Indian Health Service
Draft A/SA National 5-Year Strategic Plan
Summary

Project Background:

- **The Office of the Director of the Indian Health Service (IHS) requested input and consultation from Tribal leaders, urban Indian providers and national Indian organizations regarding strategic planning considerations and recommendations to better address issues related to Alcohol and Substance Abuse in American Indian and Alaska Native communities. To this end, the IHS Director charged the National Alcohol & Substance Abuse (A/SA) Work Group with the task of preparing a draft A/SA 5-Year Strategic Plan for review and input from participants at an IHS A/SA National Consultation held August 27, 28, 2002 in Albuquerque, New Mexico.**

Vision Statement:

- **Upon deliberation the A/SA Work Group developed the following vision statement for the National 5-Year Strategic Plan:**

We envision a holistic, comprehensive and Native-based approach to alcohol and substance abuse prevention, treatment, healing and recovery for tribal and urban Indian communities.

Strategic Directions:

- **The A/SA Work Group then outlined nine major strategic directions, which the IHS, in partnership with tribal and urban Indian communities, should address over the next 5 years. These major strategic directions are as follows:**
    1. **Improved Technology Access**
    2. **Trends, Data and Research**
    3. **Develop Alternative Funding Sources**
    4. **Leadership Development**
    5. **Community Education, Awareness and A/SA Prevention**
    6. **A/SA Professional Development**
    7. **Implementing a "Call to Action" for Indian Country**
    8. **Developing New Partnerships**
    9. **Intervention, Treatment and Aftercare**

National Consultation:

- **At the IHS A/SA National Consultation in Albuquerque, NM, breakout sessions were facilitated on each of the nine strategic directions, where participants addressed their concerns and offered recommendations on an A/SA National 5-Year Strategic Plan for the Indian Health Service Alcohol & Substance Abuse Program. In addition, open comments were allowed during the Plenary Sessions. The major recommendations from the strategic direction breakout sessions are as follows (some strategic directions are combined):**

Intervention, Treatment and Aftercare

1. **Integrate mental health and alcohol and substance abuse treatment services for clients with a dual diagnosis.**
2. **Review and update the Tribal Action Plans (TAP).**
3. **Evaluate effectiveness of the RTCs and improve coordination and accountability of services to local tribes.**
4. **Raise standards and improve training programs for treatment staff.**
5. **Increase budget and funding for A/SA programs to improve and expand treatment services.**
6. **Coordinate AIDS/HIV and Alcohol and Substance Abuse (A/SA) services.**
7. **Develop a community family treatment program approach to A/SA programs.**
8. **Develop assessment tools that interface with MIS system that is in development.**
9. **Support development of holistic, Native based approaches to treatment that integrate cultural values, traditional practices and use of community elders.**

Professional Development

1. **To create a National Indian Board for Certification and Membership.**
2. **Propose NCAI and NIHB collaborate in this development.**
3. **Improve Standards of Care and Practice.**
4. **Increase access to qualified and competent professionals.**

Developing a "Call to Action" & Leadership Development

1. **Sovereignty status of tribes must be preserved and protected. Tribes and Indian communities must develop relationships among diverse partners to promote this goal.**
2. **Work Groups need to be identified and established in order to continue the goals of the Alcohol/Substance Abuse Strategic Plan and related projects to carry out the recommended activities.**
3. **Advocacy and lobbying needs to promote tribal friendly legislation. We need to reaffirm and re-evaluate our Tribal Action Plans.**
4. **Strategic planning must be promoted and implemented in our tribes, communities and among our people. The plan must be thoroughly understood and thought out in terms of integration and holistic planning; i.e., law and order includes public health. The plan needs to be aligned with the Healthy People 2010 goals.**
5. **Ownership in the plan begins with the fact that "I have a role and responsibility to take action in support of the plan. We need to be pro-active and accountable for our actions and our role. It's critical that we acknowledge our indicators of success; i.e., quality vs. quantity, among our tribes, community and programs.**
6. **Cultural values of love, respect and care for one another needs to be demonstrated among tribes, people and communities. We need to listen to one another and be heard. We must reach out to our diverse tribes, people and communities wherever they may be located; i.e., isolated, incarcerated, etc.**
7. **Recognize diversity of our tribes, people and communities and respect our uniqueness. Our strength is in our ability to be united and unify as a people. It's important that we acknowledge and recognize the diversity of our leadership.**
8. **Leadership needs to be GONA-cized at all levels. We need to grow and groom positive leadership. Leadership needs to be responsible and accountable for their actions.**

9. **Education and training must be developed to promote the goals for mentoring and job shadowing for our youth. We need to promote healthy role models among our people and communities; i.e., youth, adults, and elders. Staff and leadership development must be provided on an ongoing basis.**

Develop Alternate Funding

1. **Investigate funding opportunities and develop funding partnerships with federal, state, county and municipal agencies and organizations.**

Developing Partnerships

1. **Catalogue partnership best practices so that tribes, urban providers and others can understand what success looks like and also provide contact information.**
2. **Develop new tribal, urban and agency Memorandums of Agreement (MOA) / Memorandums of Understanding (MOU) that allows for a comprehensive approach to alcohol and substance abuse issues in Indian Country.**
3. **Include tribes and Indian organizations in the language of legislation to assist in developing partnerships between tribes, Indian organizations and State and Federal agencies.**
4. **Provide a clearinghouse of resources and educational opportunities that tribes can access to increase service delivery.**

Trends, Data, Research & Improved Technology

1. ***Trends:*** **Identify data, research and technology trends that impact systems performance.**
2. ***Dat, Research and Improved Technology:*** **Develop a system that minimizes data entry time; is user friendly; can be used for program evaluation; facilitates data sharing and stakeholder partnerships; provides feedback and validation of data; doesn't negate previous Tribal investments in software and systems; supports Tribal management information systems and staff; responds to the distinct needs of Tribes as well as occurring disorders and multiple systems.**
3. ***Resources:*** **Develop additional resources to address data collection and entry costs; site resistance; countrywide system technology compatibility costs; and upgrade to standards costs.**

Community Education, Awareness and Prevention

1. **"Break the Cycle." We all know what the problem is. We need to educate ourselves in our communities on all levels: the courts, the Department of Justice, departments of corrections/detention, schools, resources of federal, tribal, county, city and community levels.**
2. **Revisit, educate and resolve American Indians/Alaskan Natives/First Nations Tribes' multi-generational and historical traumas in a non-blaming, healthy and healing way. Decolonize our people. It is believed this DELAYED multi-generational grief has been a major contributor to our people's alcohol and substance abuse and co-occurring health/wellness situations.**
3. **Educate the Indian Health Service and other federal, state, county, city and local tribal community people about self-governance and self-determination—what it is all about and the responsibilities involved, so we can hold all systems and people accountable and responsible. Sovereignty is an issue as states and other systems interfere.**

4. **Consistency, continuity, and follow-up of Tribal Action Plans (TAP) and any decisions and commitments made by individuals and systems are very critical to a successful outcome. Obligate funds for follow-up activities on any "Strategic Plans" made, decided upon and/or considered for AI/AN/FN tribes' implementation by Congress and Indian Health Service. To do so will meet the need for consistency, continuity and follow-up activities.**
5. **Education needs to be prevention-focused.**
6. **Include our grassroots people in initial discussions of development and implementation of any "National Strategic Plans" made. We want no more cookie cutter approaches.**
7. **Education should include cultural and traditional teachings of our various tribes.**
8. **Develop and implement sober elderly, adult, youth and leaders' mentoring and coaching programs within all organizations.**
9. **Our tribal organizations need to build and strengthen their capabilities (knowledge base and skill levels) for effective, productive program management and patient service delivery system. We need to learn to utilize the resources we have within our own communities and coordinate services for our clientele/patients.**
10. **Healthy tribal leadership starts at the top. Our tribal communities need sober, honest, educated community tribal leaders dedicated to A/SA preventing healing and recovery.**

Next Steps:

- **The A/SA Work Group will meet on October 16, 17, 2002, in Washington, D.C. to deliberate the recommendations and comments from the A/SA National Consultation, and others received up until October 9, 2002, and develop final recommendations on an A/SA National 5-Year Strategic Plan, which will be submitted to the IHS Director for final determination.**

INDIAN HEALTH SERVICE
ALCOHOL AND SUBSTANCE ABUSE PROGRAM

NATIONAL 5-YEAR STRATEGIC PLAN OUTLINE

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Introduction

The Office of the Director of the Indian Health Service (IHS) requested input and consultation from Tribal leaders, urban Indian providers and national Indian organizations regarding strategic planning considerations and recommendations to better address issues related to Alcohol and Substance Abuse (A/SA) in American Indian and Alaska Native communities. To this end, the IHS Director charged the National Alcohol & Substance Abuse (A/SA) Workgroup with the task of preparing a draft A/SA 5-Year Strategic Plan for review and input from participants at a National Consultation meeting scheduled for August 27 and 28, 2002, in Albuquerque, New Mexico. This document represents phase one and phase two of the strategic planning process.

The initial draft strategic plan outline was developed by the participants of the A/SA National Workgroup. This Workgroup is composed of tribal leaders and tribal alcohol program directors representing each of the 12 IHS Areas and 2 urban alcohol program representatives. In addition, alternates for each of the representatives participated in many of our planning meetings and discussions.

In developing this National 5-Year Strategic Plan, we focused on four major areas for development. Those elements of the plan are:

- a shared vision for the future,
- challenges and barriers to the vision,
- strategic directions, and
- an implementation plan with a specific timeline.

We have outlined nine major strategic directions which the IHS in partnership with tribal and urban Indian communities should address over the next 5 years. These major strategic directions are as follows:

1. Improved Technology Access
2. Trends, Data and Research
3. Develop Alternative Funding Sources
4. Leadership Development
5. Community Education, Awareness and A/SA Prevention
6. A/SA Professional Development
7. Implementing a "Call to Action" for Indian Country
8. Developing New Partnerships
9. Intervention, Treatment and Aftercare

Phase two of the strategic planning process occurred at the National Consultation meeting on August 27 and 28, 2002, in Albuquerque, NM. Breakout sessions were facilitated in each of the nine strategic directions. The breakout sessions provided a forum for national leaders and community advocates to address their concerns and recommendations for the Indian Health Service National 5-year Strategic Plan on Alcohol and Substance Abuse. Section two of this document summarizes the results of the breakout sessions.

