainability. Tribes should have self governance and Federal agencies need to lower administrative burdens and provide more integration/flexibility. This doesn't happen in practice. And as a result, vulnerable populations may have a disruption in service.
- Expand on Tribal culture values prevention and also holistic approaches (e.g., addressing the individual's needs spiritually, emotionally, physically, and mentally).
- Include resources for the LGBTQI+ communities.
- Expand upon trauma-informed care practices.
- Discuss how tribes can leverage the 988 local call centers.
- Incorporate discussions on culturally-based parenting practices.
- In terms of resource funding, it would be better to have Federal Agencies partner with IHS through funding agreements to reduce the burden on Tribes.
- The TBHA needs to discuss workforce models and allow tribes to adopt their own models with their workforce that is reimbursable. The supervision requirement is a barrier and takes staff away from direct services.
- Funding should align with the actual work.
- Update social determinants of health discussion. Need was exacerbated by the pandemic.
- Reference the "vicious" intergenerational cycle and systemic racist issues.
- Provide resources for tribal schools since youth as young as preschool age are impacted.
- Rather than SAMHSA directing practices, it is better for SAMHSA to work with tribal communities to learn, understand and support reimbursement for tribal-based practices that are proven to work.
- There is a disconnect between services provided/needed and what is funded.
- Discussions around the TBHA need to be based on deeper discussions with community members. There are promising practices and delivery methods that have been learned in Western Washington, for example, following discussions with community members who were able to maintain their recovery through the pandemic.
- The TBHA should empower and support communities across the nation through opportunities of community storytelling.
- Subject matter experts from within Indian Country should be incorporated into the discussion and also compensated for their input in updating the agenda.
- Provide a high-level version that is youth-focused, Many youth are re-learning their culture and language.

How can information and resources within the TBHA best be shared and utilized?

- There needs to be a strong intentional dissemination of the agenda to get the resource to Tribal programs.
- SAMHSA has regional offices. When the TBHA is updated, SAMHSA might host regional meetings for Tribal and urban programs as modes of engagement and outreach.
- Leverage the [Indian County Echo](#), both as a resource as well as a dissemination mechanism.
- Use social marketing techniques.

CLOSING

Mr. Lyons gave a recap of salient points. It was noted that the TBHA will be discussed during the August National Tribal Opioid Summit as well as other national gatherings.

Kim Beniquez then thanked participants and noted that SAMHSA will be reaching out to participants inviting them to be part of the learning communities related to the TBHA. SAMHSA will also provide the interactive Prezi presentation on the TBHA to participants.

APPENDIX A - PARTICIPANTS

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