Resources for Research Application and Implementation

4th Annual AIHEC Behavioral Health Research Institute

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Office of Tribal Affairs and Policy

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Purpose

• About SAMHSA, OTAP, and Structure for Tribal Coordination
• Does Research Drive Policy or Does Policy Drive Research?
• A Path Forward: The TBHA
• Examples of SAMHSA’s Grant Programs
• Grant Application and Review Information
• How to Become Engaged
• How many of you know SAMHSA’s mission and how it is structured?
• How many of you have applied for a federal grant? SAMHSA grant?
• How many of you plan to apply for a SAMHSA grant in the future?
• How many of you have served as a federal grants reviewer?
About SAMHSA
(Unofficial Chart)

Office of the Assistant Secretary

- CMHS (Center for Mental Health Services)
- CSAP (Center for Substance Abuse Prevention)
- CBHSQ (Center for Behavioral Health Statistics and Quality)
- OTAP (Office of Tribal Affairs and Policy)
- OBHE (Office of Behavioral Health Equity)
- OPPI (Office of Policy, Planning, and Innovation)
- OFR (Office of Financial Resources)
- OC (Office of Communications)
- OMTO (Office of Management, Technology, and Operations)
About OTAP

• Improve the behavioral health of American Indians and Alaska Natives
• Lead SAMHSA actions that facilitate efficient and effective delivery of resources and services
• Lead consultation, outreach, and education efforts with tribes/tribal orgs and urban programs
• Lead Tribal Law and Order Act federal coordination efforts
• Engage tribes, tribal organizations, federal partners, other stakeholders in SAMHSA’s work
Tribal Coordination Structure
Behavioral Health Opportunities

• Behavioral health-related activities within HHS and across federal agencies
  • SAMHSA and IHS have lead roles
  • Important efforts are also led by ACF, ACL, CDC, CMS, HRSA, NIH, DOJ, DOI, ED, etc.

• Primary coordination points:
  • SAMHSA’s Tribal Technical Advisory Committee
  • Intradepartmental Council on Native American Affairs
  • HHS Secretary’s Tribal Advisory Committee
  • White House Council on Native American Affairs
Discussion

Does Research Drive Policy or Does Policy Drive Research?
A Path Forward

The National Tribal Behavioral Health Agenda
We continue to address the impacts of alcohol and other drugs, youth suicides, domestic violence and the list continues. However, now is the time to address the source of these symptoms—historical and intergenerational trauma.”

—Tribal leader, White House Tribal Nations Conference, 2014
TBHA Drivers

• Tribal leaders gave impetus to the TBHA
  – SAMHSA’s Tribal Technical Advisory Committee
  – Broader tribal leader call for coordination and collaboration to break silos and “work differently”

• High rates of behavioral health problems among American Indian and Alaska Native people

• Behavioral health issues are not isolated—there are correlations with physical health and social and economic conditions that require a more collective/collaborative approach
The Messages

- Traumatic events have long-term impacts
  - Need to heal from historical, intergenerational, and other traumas

- Solutions must match the problem
  - Use a socioecological approach

- Prevention is the Priority (primary-tertiary)
  - Elevate prevention and support recovery

- Infrastructure and delivery systems
  - Systems and services must be fixed

- Lack of information and stigma are in the way
  - Raise awareness and educate tribal communities and partners
The TBHA Framework

• AI/AN Cultural Wisdom Declaration
• Six **cross-cutting** considerations
  − Youth, Culture, Identity, Individual Self-Sufficiency, Data, Tribal Leadership
• Five **foundational elements** upon which priorities and strategies were built
  − Historical and Intergenerational Trauma
  − Socio-Cultural-Ecological Approach
  − Prevention and Recovery Support
  − Behavioral Health Systems and Support
  − National Awareness and Visibility
• Priorities and Strategies
American Indian and Alaska Native Cultural Wisdom Declaration