Phase I:

Initial Strategic Planning Process

Alcohol and Substance Abuse Workgroup

Assessing Our Strengths

The strategic planning process began with the A/SA Workgroup identifying and assessing the environment we currently face and will face over the next 5 years. Specifically, we examined the strengths of the IHS Alcohol and Substance Abuse Program, as well as identifying and assessing important factors affecting the IHS Alcohol and Substance Abuse Program in the next 5 years.

What strengths currently exist within our American Indian and Alaska Native A/SA systems today? The last time a national IHS-sponsored planning session was held to address alcohol and substance abuse was in 1986. Much has changed since then. Our Workgroup identified several important strengths and trends upon which our planning will be built. These include:

Increased Awareness

There is greater awareness and identification that A/SA is an important issue in our communities and within our families.

Breaking of the Cycle

We are seeing some families successfully "breaking the cycle" of multi-generational addiction through intervention and family involvement.

Committed Workforce

There is more certified and trained staff available in Indian communities than in previous years who can provide assistance in the prevention and treatment of alcohol and substance abuse. There is a cadre of dedicated A/SA staff and volunteers who are willing to "go the extra mile" to help their communities, families and individuals in need.

Recognition of Traditional Resources

There is an increased willingness of IHS and program providers to include Native traditional, spiritual and/or cultural values and practices within the treatment setting. There is growing validation of traditional healing methods through interest in credentialing of traditional practitioners.

Leadership Opportunities at IHS

Within the IHS there will be a new IHS Director and a new Director for the Division of Behavioral Health at IHS headquarters. These incoming officials will bring new leadership and potentially revitalized strength in addressing A/SA issues.

Increased Funding

The Fiscal Year 2001 increase of $30 million represented a 30% increase for the IHS A/SA program nationally. These new dollars will provide an opportunity for communities to implement new initiatives. It may also signal an increased interest within Congress to address this long-neglected issue.

Native Approach

Native communities have long viewed our community concerns within the "holistic" realm of physical, mental, spiritual and social context. This intrinsically Native approach is now embraced by the larger treatment community and valued within the dominant culture as a "new" understanding of the dynamics of substance abuse recovery.

Integration of Different Systems

Within our tribal and urban Indian communities we have a vast untapped resource of potential collaborators and partners represented in our social service, housing, employment, education and other providers of services and support.

Emerging Native Professionals

There are more and more tribal people assuming leadership roles in other organizations and within the federal system. They are better able to understand the unique needs of Native communities and be advocates for tribal and urban Indian programs within those non-Native systems.

Sober Leadership

Throughout tribal, urban and federal systems, sober Native leadership and a corporate culture that no longer tolerates active alcohol or substance abuse within its leadership ranks is emerging.

Dedicated Leadership

Native leaders are willing to take risks and share their personal stories as role models in healing and recovery from alcohol and substance abuse. There is a growing number of leaders from tribal and urban Indian communities who are dedicating their political and professional careers to impacting and eliminating alcohol and substance abuse effects in American Indian and Alaska Native communities.

Intertribal Partnerships

Tribes are coming together and showing a willingness to resolve differences and focus upon partnership opportunities that will benefit their communities.

Quality Research

The issue of American Indian and Alaska Native alcoholism, alcohol abuse and substance abuse has been well researched over the years with an emerging understanding of its multiple and intersecting aspects. While much more research is needed, there exists a basic understanding of the disease, addictions and their multigenerational effects.

Congressional Interest

There is a renewed interest by the U.S. Congress in the issue of alcohol and substance abuse in American Indian and Alaska Native communities, as shown by the recent increase in funds.

Resiliency of Our People

American Indian and Alaska Native people have survived incredible adversity over the history of America, including colonization, Indian wars, relocation, reservations, isolation and years of societal marginalization. Yet, American Indians and Alaska Natives have survived with a strong sense of cultural identity and intact sovereign governments.

Assessing our Challenges and Opportunities

In addition to assessing our strengths, we should understand the factors within our external and internal environment that may impede or assist in our efforts. The identification and assessment of the important factors affecting the IHS Alcohol and Substance Abuse Program in the next five years included the following:

International Concern

There is heightened international awareness about the health and wellbeing of indigenous populations. The Healing Our Spirit Worldwide international healing conference scheduled for September 2-6, 2002, in Albuquerque, New Mexico, will provide added attention to this long-neglected issue.

Rising Costs

The cost for treatment of alcohol and substance abuse is increasing at a rate that exceeds the availability funds to keep pace. Local treatment centers and A/SA programs are forced to adjust priorities as a result.

Funding Formula History

There has been no logical method or "formula" for distribution of available A/SA funds to tribes and urban Indian communities, other than to build upon a historical base that was first provided through NIAAA grants in the early 1970's and the occasional new or increased programs awarded competitively or through Congressional appropriation.

Not a National Priority

The United States policy makers are focusing their attention on issues of national security and bio-terrorism. Getting the attention of national law makers may be a difficult challenge. At the local tribal level, there are numerous other priorities, such as gaming, jurisdiction and tribal sovereignty issues that too often take priority over A/SA issues in our communities.

Limited Interest at Schools

There seems to be a growing disinterest within the public and tribal schools around addressing the difficult issues of alcohol and substance abuse. While most schools have a DARE prevention curriculum as a part of their effort, not enough information and training is provided to school systems to enable teachers and counselors to better intervene with children and adolescents at risk.

One-Department Policy

The federal government, under the current Administration, is moving toward a new "one-department" initiative which will attempt to move federal agencies into fewer administrative units. There is fear and concern that the IHS and its many programs, including A/SA could possibly be consolidated with other non-Indian programs under the

Department of Health and Human Services. Such a move would have severe negative consequences for Indian health issues.

Diversity of Communities

There is a vast diversity among American Indian and Alaska Native communities. It is not realistic to expect that any one strategy or response to A/SA is going to be appropriate for all communities.

Best Practices

American Indian and Alaska Native communities are not receiving the latest information about "best practices" in the A/SA field. Without a system to share information from community to community, the development of effective models is more difficult.

Dollars Driving the Diagnosis

In our desperate search for more funds to address the devastating impact of A/SA in our communities, we pursue competitive and categorical funds based upon their availability. These funds might or might not be the most appropriate for our population. Too often tribal and urban Indian communities allow the availability of dollars for particular problems guide the focus of local programs, instead of local needs dictating our approach.

Treatment Needs Changing

Although treatment is becoming more and more streamlined and limited based upon reduced funds, we are seeing more severe addictions and new types of substances that are not always treatable with the old methodologies.

New Research Needed

There is considerable research in the field of American Indian and Alaska Native A/SA focused on issues related to alcohol abuse and alcoholism. More data and research is needed to better understand the impact of other substances and addictions, dual addictions, co-morbidity and multi-generational effects.

Behavioral Health

The merger of alcohol and substance abuse with mental health into a Behavioral Health Division by the IHS is generally viewed as a positive step to better understand and treat the overall health and wellness of American Indian and Alaska Native communities. Yet, this relationship is still evolving and is not without difficulties.

Contracting and Compacting

The increase in tribes contracting under the Indian Self-Determination Act (PL 93-638) is having an impact on some alcohol and substance abuse efforts as some local decisions are made to reprogram these funds to other health concerns. In general, this is not the case as many tribes find other tribal revenues to add to the A/SA effort. Better understanding of how tribal A/SA efforts are shaping the prevention, treatment and aftercare environment is needed.

Data and Reporting

There are expectations from Congress that the IHS can respond with detailed data and information about the AI/AN alcohol and substance abuse issues, yet local tribal programs are not required to report these types of data to the IHS. Many programs voluntarily report data to IHS, but the data systems vary from region to region and are not compatible to report national aggregate data.

Drug Trafficking

Drug trafficking on reservations is becoming more frequent and more dangerous. This is particularly true for those tribes that share an international border with Mexico or Canada.

Community Driven Research

Locally driven research is a new and important trend that is occurring across Indian Country.

National Organizations

National Indian advocacy organizations such as the National Congress of American Indians and the National Indian Health Board are becoming more actively involved in addressing alcohol and substance abuse issues.

Using the above information as a foundation, the A/SA Workgroup then began preliminary deliberations on the four key steps to the strategic planning process. These recommendations will be presented and deliberated at the Alcohol and Substance Abuse National Consultation in Albuquerque, New Mexico, on August 27 and 28, 2002, where tribal leaders, urban Indian providers and national Indian organizations will have an opportunity to review, deliberate, adopt or change these recommendations as necessary. These National Consultation draft recommendations will be forwarded to the A/SA Workgroup for final deliberation before being presented to the IHS Director in October 2002.

Vision Statement

We envision a holistic, comprehensive and Native-based approach to alcohol and substance abuse prevention, treatment, healing and recovery for tribal and urban Indian communities. It is our belief that in the next 5 years we will see .....

Committed Leadership
Committed leaders, in all corners of the Indian community, are entrusted with the responsibility to carry this vision forward as advocates, liaisons and petitioners at all levels of government.

Professional Development
We envision an overall professional development plan to support the workforce in the alcohol and substance abuse field, which addresses the need for a standardized licensure, certification and the recruitment and retention of competent qualified staff.

Partnership Development
It becomes the overall responsibility of all stakeholders to create true collaboration through effective communication, coordination and cooperation.

PL 94-437 Reauthorization
The Indian Health Care Improvement Act (PL 94-437) is the keystone federal law directing the provision of health services to Indian people, and the reauthorization will ensure program responsiveness to the health care and behavioral health needs of Indian people.

Performance Based Measures
We envision that programmatic success will be furthered by the development of performance-based measures consistent with the objectives set out by the Government Performance Results Act of 1993 (GPRA).

Quality Research & Data
To fully understand the complex nature of alcohol and substance abuse in Indian communities we envision quality and community-directed research and data systems. This research and data will encompass other factors such as addictions and co-occurring disorders that are equally as damaging as alcohol and substance abuse.

Alcohol and Substance Abuse as a Budget and Program Priority
To support our vision, alcohol and substance abuse must become a top priority for local, regional and national budgets and program considerations.

