Tribal Law and Order Act of 2010 and SAMHSA: an Update from the Office of Indian Alcohol and Substance Abuse

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Native Men’s Healthcare Initiative
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Webinar
SAMHSA/OIASA leads collaboration to implement TLOA in Indian Country

- **Setting the context?** — the dramatic impact of substance abuse in Indian country
- **What is the approach?** — Congress’ solution and the federal response to concerns expressed by Tribes
- **How are we doing?** — progress to date implementing TLOA
- **What’s next?** — plans and works in progress
Through “Indian Eyes”...
Defining the Scope of the Problem

- Congress describes Substance abuse as the “most severe health and social problem” facing Indian tribes
  - Significant cost factors and consequences of SA
  - Primary contributing factor to health impacts, injury rates, incarceration, violence, disability and death.
“Our children are taking their lives, our families are being torn apart, our culture is disappearing because of substance abuse, suicide and violence, it is time to act by committing our time, ideas and resources to stop this destruction”,

“These words come straight out of my heart, my tears and my prayers”.
Health Disparities: A Snapshot

Indian Country Rates Nationally*

• 72 % higher suicide rate
• 92 % higher homicide rate
• 149 % higher unintentional injury rate (includes motor vehicle crashes)
• 195 % higher diabetes rate
• 500 % higher tuberculosis rate
• 519 % higher alcoholism rate

Health Disparities: A Snapshot

Urban Indian Rates Nationally*

- 38% higher accident mortality
- 54% higher diabetes mortality
- 126% higher chronic liver disease mortality
- 178% higher alcohol-related mortality
- Urban Indian youth are nearly 5 times more likely to attempt suicide requiring hospitalization than all other urban youth combined

Co-Occurring Psychiatric Problems

- Any Co-Occurring Psychiatric Problem: 69%
  - Conduct Disorder: 47%
  - Mood Disorder NOS: 44%
  - Attention Deficit/Hyperactivity Disorder: 41%
  - Traumatic Stress Disorder: 34%
  - General Anxiety Disorder: 19%

- Ever Physical, Sexual or Emotional Victimization: 73%
- High Severity Victimization (GVS>3): 58%
- Ever Homeless or Runaway: 52%
- Any Homicidal/Suicidal Attempts/Thoughts PY: 24%
- Any Self Mutilation: 17%
- Prior Mental Health Treatment: 51%

Count of Co-Occurring Psychiatric Diagnoses*:
- None: 31%
- One: 18%
- Two: 16%
- Three: 15%
- Four: 12%
- Five: 8%

* Count of Conduct Disorder, ADHD/ADD Major Depressive Disorder, Traumatic Stress Disorder, and Generalized Anxiety Disorder

Source: GAIN-I 2010 SuperData subset to Native American/Hawaiian/Alaskan (n=3,749)
Past Year Crime & Justice Involvement

Any Violence or Illegal Activity: 76%
  - Physical Violence: 66%
  - Any Illegal Activity: 57%
  - Any Property Crimes: 41%
  - Other Drug Related Crimes*: 38%
  - Any Interpersonal/Violent Crime: 38%

Lifetime Justice Involvement: 86%
  - Current Justice involvement: 71%
  - 1+/90 days In Controlled Environment: 50%

*Dealing, manufacturing, prostitution, gambling (does not include simple possession or use)

Source: GAIN-I 2010 SuperData subset to Native American/Hawaiian/Alaskan (n=3,768)
Challenges faced in Indian Country

• Higher adolescent death rates
• Higher youth suicide rates
• Higher past month binge alcohol use
• Higher past month illicit drug use
• Higher sexual assault rates against females
• Higher homicide rates against women
• Higher rates of intimate partner violence
• Higher rates of trauma events that fuel a profound sense of hopelessness and despair.
• A tremendous will to transcend these challenges to find solutions and regain Hope.
Level of commitment to action.

WHAT IS THE APPROACH
Tribal Law and Order Act of 2010

- Signed into law July 29, 2010
- Reauthorizes and amends: Indian Alcohol and Substance Abuse Prevention and Treatment Act (IASA) of 1986
Tribal Law and Order Act of 2010

Key Features:

• **Three main goals**

  (1) Determine scope of the problems faced by Tribes

  (2) Identify relevant resources and programs of each partner agency

  (3) Coordinate existing agency programs with those established under the Act
Tribal Law and Order Act of 2010

Key Features:

• **Respect for Tribal sovereignty**
  - Unique historical, legal, moral responsibility
  - Tribal sovereignty to determine what’s best for our people

Together, these form the basis for establishing a:

- Government-to-government relationship
- Tribes have survived attempts to be exterminated, assimilated, allocated (land), re-located (work and school) and yet we exist today as **Sovereign Nations!**
Key Features:

- **Tribal Action Planning** → a public health approach intended to coordinate resources and programs to combat substance abuse in tribal communities.