• Developed by tribal representatives
• Elevates importance of tribal identities, culture, spiritual beliefs, and practices as essential for improving well-being
• Ensures cultural wisdom and traditional practices are taken into account and supported as fundamental elements of programs, policies, and activities for improving behavioral health
# TBHA Components—Relational View

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Power of the TBHA

• Authenticity—Tribal voices and priorities
  – wisdom of cultural/traditional practices alongside Western approaches
  – attention to priorities focused on challenges
  – mobilize collaborators to act together

• Opportunity—to shape policies and programs

• Alignment and Coordination—for greater impact (i.e., strategic plans, initiatives, national and local committees, etc.)
A Word About Authenticity

Authenticity is the alignment of head, mouth, heart, and feet - thinking, saying, feeling, and doing the same thing - consistently. This builds trust, and followers love leaders they can trust.

—Dr. Lance Secretan
What is Alignment?

alignment
əˈlīnmənt/

position of agreement or alliance
Status?

• Over 6,000 downloads from SAMHSA’s Website
• Implementation activities in collaboration Tribal leaders, NIHB, NCAI, and NCUIH
Historical SAMHSA Data: Grants to Tribes 2007-2014
Tribal Behavioral Health Grant

Native Connections

- Eligibility is limited to tribes and tribal organizations
- Intent is to prevent and reduce suicidal behavior and substance abuse and promote mental health among American Indian and Alaska Native young people up to and including 24 years of age
- Program is flexible—based on tribe’s needs—Trauma is a strong component
• Focus of this program is on implementation of youth suicide prevention and early intervention strategies.

• Grants support public/private collaboration among youth-serving institutions, schools, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child/youth supporting organizations.
Circles of Care

- Eligibility includes tribes, tribal organizations, urban Indian programs, Tribal Colleges and Universities

- Focus is on increasing capacity and effectiveness of mental health systems for children with SED and their families

- Intent is to reduce the gap between need for services and availability and coordination of mental health, substance use, and co-occurring disorders
System of Care

• Intent is to improve behavioral health outcomes for children and youth SED and their families

• Program supports the availability and provision of mental health and related recovery support services along with systemic changes in policy, financing, services and supports, training and workforce development, and other areas
Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)

• Importance of early childhood social emotional development and support for caregivers and parents of young children before the onset of behavioral health challenges

• Access to preventative supports for young children (ages 0-8) and their families that focus on social emotional development, caregiver wellness, and promotion of mental health

• Intergenerational supports that are culturally responsive to promote community wellness and early childhood learning and development
SAMHSA Grant Review Process

• Develop requirements for reviewer list for each grant announcement
• Establish review groups and assign work based on reviewer qualifications (3-6 applications per reviewer)
• Conduct field reviews
• Hold collaborative calls for review groups
• Average application review scores
• Develop application review summaries
How to Become a Grant Reviewer

Contact:
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Division of Grant Review
christopher.craft@samhsa.hhs.gov
Accessing SAMHSA Grant Information

Discretionary Grant Forecast:

Grants Website:
Grant Number, Title, Center, Webinars, FAQs, Application Due Date, Awards
https://www.samhsa.gov/grants/grant-announcements-2017
Engagement
Get Involved!

• Learn about the agencies that address behavioral health and follow them
• Engage with select agencies—conferences, meeting, other events
• Obtain copies of funded grant applications
• Become a grant reviewer
• Actively participate in national and regional meetings (affect policy vis-à-vis resolutions, policy papers, data, etc.)
TTAC Meeting—June 25-26

• First time being held in Indian Country
• Open to the public—participation is viable by phone or webinar
• Major topics:
  – Native Children’s Social and Emotional Health and Well-being
  – Promoting Healing in Tribal Communities
  – State/Tribal Opportunities opportunity
  – Advancing the TBHA’s implementation
• Opportunity to raise other priorities/inform
THANK YOU!

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