Elevate Alcohol and Substance Abuse Role within IHS
Elevate the role and leadership of alcohol, substance abuse and mental health concerns within the Indian Health Service.

IHS will be an Advocate and Resource
As a result of the elevated leadership role of IHS and other federal programs, IHS will be an advocate and resource for Tribal and Urban alcohol and substance abuse programs.

Obstacles, Barriers and Challenges

What are the obstacles and barriers that prevent us from moving toward this shared vision? Understanding our challenges as accurately as possible will improve our likelihood for success. The following are the major obstacles identified by the Workgroup.

Fear and Resistance to Change

Many times a community's efforts to move toward healing and recovery are thwarted by a fear of change. This fear can be expressed as individual, organizational or systemic resistance to change in tribal communities. There are numerous ways an individual, department, organization and community resists change. This creates great challenges and barriers to implementing new strategic directions and plans. Recognizing that resistance to change is a normal human reaction and is important to crafting new strategic directions and plans.

Internalized Cultural Oppression

So many of the barriers faced in Indian communities stem from the root cause of internalized oppression. Internalized oppression is also called "self-hate," "internalized racism," "cultural oppression," and "lateral or horizontal violence." Internalized oppression is pervasive in Indian communities and is manifested in many ways through shame, disowning of our individual and cultural reality, apathy, violence against women, children and other relatives, dependency on others, alcoholism and other self-destructive behaviors. Internalized oppression is typically experienced in Indian communities through hurting and sabotaging each other, in addition to sabotaging our own efforts at healing and recovery.

Lack of Family and Community Understanding of A/SA

The overall lack of awareness and understanding families have about alcohol and substance abuse creates serious dilemmas in identifying and intervening with family members who are in need of treatment. This lack of awareness and understanding extends into the community and is demonstrated when schools don't acknowledge their role in the prevention and intervention of alcohol and substance abuse for students, and when negative, racial stereotypes are perpetuated around Native Americans with alcohol and substance abuse.

Void in Leadership on Alcohol and Substance Abuse Issues

A key barrier to achieving community wellness exists when leaders don't or won't acknowledge that alcohol and substance abuse is a present danger in their own community and family. This dilemma is intensified by the absence and/or lack of promotion of effective A/SA role models within the community.

Limited Access to Technology and Training

Due to the geographic diversity and remoteness of many tribal communities, access to technology presents a clear challenge in program effectiveness and improvement. The

high cost of hardware and software contributes to the limited access, as well as the necessary training needed to operate effectively.

A/SA Not Funded Appropriately

With the lack of awareness and understanding about the severity of alcohol and substance abuse in Indian communities comes the reluctance to extend significant and meaningful support to alcohol and substance abuse programs and initiatives. Current data and research are inadequate in representing a true picture of alcohol and substance abuse severity in Indian communities.

Little Follow Through on Plans and Goals

The lack of follow through on these plans and goals leads to the ineffectiveness of these intentions and growing skepticism about getting involved in planning activities. As a result, objectives are not achieved and the integrity of programs is compromised.

Dominant Culture and Society Promotes A/SA

The difficulty of healing and recovery among Native American people is compounded by the perpetual influx of images and messages from a dominant culture, which promotes a lifestyle based on materialism and alcohol and substance use. These messages are so powerful and pervasive that efforts toward prevention, intervention and recovery are rendered inadequate in many instances.

Strategic Directions for the Future

The IHS National Workgroup on Alcohol and Substance Abuse identified the following 9 major strategic directions for discussion with tribal and urban Indian leaders at the National Consultation meeting. Each of the 9 strategic directions represents an important element of our overall proposed plan. At the National Consultation meeting, you will be asked to develop specific recommendations for programs, initiatives and action steps in each of these 9 areas.

Trends, Data and Research

To fully understand the complex nature of alcohol and substance abuse, mental health issues and the many other factors affecting the wellness of Indian communities, accurate and timely data and research is necessary. Currently, the lack of accurate or compatible utilization of data is one of the largest weaknesses in the I/T/U alcohol and substance abuse system. Fixing this problem will require accurate and compatible data systems, coordinated efforts and increased community-driven research.

Leadership Development

Leadership development is a key success factor in the advocacy of alcohol and substance abuse issues in Indian communities. Communities must first identify local leaders and utilize them as educators and as representatives on local, regional and national committees. Leadership must include those qualities and characteristics which supports the cultural values of their respective communities and provides positive role models for substance abuse healing and recovery.

Community Education, Awareness and Prevention

Education and awareness is paramount to the overall understanding of alcohol and substance abuse in Indian communities. Increased awareness can be facilitated through the development of curriculum addressing the diverse issues surrounding alcohol and substance abuse and through subsequent implementation in the public education system. Prevention of alcohol and substance abuse is also facilitated through increased community education programs in tribal and urban communities on all levels.

Intervention, Treatment and Aftercare

Effective intervention in alcohol and substance abuse is critical to the success of healing and recovery. Improved access to alcohol and substance abuse treatment is a key to successful intervention. Successful treatment is dependent upon numerous factors, including the availability of competent, qualified staff; availability of outpatient and inpatient services; coordinated network of social service, employment and sober housing support systems; true interagency collaboration and follow-up; integration of family, community and spiritual resources and adequate budgetary support.

Improved Technology

The IHS Alcohol and Substance Abuse Program will emphasize the potential for expanded inter-connectedness of the Indian community. Funding sources will be identified by IHS to provide the Areas and the poorest and most remote tribes with new or updated technological software and hardware that is consistent with Tribal and urban Indian needs, accurate epidemiological data gathering and GPRA regulations. In addition, resources must be identified for technical assistance and training compatible with the new Behavioral Health Management Information System currently under development.

Develop Alternate Funding

There are a wide variety of alternative funding sources which must be examined and exhausted for potential applications in Indian Country. This will include the full list of federal agencies and programs, such as the Department of Interior; Department of Justice; Department of Housing and Urban Development; Department of Education and other agencies within the Department of Health and Human Services, to name only a few. In addition to other federal agencies, strategies could be developed to assist tribes and urban programs access State-administered alcohol and substance abuse funding.

Professional Development

The IHS Alcohol and Substance Abuse Program nation-wide, including tribal and urban programs, must develop strategies that will provide continuous comprehensive professional development. Some options for consideration include: (1) web-based training, (2) standardized licensure, certification, (3) emphasis on multi-disciplinary training, (4) cross-cultural awareness and training, and (5) scholarships.

Developing Partnerships

The IHS Alcohol and Substance Abuse Program must make community collaboration and communication and networking with tribal, state and federal entities a priority. Emphasis must be placed on tribal, state and federal service delivery partnerships and the incorporation of key stakeholder input. This could be accomplished through scheduled networking, communication and collaborative meetings at all levels.

Developing a "Call to Action"

National leadership is needed to ensure that this National Strategic Plan moves forward and does not become another document on the shelf. The A/SA strategic plan must be revisited by tribal and urban Indian leaders and IHS personnel on a regular basis. It will be important for tribal and urban Indian leaders to embrace this new plan and find ways to integrate these strategies and proposals into the national meetings and legislative priorities for Indian Country.

Phase II:

National Consultation Recommendations

Nine Strategic Directions

Strategic Direction:
INTERVENTION, TREATMENT, AFTERCARE

Effective intervention in alcohol and substance abuse is critical to the success of healing and recovery. Improved access to alcohol and substance abuse treatment is a key to successful intervention. Successful treatment is dependent upon numerous factors, including the availability of competent, qualified staff; availability of outpatient and inpatient services; coordinated network of social service, employment and sober housing support systems; true interagency collaboration and follow-up; integration of family, community and spiritual resources and adequate budgetary support.

RECOMMENDATION: 1

Integrate mental health and alcohol and substance abuse treatment services for clients with a dual diagnosis.

- Treatment must be available for treatment of co-morbid disorders.
- By not addressing co-morbid disorders, A/SA treatment is usually not successful.

Action step	Responsible party	Target date
National		
1. Provide funding for treatment of clients having a dual diagnosis.	IHS	
2. Provide residential treatment for dual diagnosed clients.	I/T/U	
3. Integrate Mental Health and Alcohol and Substance Abuse services.	I/T/U	
4. Train IHS doctors on diagnosing FAS.	IHS	
State/ Regional/ Area		
Local		

RECOMMENDATION: 2

Review and update the Tribal Action Plans (TAP).

Action step	Responsible party	Target date
National		
1. IHS Review TAP	IHS	
State/ Regional/ Area		
1. A/SA Area Offices review and update the Area TAP in conjunction with the Strategic Plan.	A/SA Area Offices	
Local		
1. Tribes review and update the Tribal Action Plans(TAP).	Tribes	

RECOMMENDATION: 3

Evaluate effectiveness of the RTCs and improve coordination and accountability of services to local tribes.

- Tribes who are paying for RTC services need open access to data for proper coordination of services for tribal members upon completion of inpatient treatment.

Action step	Responsible party	Target date
National		
1. Conduct evaluation of effectiveness of RTCs.	IHS	
2. Disseminate evaluation to all tribes for review and assessment.	IHS	
3. Provide tribes access to data gathered by RTCs.	IHS	
4. Develop accountability guidelines for RTCs to work with tribal stakeholders.	IHS and Tribes	
4. Provide alternatives for tribes unsatisfied with RTC effectiveness (i.e. allow tribes to develop a tribal consortium to manage RTC, allow tribes to invest stakeholder funds in more effective tribal specific programs, etc.).	IHS	
State/ Regional/ Area		
Local		
1. Increase residential programs.	Tribes	
2. Develop therapeutic communities.	Tribes	

RECOMMENDATION: 4

Raise standards and improve training programs for treatment staff.