- **Federal cooperation** → at the tribe’s request, federal partner agencies are charged to help develop a comprehensive strategic plan/TAP.

- **Implementation** → federal area representatives enter into agreement with tribes to implement a community-based TAP.
Who are the Players?

Shared roles for addressing the issue

- **SAMHSA**: prevent substance abuse and promote behavioral health
- **IHS**: treatment and rehabilitation
- **BIA/BIE**: programs in education, social services, law enforcement
- **DOJ**: public safety and law enforcement issues critical to tribal communities
Who are the Players?

• Most important role!

➢ **Tribes**: who have accepted the sacred responsibility for protecting and ensuring the well-being of their members, therefore;

➢ **Tribes**: can now determine the direction, context and content of what needs to be addressed and take root in their communities, as well as what the federal government has the trust responsibility to provide for.
IASA Inter-departmental Coordinating Committee

Executive Steering Committee
Chair: SAMHSA/OIASA
Co-Chairs: IHS OJP OTJ BIA BIE DoEd

- TAP Workgroup
  Chair: IHS

- Minimum Program Standards Workgroup
  Chair: SAMHSA

- Inventory/Resources Workgroup
  Chair: SAMHSA

- Communications and Newsletter Workgroup
  Chair: BIA

- Native Youth Educational Services Workgroup
  Chair: BIE
SAMSHA Charged to Lead the TLOA Effort(s)

- Carry out TLOA Directives, provide Guidance & Action
- Align, Leverage, Facilitate & Coordinate
- Pool of Resources & Response Protocol for Ideas and Input
- Engage with Tribes & Provide Linkage to OIASA
- Lead the Community & Federal Partners to Address Substance Abuse
- Local Partnerships that create Plans & Resources in the Community
- Tribe Specific Action Planning

- Empowered Feedback/Recommendations
- Interdepartmental Coordinating Committee
- OIASA
- IASA Membership
- Regions/Areas
- Tribes
- TCC’s
- TAPs
- Complete Detail Work Specific to Directives
- Workgroups
- Tribal Action Plan (TAP)
- Minimum Program Standards
- Native Youth Educational Services
- Inventory/Resources
- Communication/Newsletter/Website
TAP Workgroup

Manage overall coordination of resources to support tribes developing a TAP

- Establish “Guidelines” document for Tribes building a TAP
- Inventory of current proven, practice-based models
- Coordinate assistance/support to Tribes as requested and as feasible
- Collaborate with other Workgroups in organizing and developing appropriate materials and information for tribes seeking assistance
- Develop tracking system for success
Inventory/Resources Workgroup

- Research funding resources available to tribes
- Develop a sorting matrix of these resources in a manner that makes it easier for tribes to access
- Create a centralized location for tribes to use when seeking resources
- Ensure that this centralized location is updated on a continuous basis
Minimum Program Standards Workgroup

Develop/establish appropriate standards for substance abuse prevention, intervention, and treatment

- Based on existing federal, state, tribal standards in use
- Consult with tribes to identify culturally relevant standards
- Collaborate with TAP and other Workgroups in developing appropriate materials for tribes seeking assistance with finding successful models of care
Native Youth Educational Services
Workgroup

Identify federal resources appropriate to youth programs addressing substance abuse

- Gather, maintain, and update information on programs, materials, and resources on educational services or benefits to Indian children
  - Federal efforts/capacity
  - Tribal, State, local, & private resources

- Collaborate with TAP and other Workgroups in developing appropriate materials for tribes seeking assistance
Newsletter Workgroup

- Publish quarterly
- Include reviews of exemplary AI/AN programs
- Provide contact and follow-up information about the programs
Creating an action plan that identifies the need.

HOW/WHAT ARE WE DOING?
Visualizing the Continuum of Need in Indian Country

Infra-structure Needed to Support this Continuum
Examples of SAMHSA Programs Currently Serving AI/AN Communities

- 17 Strategic Prevention Framework Tribal Incentive Grants
- 54 Drug Free Communities Support grants
- 29 Garrett Lee Smith Tribal Youth Suicide Prevention grants
- 65 Native communities served by Native Aspirations (bullying, violence, and suicide prevention)
- 7 Circles of Care Infrastructure grants for Children’s Mental Health Systems
- 1 Project LAUNCH grantee
- Native American Center for Excellence (provides technical assistance to native communities)
Ongoing action steps

WHAT IS NEXT?
What’s Next for TLOA, IASA and OIASA

- Continued federal collaboration to;
  - Identify and create easier access to resources, help guide formal needs assess and evaluation, make T/TA available in a more coordinated fashion.
  - TAP guidance: Webinars, tool-kits, TA outreach
  - Communicate directly with Tribes
  - Conduct a Tribal Policy Academy – SAMHSA/CMHS
  - Creation of the National AI/AN Addiction Technology Transfer Center – SAMHSA/CSAT
THANK YOU

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