Action step	Responsible party	Target date
National		
1. Conduct a training needs assessment of individual tribes.	IHS and Tribes	
2. Identify best practices for treating youth.	IHS	
3. Distribute best practices information to tribes.	IHS	
4. Develop centralized specific training on best practices models.	IHS	
5. Prepare IHS and Tribal Hospitals, Service Units and Clinics to handle drug overdose.	IHS and Tribes	
6. Develop initiative to identify treatment modalities that are drug specific (i.e. for methamphetamine, inhalant, heroin, designer drugs, etc abuse)	I/T/U	
7. Train counselors on the above treatment modalities.	I/T/U	
8. Train Staff in models of treatment (i.e. Harm reduction, motivational interviewing, contingency planning and family counseling).	I/T/U	
9. Train staff on methadone treatment advantages and disadvantages.	I/T/U	
10. Conduct periodic site visits to alcohol and substance abuse programs to ensure quality services.	I/T/U	
11. Update ASA treatment and aftercare standards.	IHS	

These standards need to assist tribes in accreditation process.		
State/ Regional/ Area		
1. Work with State planning agencies to establish appropriate treatment standards that meet accreditation guidelines.	I/T/U	
Local		
1. Adapt best practices training model to specific needs.	Tribes and Urbans	
2. Educate parents and youth about long term effects of drug specific use, lab dangers, chemical dangers etc.	Counselors	
3. Raise standards for staff.	I/T/U	
4. Conduct extensive evaluation of staff, develop improvement plan and training plan for each.	I/T/U	
5. Honor traditional as well as credentialed treatment qualifications.	I/T/U	
6. Develop standards for traditional practitioners and qualification body.	Tribes	

RECOMMENDATION: 5

Increase budget and funding for A/SA programs to improve and expand treatment services.

Action step	Responsible party	Target date
National		
1. Create a mechanism to notify tribes in order for the tribes to give support or input on legislation related to A/SA.	IHS NIHB NCAI	
2. Encourage other Federal agencies to fund tribal programs.	IHS NIHB NCAI	
3. Identify programs that are not funded (i.e. newly recognized tribes and small tribes).	IHS	
State/ Regional/ Area		
Local		
1. Lobby for legislation related to A/SA.	Tribes	
2. Identify federal initiatives with provisions for grants related to AI/AN A/SA program needs (i.e. Mental Health legislation, Younger Americans Act, Rehabilitation Act, Social Security Amendments, etc.)	Tribes	
3. Participate in dialogue with federal funding agencies in capacity as sovereign nation.	Tribes	

RECOMMENDATION: 6

Coordinate AIDS/HIV and Alcohol and Substance Abuse (A/SA) services.

- This should be a priority for Tribal leadership because A/SA clients and even those in recovery practice risky behavior.

Action step	Responsible party	Target date
National		
State/ Regional/ Area		
Local		
1. Provide HIV/ AIDS training to A/SA Counselors.	I/T/U	
2. Offer anonymous AIDS/HIV testing as part of A/SA treatment plan and ensure strict confidentiality.	I/T/U	

RECOMMENDATION: 7

Develop a community family treatment program approach to A/SA programs.

Action step	Responsible party	Target date
National		
1. Provide start-up, staffing and construction funding for family treatment programs.	IHS	
State/ Regional/ Area		
Local		

RECOMMENDATION: 8

Develop Assessment tools that interface with MIS system that is in development.

Action step	Responsible party	Target date
National		
1. Incorporate ASAM (American Society of Addictions Medicine) instrument into MIS system.	I/T/U	
2. Provide training on the use of ASAM to A/SA programs.	IHS	
State/ Regional/ Area		
Local		

RECOMMENDATION: 9

Support development of holistic, Native based approaches to treatment that integrate cultural values, traditional practices and use of community elders.

Action step	Responsible party	Target date
National		
State/ Regional/ Area		
Local		

Strategic Direction:
PROFESSIONAL DEVELOPMENT

The IHS Alcohol and Substance Abuse Program nation-wide, including tribal and urban programs, must develop strategies that will provide continuous comprehensive professional development. Some options for consideration include: (1) web-based training, (2) standardized licensure, certification, (3) emphasis on multi-disciplinary training, (4) cross-cultural awareness and training, and (5) scholarships.

GOAL: To have access to quality, qualified, competent professionals

RECOMMENDATION: 1

To create a National Indian Board for Certification and Membership.

- This board will serve as a consolidation of the various state and national accreditation standards/ requirements.
- This board will standardize a culturally integrated training program nation-wide. This program will be recognized by individual states which, in turn, expand billing options.

RECOMMENDATION: 2

Propose NCAI and NIHB collaborate in this development.

Action Step	Responsible Party	Target date
National		
1. Develop a Position Paper and present to the October A/SA Workgroup Meeting	A/SA Workgroup/ KAI	October 2002
2. Make presentation to NCAI Substance Abuse Task Force and Behavioral Health Committee	A/SA Workgroup/ KAI	November 10, 2002
3. Make presentation to NIHB A/SA and Behavioral Health Committees. Propose a collaboration with NCAI to create this National Board and Certification	A/SA Workgroup/ KAI	Next NIHB Board Meeting
4. Establish rapport with national and state accreditation organizations/ boards so as to invite their participation and endorsement of a national accreditation program.	NCAI and NIHB A/SA Advocates	Unidentified
5. Create a national summit inviting all key stakeholders in a national certification program such as tribes, urban programs, state agencies, national accreditation boards, and insurance companies (Medicaid, Blue Cross/ Blue Shield). Assure that the Native voice is strong.	NCAI and NIHB A/SA Advocates	Unidentified
6. Seek support from national Indian boards such as; • National Indian Board on Alcoholism and Drug Abuse • National American Association of Indian Physicians • National Association of Indian Social Workers • BIA (PL 99-570)uphold the IHS legislative mandate for MOA • SAMHSA	NCAI and NIHB A/SA advocates nation-wide	Unidentified

7. Identify IHS as collaborator and funder.		
Local		
8. ORGANIZE!		

RECOMMENDATION: 3

Improve Standards of Care and Practice.

Action Step	Responsible Party	Target date
National		
1. Set up a meeting with interdisciplinary/intertribal people to look at all of the areas identified in the Strategic Directions.	Indian Health Service	January 2003
2. Define and develop training program **"Quality Professional"** to address such chronic issues as; • A/SA Counselors/staff with addictive personalities (i.e. gambling, smoking, debt/money problems, alcohol/drug use, etc.) • Counselors who believe they know all that they need to know • Serious ethical violations • Hiring unqualified staff • Credentialed professionals who are culturally insensitive • Certified, Credentialed Counselors who are "anti-patient" • Counselors/clinicians who lack case management skills, experience, and training • Low standards among counseling staff • Lack of Natives with licensure and degrees • Interagency and staff conflicts • CD counselors who lack the ability to identify mental health issues.	National Indian Certification Board (to be developed) in consultation with A/SA advocates nation-wide	Unidentified
3. Develop Professional Development training that maintains quality standards yet is culturally appropriate for the population of professionals it serves.	National Indian Certification Board (to be developed) in consultation with A/SA advocates nation-wide	Next Board Meeting
4. Integrate services but maintain the separateness of A/SA programs	Indian Health Services National Indian Health Board SAMHSA CSAT Local Tribal Programs	Unidentified
5. Identify those programs that are successful in building relationships and integrating culture as national models. Make "best practices" available to A/SA programs nation-wide.	Indian Health Service	Unidentified
6. Strengthen the Spiritual aspect of Treatment and Recovery nation-wide.	Indian Health Services National Indian Health Board SAMHSA CSAT Local Tribal Programs	Immediately
7. Create a process that allows A/SA programs to bill	National Indian	Unidentified

for cultural services.	Certification Board (to be developed) in consultation with A/SA advocates nation-wide	
8. Provide Technical Assistance or Investigative process for identifying issues on ethics.	Indian Health Service	Unidentified
Regional/State/Area		
9. Create a "Peer Review" team to provide open and honest feedback to treatment directors/programs regarding program operations and quality management.	Local program Directors with the assistance of regional and national organizations	Unidentified

Local		
10. Develop, and make available, counseling training for cultural staff/elders who work directly with patients.	Local professional development	Unidentified
11. Develop and promote "Counselor-in-Residence" program where professional expertise can be shared between A/SA programs nationally and regionally to enhance professionalism.	Local program Directors with the assistance of national organizations	September 2003
12. Develop a certification for administrators/clinical supervisors and counselors/clinicians.	National Indian Certification Board (to be developed) in consultation with A/SA advocates nation-wide	Unidentified

RECOMMENDATION: 4

Increase access to qualified and competent professionals.

Action Step	Responsible Party	Target date
National		
1. Develop a web-site based clearinghouse for Behavioral Health and A/SA Professionals to serve those programs in search of qualified professionals. Expand database of professionals nationally.	Indian Health Service	Unidentified
2. Increase access to qualified Behavioral Health and A/SA professionals for remote reservation programs.	Indian Health Service	Unidentified
3. Develop "Telemedicine" Technology to improve clinical services and share with other programs.	Indian Health Service	Unidentified

Additional Recommendations of Importance:

- Educate Tribal Leaders through technical assistance via IHS.
- Cultural Component must be really heavy in the national certification/training program. It takes a tribal person to articulate the cultural component. Fear that the Native voice will not be heard.
- Find ways to make A/SA programs more visible locally, regionally, and nationally.
- Tribal leaders need to be familiarized with local programs. Set up appointments and use assertive means to build relationships.
- Cross-train other divisions in A/SA such as; Police Department, Social Services, Courts, Attorneys, etc...
- We need an educated leadership.
- Acknowledge the politics and the political violence.
- Find ways to assist A/SA staff in boredom and burnout.
- Start creating change internally....with your own system.
- More training on 42 CFR.
- IHS needs to get lobbyists from the different tribes to assist in making the Strategic Plan a reality.
- Programs need to get to know their local legislatures.
- Need strong, sober Tribal leadership. How can we do our jobs if Tribal leaders have not come to terms with their own A/SA issues?
- Need accountable Tribal leaders.

Strategic Direction:
DEVELOPING A "CALL TO ACTION" & LEADERSHIP DEVELOPMENT

National leadership is needed to ensure that this National Strategic Plan moves forward and does not become another document on the shelf. The A/SA strategic plan must be revisited by tribal and urban Indian leaders and IHS personnel on a regular basis. It will be important for tribal and urban Indian leaders to embrace this new plan and find ways to integrate these strategies and proposals into the national meetings and legislative priorities for Indian Country.

Leadership development is a key success factor in the advocacy of alcohol and substance abuse issues in Indian communities. Communities must first identify local leaders and utilize them as educators and as representatives on local, regional and national committees. Leadership must include those qualities and characteristics which supports the cultural values of their respective communities and provides positive role models for substance abuse healing and recovery.

GOALS:

For Tribal and urban Indian leaders and IHS personnel to revisit the A/SA strategic plan on a regular basis and integrate the strategic plan into Indian Country legislative priorities and national meetings. To develop leaders who will act as positive role models, educators and representatives and who will advocate for alcohol and substance abuse issues in Indian communities

RECOMMENDATION: 1

Sovereignty status of tribes must be preserved and protected. Tribes and Indian communities must develop relationships among diverse partners to promote this goal.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Support tribes who experience state jurisdictional issues.	NCAI and Tribal Leaders	Continuously
2. Educate one another on the goals of Sovereignty and our traditional laws in order to educate the non-Indian population and institutions.	NCAI and Tribal Leaders	
3. Elevate and advocate the goals for Sovereignty to protect and preserve who we are.	NCAI	Continuously
4. Identify and promote individuals who are maintaining their traditional values and have the ability to concentrate on Sovereignty.	NCAI	
Regional/State/Area		

1. Develop partnerships with other diverse agencies; i.e., NIH, NIDDK, etc. to address common goals such as, eye exams.	Area Boards and Tribes	
Local/Tribal		
1. Carefully document their court decisions and ensure alignment with their traditional teachings and values.	Tribes	

RECOMMENDATION: 2

Work Groups need to be identified and established in order to continue the goals of the Alcohol/Substance Abuse Strategic Plan and related projects to carry out the recommended activities.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Identify all players for needed systemic change at all levels; i.e., BIA, states, etc.	A/SA Workgroup	
2. Extend the life of a Work Group that has A/SA as the focal point beyond October 2002.	Dr. Perez	
3. Present the Fund Distribution Formula and Strategic Plan at the annual NCAI in November 2002.	A/SA Work Group	November 2002
4. Support and promote the NCAI Alcohol/Substance Abuse Task Force to continue addressing Alcohol/Substance Abuse goals.	NCAI	
5. Identify tribes that have lobbyists to support goals of plan	A/SA Work Group KAI	
Regional/State/Area		
Local/Tribal		
1. Identify a body of people to be formed to carry the A/SA Strategic Plan forward.	Tribal Leaders (We All)	
2. Identify a group to continue the work of expanding Behavioral Health, recurring funding and resources.	Tribal Leaders (We All)	

RECOMMENDATION: 3

Advocacy and Lobbying needs to promote tribal friendly legislation. We need to reaffirm and re-evaluate our Tribal Action Plans.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE

National		
1. Advocate for passage of S. 210.	Tribes and NCAI	
2. Advocate for passage of S. 212.	Tribes and NCAI	
3. Advocate the passage of S.210 with our own language.	Tribes	
Regional/State/Area		
1. Develop and establish tribal liaisons at the state and local level to address A/SA issues and to be kept up to date on new laws and programs.	Area Boards and Tribes	
2. Advocate for funds A/SA program facilities and transportation at the tribal, community and satellite areas.	Area Boards and Tribes	
3. Advocate for funds for Treatment Centers that tailor programs for Indian people; i.e., adolescents, adults, families, elders, etc.	Area Boards and Tribes	
Local/Tribal		
1. Educate states and Washington, D.C. on what tribes are trying to do regarding state block grants, payer of last resort and related issues.	Tribal Leaders	
2. Recruit federal Indian desks, officials and tribal leaders as advocates to support effort.	Tribal Leaders	Ongoing Basis
3. Identify leadership to address environmental and resiliency factors; i.e., traditional values, language, history, etc. to promote passage of tribal friendly legislation.	Tribal Leaders and Local Communities	

RECOMMENDATION: 4

Strategic Planning must be promoted and implemented in our tribes, communities and among our people. The plan must be thoroughly understood and thought out in terms of integration and holistic planning; i.e., law and order includes public health. The plan needs to be aligned with the Healthy People 2010 goals.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Analyze the one-department policy and its' impact on tribes and Indian people with a White Paper.	NCAI	
2. Align the Strategic Plan goals with Healthy People 2010.	A/SA Work Group	
3. Conduct education on the A/SA Strategic Plan	A/SA Work Group	
Regional/State/Area		

1. Strategically plan for immediate access to needed treatment facilities and at the same time reduce the bureaucratic aspects for services.	IHS and Tribes	
Local/Tribal		
1. Check data with local area to ascertain whether data is agreed upon in order to validate date.	Tribes	Annually
2. Programs need to look at indicators of success; i.e., quality vs. quantity, effectiveness of "grandfathering" in Counselors, tracking systems, aftercare, whole families, halfway house, etc.	Tribes (Our)	
3. Review, re-evaluate and reaffirm the Tribal Action Plan at the local level.	Tribes	Quarterly
4. Urban and Tribal communities to consider all related areas for Strategic Plan.	Urban and Tribal Communities	6 Month, Annually and 5-Year Intervals
Other		
1. Conduct an analysis and the impact of the one-department policy regarding consolidated programs.	KAI	Within 2 Months
2. Conduct needs assessment to find out what the needs are at the local area.		Annually

RECOMMENDATION: 5

Ownership in the plan begins with the fact that "I have a role and responsibility to take action in support of the plan. We need to be pro-active and accountable for our actions and our role. It's critical that we acknowledge our indicators of success; i.e., quality vs. quantity, among our tribes, community and programs.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		
1. Responsibility and role to play in this plan.	Tribal Leaders (We All)	Immediately
2. Responsibility to move things forward and not rely on someone else"	Tribal Leaders (I)	
3. Earn their role	Leaders, Elders, Program Directors and Role Models	

RECOMMENDATION: 6

Cultural Values of love, respect and care for one another needs to be demonstrated among tribes, people and communities. We need to listen to one another and be heard. We must reach out to our diverse tribes, people and communities wherever they may be located; i.e., isolated, incarcerated, etc.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		
1. Treat our people with respect and self-dignity.	Tribes (We All)	
2. Break down the barriers and territorialism that impedes the work.	Tribes (We All)	
3. Listen respectively to the traditional values, teachings and differences being emulated by leaders.	Tribes (We)	
4. Love, care, and respect each other as tribes and a people in order to rejuvenate ourselves.	Tribes (We)	

RECOMMENDATION: 7

Recognize Diversity of our tribes, people and communities and respect our uniqueness. Our strength is in our ability to be united and unify as a people. It's important that we acknowledge and recognize the diversity of our leadership.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Search for a mechanism to unify, recognize our diversity, avoid territorialism and move as a body with a unified voice on A/SA.	Tribal Leaders, NCAI and Federal Government	
2. Advocate that tribal leaders don't have to change but can adapt without losing their traditional ways.	NCAI	
Regional/State/Area		
Local/Tribal		
1. Recognize and validate our leadership for the diverse and difficult work they are doing to address A/SA.	Tribal Leaders (We All)	
2. Acknowledge our own struggles, contradictions and diverse challenges we confront as individuals and as a people.	Tribes (We)	

RECOMMENDATION: 8

Leadership needs to be GONA-cized at all levels. We need to grow and groom positive leadership. Leadership needs to be responsible and accountable for their actions.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Identify Tribal leaders committed to addressing A/SA issues in order to utilize their expertise and commitment.	NCAI	
Regional/State/Area		
Local/Tribal		
1. Tribal leaders need to be GONA-cized.	Tribal Leaders	
2. Address the problem of denial in tribal leadership.	Tribes (We)	
3. Identify and acknowledge our unique leaders who are the trailblazers on A/SA issues, work in diverse communities and emulate qualities of accountability, trust, faith, and a desire for balanced perspectives, but yet know their limits.	Tribes (We All)	
4. Leaders need to be more global and broader than their own tribe or country in order to present a holistic perspective in order to advocate on behalf of all of us.	Tribes	
Other		
1. Identify role of leadership.		Ongoing

RECOMMENDATION: 9

Education and Training must be developed to promote the goals for mentoring and job shadowing for our youth. We need to promote healthy role models among our people and communities; i.e., youth, adults, and elders. Staff and leadership development must be provided on an ongoing basis.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Develop education programs to increase the Counseling profession in the field.	Tribes and National Organizations	
2. Earmark funds for youth Job Shadowing opportunities in the A/SA profession, including scholarships.	Federal, Regional and Tribal Organizations	
3. Educate existing organizations; i.e., NCAI,	NCAI and Stakeholders	Short and Long Term

NIHB, etc. and utilize them to the fullest extent on A/SA.		Basis
4. Provide A/SA training at NCAI, NIHB, etc.	NCAI	Short and Long Term Basis
5. Groom leaders to be a bridge to work at the Washington, D.C. level so future leaders can become politically savvy and metamorphacized as a political leader.	TSGAC	
Regional/State/Area		
1. Mentor one another with the support of staff to provide and share basic knowledge.	Regional Organizations and Tribal Leaders	
2. Implement plans for A/SA staff to attend regular Professional Development classes, including a Professional Wellness Plan, leading toward accreditation and CEU's.	Tribes, Area Boards and States	
3. Educate leaders on how to approach various Agencies and not assume that the federal government will provide for us.	Area Boards	
4. Provide leadership development and education for leaders who have concerns that no one will listen to them.	Area Boards	
Local/Tribal		
1. Personalize retreats for their staff where staff is allowed to be pampered during such retreats, which can be short and concise and ensures bonding and gifting.	Tribes	Annually
2. Request that tribal leaders attend A/SA conferences and meetings so they can better understand and hear the issues.	Tribes (We)	
3. Mentor Ttribal leaders, staff and youth to promote involvement of youth in schools.	Tribes and A/SA Programs	
4. Advocate and promote youth leadership development and incorporate tribal cultural goals so youth can be tribally savvy.	Tribes	
5. Educate our Indian people about dealing with the state government and the resources they have.	Tribes (We)	
Other		
1. Conduct training on Effective Leadership.		On-going

Additional Leadership Development and "Call to Action" Recommendations of Importance:

- Ensure that we are all one same path by looking at the whole community, instead of Human Development taking the back seat.
- Indian Health Service should request a budget that has Indian Health as the agency for flow through dollars since there is an existing A/SA program, structure, and ability to bring the group together.
- Tribes need to approach SAMHSA for distribution of funds directly to tribes especially in rural areas, instead of to states.
- We all need to collaborate and dialogue on the development of partnerships with tribes, communities, states, and federal government.
- We need to recognize that the federal government has the responsibility for health care and related services, but has limited funds, and we need to work with states as well.
- NCAI and Indian Health Service and Task Force need to overcome obstacles in order to address A/SA issues.
- NCAI and federal government must recognize that Law & Order is a public health phenomenon.
- We need to take action to support our "weak links" amongst us.
- Tribes need to provide opportunities for tribal leaders to talk about what they see in their communities in terms of their strengths, opportunities, obstacles, and visions for the future and strategic plans in order to be pro-active in articulating position of community rather than being re-active.
- Tribes must plan and strategize programs and acceptance of funds for programs.
- We must be prepared and demonstrate ability to meet with state, local and federal officials in an instant notice; i.e., dress appropriately, dress smart, etc.
- Federal, state and local organizations must earmark funds for Prevention Programs to avoid A/SA problems and issues.
- We all need to register to vote in state, local and national elections and become PCO's.
- Indian Health Service must update the A/SA national directory on types of facilities and/or treatment centers available to clients. Directory should be distributed to all tribes, staff and people via technology and a directory.
- Tribes need to assess and promote pre- and post-facilities for clients in neutral facilities and environment.
- All of the above recommendations are a Priority and recommendations are continuous and ongoing to be addressed on behalf of the people. It is time to take a STAND on A/SA issues.
- Federal government and states must establish funds to support incarcerated/convicted tribal members so they can prevent/avoid relapse and realize improved living conditions in their community.
- We don't have Platinum Visa Cards for essential services. As tribes, we're part of the American system and we don't have to be left out.

Strategic Direction:
DEVELOP ALTERNATE FUNDING

There are a wide variety of alternative funding sources which must be examined and exhausted for potential applications in Indian Country. This will include the full list of federal agencies and programs, such as the Department of Interior; Department of Justice; Department of Housing and Urban Development; Department of Education and other agencies within the Department of Health and Human Services, to name only a few. In addition to other federal agencies, strategies could be developed to assist tribes and urban programs to access State and local alcohol and substance abuse program funding.

GOAL:

To develop alternative funding opportunities, resources and partnerships for tribal and urban alcohol and substance abuse programs.

RECOMMENDATION: 1

Investigate funding opportunities and develop funding partnerships with federal, state, county and municipal agencies and organizations.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Contact the following agencies for funding opportunities and funding cycles related to alcohol and substance abuse: SAMHSA, NIH, NIDA, ONDCP, DOJ, DHHS (Head Start), DOE (DF Schools), HUD (Drug Elimination, DOT, DOL, DOD (TeleHealth) and CDC.		
2. Expansion of language for inclusion of tribes/organizations in funding/grant opportunities with other Federal agencies.		
3. 250 self-governance tribes leverage through funding in developing partnerships and recognition of government to government relationship.		
4. Meet with tribes to examine model programs to assist with research models to increase funding.	IHS	Within 6 Months
5. Access separate funding for residential treatment and recognize tribes as regional treatment centers to access funding.	IHS	
6. Assist tribes in inter-state agreements to access Medicaid reimbursements (look for successful models).	IHS	
7. Advocate for reimbursement of Medicaid to tribes as sovereign nations (include special funding for residential treatment).	IHS	Within 6 Months

8. Recognition of tribes in US/Canada agreements for border tribes.		
9. Advocate assessment in agreement.	IHS	Within 5 Years
10. Get state/federal agencies to meet to advocate for treatment dollars and services to tribes.	IHS	
11. Formal communication from IHS to state governments.	IHS	
12. I/T/U working collectively will develop a training program to maximize third party reimbursements in behavioral health program.		Within 12 Months
13. SAMHSA to have Indian person from IHS to assist in accessing treatment dollars.	IHS	
State/Regional/Area		
1. Contact the Centers for Medicaid and Medicare Services for Medicaid and SCHIP funding opportunities related to alcohol and substance abuse. Especially related to TRBHE billing.		
2. Investigate Federal pass through funding opportunities associated with State block grants such as City and County health departments.		
3. Investigate tobacco settlement funds and options for funding opportunities related to alcohol and substance abuse in Indian Country.		
4. Contact State Juvenile Justice offices for funding opportunities related to alcohol and substance abuse affecting Indian juveniles.		
5. Recognition of tension between state/tribal government relations.		
6. State block grants available to organizations, but not tribes. Include language for access to tribes.		Within 2 Years
7. CMS needs to be a part of work group partnership to address treatment issues.		Next 6 Months
Local/Tribal		
1. Contact nonprofit organizations, professional organizations, foundations, and churches for alcohol and substance abuse funding opportunities. Some specific organizations to consider are: the Kellogg Foundation, Casey Family Foundation, Robert Wood Johnson Foundation, Boys and Girls Clubs, and Oxford House.		

2. Encourage local tribes to develop partnerships with local governments and service providers.		
3. Investigate the possibility of having a percentage of tribal gaming proceeds fund alcohol and substance abuse related programs.		
4. Investigate the possibility of a tribal tax on alcohol dedicated to alcohol and substance abuse related programs.		
5. Intertribal council to assist tribes in grants and proposals.		
6. Title VI – Any/all HHS tribal programs can contract directly for local services.		

Strategic Direction:
DEVELOPING PARTNERSHIPS

The IHS Alcohol and Substance Abuse Program must make community collaboration and communication and networking with tribal, state and federal entities a priority. Emphasis must be placed on tribal, state and federal service delivery partnerships and the incorporation of key stakeholder input. This could be accomplished through scheduled networking, communication and collaborative meetings at all levels.

GOAL:

To develop partnerships with tribal, state and federal entities to increase service delivery and allow for stakeholder input.

RECOMMENDATION: 1

Catalogue partnership best practices so that tribes, urban providers and others can understand what success looks like and also provide contact information.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Develop various successful partnership models to share with other tribes and agencies.	IHS (in collaboration with NIHB, NCAI, Task Force)	Within 12-18 Months
2. Develop tribal community meetings – identifying impact of A/SA problem. Identify ownership of the problem and accountability in solutions. Identify best practices and incorporate in Tribal Action Plans.		Within 12-18 Months
3. Ask SAMHSA to assist Indian Country in cataloging best practices.		
4. Meet with professional associations to identify and discuss needs in behavior health in Indian Country.	IHS Director Tribal Consultation	Within 12 to 18 Months
State/Regional/Area		
Local/Tribal		

RECOMMENDATION: 2

Develop new tribal, urban and agency Memorandums of Agreement (MOA) / Memorandums of Understanding (MOU) that allows for a comprehensive approach to alcohol and substance abuse issues in Indian Country.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Each IHS Area will meet with tribes, agencies, state A/D Director to develop new	IHS Areas	Within 12 to 18 Months

Memorandums of Agreement.		
State/Regional/Area		
1. Include law enforcement to convene a meeting of all agencies/tribes to develop comprehensive approach to address A/SA issues focusing on youth.		Short & Long Term Basis
Local/Tribal		
1. Develop partnerships and agreements between tribes and urban care providers.	Tribes and Urban Care Providers	

RECOMMENDATION: 3

Include tribes and Indian organizations in the language of legislation to assist in developing partnerships between tribes, Indian organizations and State and Federal agencies.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Recognition and inclusion of American Indian youth and tribes and organizations in the language of the Younger Americans Act and pending legislation.	IHS	Next 2 Years
State/Regional/Area		
Local/Tribal		

RECOMMENDATION: 4

Provide a clearinghouse of resources and educational opportunities that tribes can access to increase service delivery.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Provide tribes with a public health preparedness presentation addressing how to respond to trauma and attacks on security.	IHS (Jerry Howard)	
2. Fund person to assist tribes in research and development of research proposals and access to experts and serve as a clearinghouse.	IHS	
State/Regional/Area		
Local/Tribal		

Additional Recommendations of Importance:

- We cannot see A/SA as separate from Mental Health as they go hand in hand and are one over-arching issue
- Acknowledgement in Community
- Identify all resources
- Urban areas-quality of life issues
- Partnership of Purposes
  - Education, Housing and juvenile justice
  - Improvement of Services
  - Demonstrating Need
- Universities
  - Teaching – research – service
- Highest level possible to develop partnership
- Each tribe needs to identify internal coordination and local coordination
- Identifying the function or purpose of the partnership
- Conduct survey of functional needs in dialogue with behavioral health issues in community
- DHHS to fully implement Title VI with the 638 process.
- DOD to work with tribes in developing telecommunication/internet access
- Retrain line staff (quality assurance) to understand billing process
- There is a need to identify the number of certified NA and certified SA counselors nationally, regionally and locally.
- Each IHS Area will meet with tribes, agencies, state A/D Director within 12-18 months:
  - Identify Who
  - Develop Plan
  - Community Input
- Partnership/agreements between tribes and urban care provider:
  - Meetings with tribes, justice-children A/D programs
  - Issues on sobriety-employment voc-rehab
  - Cost Sharing
- Inclusion of traditional housing as a part of tribal services and IHS funding.
- Include law enforcement to convene a meeting of all agencies/tribes to develop comprehensive approach to address A/SA issues focusing on youth on both short term and long term basis.
- DJJDP-mandate to address minority population (IHS to explore).

Strategic Direction:
TRENDS, DATA, RESEARCH & IMPROVED TECHNOLOGY

To fully understand the complex nature of alcohol and substance abuse, mental health issues and the many other factors affecting the wellness of Indian communities, accurate and timely data and research is necessary. Currently, the lack of accurate or compatible utilization of data is one of the largest weaknesses in the I/T/U alcohol and substance abuse system. Fixing this problem will require accurate and compatible data systems, coordinated efforts and increased community-driven research.

The IHS Alcohol and Substance Abuse Program will emphasize the potential for expanded inter-connectedness of the Indian community. Funding sources will be identified by IHS to provide the Areas and the poorest and most remote tribes with new or updated technological software and hardware that is consistent with Tribal and urban Indian needs, accurate epidemiological data gathering and GPRA regulations. In addition, resources must be identified for technical assistance and training compatible with the new Behavioral Health Management Information System currently under development.

GOAL:

To provide accurate and timely data systems, coordinated efforts and increased community-driven research with improved technology that allows for expanded inter-connectedness of the Indian community.

RECOMMENDATION: 1

<u>Trends:</u> Identify data, research and technology trends that impact systems performance.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Pay attention to how improved system performance by program can overload system (funding, staffing and facilities).		
2. Apply economies of scale to the technology available and the cost effectiveness of the data/information management systems at various sites.		
Regional/State/Area		
Local/Tribal		

RECOMMENDATION: 2

<u>Data:</u> Develop a system that minimizes data entry time; is user friendly; can be used for program evaluation; facilitates data sharing and stakeholder partnerships; provides feedback and validation of data; doesn't negate previous

Tribal investments in software and systems; supports Tribal management information systems and staff; responds to the distinct needs of Tribes as well as occurring disorders and multiple systems.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Refocus IHS efforts on "first steps first" by conducting activities, which benefit all tribes, such as: • Developing an inventory of existing data (especially related to outcomes), putting the information in user friendly formats and making it available to Tribes • Conducting a survey that identifies current tribal information management and technology needs and applications (to be enhanced by support of senior Tribal and IHS leadership).	IHS	
2. Develop a web-based application that emphasizes easy accessibility ("point-and-click") one stop web-based data and information systems.		Continuously
3. Provide updates of data and research to these web-based sites to support trends analysis and program planning. (This could include a standardized system where Tribes could get data + analysis from a single "location" for all IHS components).		Quarterly and Annually
4. Establish a "minimum standards/requirements" approach rather than a "one-size-fits-all" approach to provide a range of options to reflect varying degrees of Tribal diversity.		
5. Increase marketing of available services (e.g. ITSC) and the benefits they provide to Tribes/programs (e.g. reports, relationship from local picture to regional average to national roll-up, etc.).		
6. Find ways to ease access to, and the effectiveness of, problem specific tech-support.		
7. Support small Tribes/average Tribes (under 300 population) in using readily available data base applications (e.g. MSAccess) to meet their database and information management needs until the "new and improved" systems under development become accessible and feasible at their level.		
Regional/State/Area		

Local/Tribal		

RECOMMENDATION: 3

<u>Research:</u> Develop a system that minimizes data entry time; is user friendly; can be used for program evaluation; facilitates data sharing and stakeholder partnerships; provides feedback and validation of data; doesn't negate previous Tribal investments in software and systems; supports Tribal management information systems and staff; responds to the distinct needs of Tribes as well as occurring disorders and multiple systems.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Educate stakeholders about the importance of entering into agreements with Tribes to establish the criteria and conditions by which tribal ownership of their own data will be respected and incorporated.		
2. Facilitate the development and distribution of a resource directory of Tribal Behavioral Health and information management programs and approaches, which can be used to support Tribal program development and networking.		
3. Support Tribes in conducting their own research and establishing the necessary data registries (See NARCH grants/expanded).		
4. Begin to collect data on effectiveness of prevention, treatment, aftercare approaches.		
Regional/State/Area		
Local/Tribal		

RECOMMENDATION: 4

<u>Improved Technology:</u> Develop a system that minimizes data entry time; is user friendly; can be used for program evaluation; facilitates data sharing and stakeholder partnerships; provides feedback and validation of data; doesn't negate previous Tribal investments in software and systems; supports Tribal management information systems and staff; responds to the distinct needs of Tribes as well as occurring disorders and multiple systems.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
1. Study the viability and applicability of tele-medicine in strengthening the I/T/U health system.		
Regional/State/Area		
Local/Tribal		

RECOMMENDATION: 5

<u>Resources:</u> Develop additional resources to address data collection and entry costs; site resistance; countrywide system technology compatibility costs; and upgrade to standards costs.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		

Strategic Direction: COMMUNITY EDUCATION, AWARENESS AND PREVENTION

Education and awareness are paramount to the overall understanding of alcohol and substance abuse in Indian communities. Increased awareness can be facilitated through the development of curriculum addressing the diverse issues surrounding alcohol and substance abuse and through subsequent implementation in the public education system. Prevention of alcohol and substance abuse is also facilitated through increased community education programs in tribal and urban communities on all levels.

RECOMMENDATION: 1

"Break the Cycle." We all know what the problem is. We need to educate ourselves in our communities on all levels: the courts, the Department of Justice, departments of corrections/detention, schools, resources of federal, tribal, county, city and community levels.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Education		
Regional/State/Area		
Education		
Local/Tribal		
Education		

RECOMMENDATION: 2

Revisit, educate and resolve American Indians/Alaskan Natives/First Nations Tribes' multi-generational and historical traumas in a non-blaming, healthy and healing way. Decolonize our people. It is believed this DELAYED multi-generational grief has been a major contributor to our people's alcohol and substance abuse and co-occurring health/wellness situations.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		

Local/Tribal		
Heal multi-generational and historical traumas; decolonize		

RECOMMENDATION: 3

Educate the Indian Health Service and other federal, state, county, city and local tribal community people about self-governance and self-determination—what it is all about and the responsibilities involved, so we can hold all systems and people accountable and responsible. Sovereignty is an issue as states and other systems interfere.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Educate agencies/employees about self-governance and self-determination		
Regional/State/Area		
Educate agencies/employees about self-governance and self-determination		
Local/Tribal		
Educate agencies/employees about self-governance and self-determination		

RECOMMENDATION: 4

Consistency, continuity, and follow-up of Tribal Action Plans (TAP) and any decisions and commitments made by individuals and systems are very critical to a successful outcome.

For example: How many tribes were involved in the development of Tribal Action Plans (TAPS), and how many have implemented the goals and objectives stated in the TAPS document of their tribes? How many tribes are currently still complying with plans made? Or are they on the shelf for tribes and/or Indian Health Service?

Obligate funds for follow-up activities on any "Strategic Plans" made, decided upon and/or considered for AI/AN/FN tribes' implementation by Congress and Indian Health Service. To do so will meet the need for consistency, continuity and follow-up activities.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Obligate funds for follow-up activities on strategic plans		
Regional/State/Area		
Local/Tribal		

RECOMMENDATION: 5

Education needs to be prevention-focused.

For example, tribes should begin to counter misleading messages of alcohol and substance/chemical use and tobacco use given through commercials produced by major corporations, brewery and/or tobacco companies.

LET'S LOOK AT NEW WAYS OF EDUCATING OUR PEOPLE. The one-way street education approach of what alcohol is and what it does hasn't worked!!!!!

We need to learn more about why there is an increase of substance abuse among our young people in our communities. More funding is needed for prevention activities/services.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Increase prevention funding		
Regional/State/Area		
Increase prevention funding		
Local/Tribal		
Increase prevention funding		

RECOMMENDATION: 6

Include our grassroots people in initial discussions of development and implementation of any "National Strategic Plans" made. We want no more cookie cutter approaches.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		

RECOMMENDATION: 7

Education should include cultural and traditional teachings of our various tribes.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Coordinate a regional or national level information/consultation meeting to share "BEST		

PRACTICES" approaches from the tribal level.		
Regional/State/Area		
Encourage the behavioral health and other helping field organizations and institutions to integrate teachings of available traditional European/Western and American Indian/Alaskan Native/First Nations' traditional medicine, counseling and healing methods to their new employees and a part of their orientation processes. *This may involve a retroactive process of current staffing of the IHS, other systems, and tribal organizations working with AI/AN/FN tribes, people.* For example: physicians, nurses and other primary care providers of hospitals and clinics need to be educated on AI/AN/FN traditional/medicine; healing methods.		
Local/Tribal		
Have knowledgeable, healthy AI/AN/First Nations tribal people teach primary care providers/ patients/communities about what is culturally appropriate and relevant and about cultural competencies—i.e., tribal language(s), beliefs/values, spiritual practices and nutritional traditional foods within their own communities.		

RECOMMENDATION: 8

Develop and implement sober elderly, adult, youth and leaders' mentoring and coaching programs within all organizations.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		
• Tribes should identify sober, healthy individuals within their own communities and train them, with funds to support their training, on how they can effectively work with their own people. Sample topics include: partnership, coalition building activities, experiential learning opportunities in rope courses, river rafting, weaving, beading, drum making, drumming, cutting wood, cooking, preparation and possibly co-facilitation of Stone People Lodge ceremonies, wood carving, minor vehicle repair, life habilitation skills. • Involve these individuals in providing technical assistance and support to organizations and schools. Have input on the development and implementation of school curriculums being		

taught to their children. • Have tribal communities develop and implement "Honoring Sobriety," a weekly or monthly Tribal Recognition Day where there is a potluck community dinner or refreshments served.		

RECOMMENDATION: 9

Our tribal organizations need to build and strengthen their capabilities (knowledge base and skill levels) for effective, productive program management and patient service delivery system. We need to learn to utilize the resources we have within our own communities and coordinate services for our clientele/patients. For example, the CHRs are the eyes and ears in each AI/AN communities. They, at times, are under-utilized. Many other resources are probably in the same situation.

It was felt that coordination of Behavioral Health Services utilizing existing and available supportive resources is very detrimental for a patient's recovery/livelihood. And although coordination of services for BH and Co-Occurring/Co-Morbid conditions of patients are critical, the need to visibly have these three disciplines separate in their identity into the future is a necessity.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		

RECOMMENDATION: 10

Healthy tribal leadership starts at the top. Our tribal communities need sober, honest, educated community tribal leaders dedicated to A/SA preventing healing and recovery.

ACTION STEP	RESPONSIBLE PARTY	TARGET DATE
National		
Regional/State/Area		
Local/Tribal		
Leadership makes a commitment to sobriety, honesty, education		

The National Tribal Consultation meeting and workgroup session on A/SA was an opportunity to have input and advocate for productive, constructive systemic changes. We see a need for change. We do not want to repeat how things have been historically done. We would like to work toward developing a healthier and collaborative relationship/partnership. We would like to be listened to and go on record of an official document stating the above concerns and recommendations.

ORAL AND WRITTEN

RECOMMENDATIONS / COMMENTS

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Community Education, Awareness and Prevention

Name	Organization	Comment	Impact
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	1. Development of collaboration between IHS and BIA education to come to agreement on the implementation of curriculum to address substance abuse, violence, and mental illness. Standardize curriculum in schools. 2. Other types of schools funded by state, etc., still need IHS to develop collaboration to address this for Native American children 3. IHS needs to do a better job of advocating and obtaining additional funds to adequately (at level of need) fund tribal programs in this area	
Gillette, Russell	United Tribes Technical College	1. Provide more funding for tribal colleges 2. Develop training for families in communities	
Meza, Kenneth, Chairman	Jamul Band of Kumeyaay Indians/Southern Indian Health Council	The Southern Indian Health Council agrees with and fully supports the work of the National IHS Workgroup for the National 5-year Strategic Plan	
Ohrstrom, Hilding	Coeur d'Alene Tribal Family Healing Center	Merging education/prevention & treatment programs might help	

Name	Organization	Comment	Impact
		people realize their need for treatment	
Sun Rhodes, Merle	Fort Peck Tribes/Spotted Bull Treatment Center	1. Instill values in children as prevention method 2. Colleges could create courses addressing A/SA issues 3(a). Profile IHS doctors 3(b). Educate IHS doctors in A/SA issues; study area they are serving; continuum of care 4. Annual consultation	
Ward, Clay	Oklahoma City Indian Clinic	1. Increase education, awareness & prevention 2. IHS, SAMSHA, etc., could publish “Best Practices” of Indian programs that are effective/successful & distribute to tribes & urban programs 3. Increase funding for youth prevention/awareness/education	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

A Call to Action

Name	Organization	Comment	Impact
Campbell, Dale V.	Sacramento Urban Indian Health Project, Inc.	(A) Develop a few successful models spanning diverse areas involved in CD recovery (education, social/health, employment/commerce); (B) Seek organizations ready/willing to make changes and assist them through process Programs would be 4-dimensional (4th dimension is spiritual & ethical); (C) Develop common language to increase ease of dissemination & understanding; (D) Usher in a global organization to disseminate information and implement new concepts using the Internet; this organization would be comprised of people committed to institutional & societal reconception and would practice same principles as those used in recovery process	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Developing Alternative Funding

Name	Organization	Comment	Impact
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	IHS needs to continue to support tribes in their right to all services with adequate funding. Should tribes go after alternate funding this DOES NOT RELIEVE the government from its obligation. This needs to be very clear to the federal government and IHS must stand with tribes on this.	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Leadership

Name	Organization	Comment	Impact
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	1. Leadership must be active and fighting these issues both on a national and state level to ensure proper funding and to address any changes in laws, policies impacting substance abuse 2. Develop appropriate media material to Native American youth	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Improved Technology

Name	Organization	Comment	Impact
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	IHS is to work cooperatively with all Indian tribes to assist them in determining their technological needs (not force the IHS system on tribes). All tribes have various needs for technology at different levels.	
Ohrstrom, Hilding	Coeur d'Alene Tribal Family Healing Center	1. Improved technology should not reduce funding for counselors—it needs to be in addition 2. Need to track data for non-counseling intervention such as sweat lodges, native healers, etc.	
Polk-Primm, Dr. Donna L.	NE Urban Indian Health	Implement tele-health to address service areas lacking mental health service	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Intervention, Treatment and Aftercare

Name	Organization	Comment	Impact
Campbell, Dale V.	Sacramento Urban Indian Health Project, Inc.		
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	IHS funding has had little increase over the past 7 years-adequate funding is needed to address this support and provide some funding to collaborative substance abuse task teams who are addressing these issues	
Gillette, Russell	United Tribes Technical College	1. Develop traditional values/standards for programs 2. Focus on intervention, educational, & leadership development for communities	
Hornbuckle, C. J.	Unity Healing Center	1. Conduct annual follow-up consultations to monitor the 5-year plan progress & implementation 2. Provide additional funding for RTC's that does not come out of local tribal programs 3. Provide positive advocacy for RTC's at headquarters level	
Ohrstrom, Hilding	Coeur d'Alene Tribal Family Healing Center	1. Critical need for 6-month to 1-year halfway house on reservation & in urban areas 2. Fund case management (critical treatment modality)	

Name	Organization	Comment	Impact
		3. Provide funding to incorporate teaching by elders in treatment programs 4. Develop vocational opportunities (such as Pete-Young Housing in Transition & Delaney Street do)	
Prim, Dr. Donna L.	NE Urban Indian Health	Identify the number of certified NA substance abuse counselors nationally, locally, regionally	
Wagner, Chuck	Suquamish Tribe	1. Fund tribal community-based treatment programs that include fully-staffed outpatient program for co-occurring disorders w/intensive outpatient, outpatient, assessment (multi-axis), outreach services w/transitional 2. Provide funds to construct buildings to house these programs	
Ward, Clay	Oklahoma City Indian Clinic	1. Provide technical assistance to tribes/urban programs on aftercare services and/or treatment 2. Provide T/A for staff trainings 3. Increase grant/funding opportunities for tribes/urban programs	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Professional Development

Name	Organization	Comment	Impact
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	All IHS training and certification must be in compliance with national and state licensure/certification	
Hornbuckle, C. J.	Unity Healing Center	Develop minimum standards for counselors (area certification board)	Addressed in Implementation Plan
Park Primm, Donna	NE Urban Indian Health	1. Within 12 months develop internships for counselors so they can train at a variety of sites 2. Within 12 months negotiate agreements w/tribal colleges to develop certification/licensure programs for behavioral health 3. Within 12 months develop tele-health demonstration model (work with DoD to acquire software/hardware)	1. Addressed in Implementation Plan 2. Consider integrating into Implementation Plan 3. Addressed in Implementation Plan
Wagner, Chuck	Suquamish Tribe	1. Provide funding for tribal programs to train tribal members so they will be qualified to fill A/SA positions 2. IHS should offer continuing education for clinical & administration staff to keep them current on trends/practices in the treatment field	1. Consider integrating into Implementation Plan 2. Addressed in Implementation Plan

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

Trends, Data and Research

Name	Organization	Comment	Impact
French, Verland and Elva Craig	Salt River Pima-Maricopa Indian Community	1. Develop clearinghouse for all post, current & future research for use by tribes. May locate in specific regions rather than centrally in WDC. 2. Have IHS data validated in a more timely manner, not at 10-year intervals (possibly 2-year intervals) 3. Let tribes determine what research is needed for their community	
Harlan, Calvin	Fort Belknap Community Council/Tribal Health Program	Hold meeting to devise uniform data reporting system that will be compatible for all programs (638 CD programs seem to be out of IHS loop)	
Wagner, Chuck	Suquamish Tribe	(A) IHS should develop database that works from a computerized patient file, which would include progress notes, assessments (multi-axis), ASAM PPC2, treatment plans, assessment (?) letters, monthly status reports. Database would meet requirements for state certification (need for 3rd party billing). (B) Database would be able to	

Name	Organization	Comment	Impact
		do online billing for CMS Medicaid reimbursement, insurance, etc. (C) Database would compile data such as client/patient satisfaction, outcome studies (D) Database would produce data tribes could use for funding & planning needs	

NATIONAL 5-YEAR STRATEGIC PLAN RECOMMENDATIONS/COMMENTS

General Recommendations and comments

Name	Organization	Question/Comment	Impact
Tom Begich	Cook Inlet Tribal Council	On page 41 of the briefing book there are some small errors to second paragraph. In fact, a substantial amount of funding goes to substance abuse treatment, sobriety movements, etc. Also, Cook Inlet Tribe was omitted as an operating unit from the fund distribution formula document. Finally, Scot Prinz is not an IHS employee, but an employee of the Alaska Native Tribal Health Consortium. His room number is Suite #120 and his phone number is 907-729-3643.	
Robert Nakai	Navajo Division of Health	Will be able to see the consolidation of all of this work so that we can share with chapters and tribal people?	**Frank Canizales:** • Yes, the process will occur in two stages. First, we need to make sure your contact information is accurate on the registration forms so that we can get you final recommendations of Work Group. Second, in Work Group will be reconvened in October to review the recommendations and reach agreement on a final draft to the Director. Each tribe and urban program will receive copies of this.
Jim Hornbuckle	Cherokee Nation, North Carolina	I would like to suggest that a National Consultation needs to occur more frequently than every 17 years. I would suggest an annual consultation. I have fears about a five year plan without a mechanism to monitor the plan.	
Rita	St. Regis	I agree, we should have a consultation on a regular	

Name	Organization	Question/Comment	Impact
LaFrance	Mohawk Tribe	basis. We are concerned about the process for this activity as it is different than what we are used to. We've been working with USET. I would recommend that at the national area, the consideration be made to work with USET and tribal leadership for Work Group participation.	
Eleanor Ward	Chehalis Tribe	Again, what will be the date when we get the consolidation of this information?	**Frank Canizales:** • The Work Group will reconvene in October with final recommendations to the Director by the end of October. **Director Grim:** • Once I receive the final copy and we've reviewed it with our staff, we will make every attempt to get it out as soon as we can. I understand there are NCAI and NIHB meetings coming up. If at all possible, if we can make these available to these national organizations prior to some of these meetings, we will do that. We will distribute it to each of you who have been here to the extent that we have your address, etc. We will also be making them available to Tribal leaders, urban Indian organizations and alcohol programs across the nation. We'll make sure this occurs. Sometime in November, but I can promise that by the end of the calendar year.
Doreen	Colorado River	Once the document has been sent out, is there a	**Director Grim:**

Name	Organization	Question/Comment	Impact
Welsh	Indian Tribes	turn around time for comments?	• What this meeting was envisioned to be was that National Consultation for recommendations. We could entertain written comments from Tribal leaders to the Work Group before their final meeting in October. We are never closed to comments. Once we publish a written document like this, it is a living document as things change and things need to be updated. The idea was that the final mailout would be for the strategic plan and not a mailout for further consultation. I will accept comments from people if they feel strongly against this.
Elva Craig	Salt River Pima-Maricopa Indian Community	We all took the energy to attend this conference. I would like to know all the tribes that gave input here today and those tribes that are not here today. Are those tribes not here, are they going to be able to give input? If so, what are the guidelines for this?	**H. Sally Smith:** • We would consider additional input at HOSW next week through written comment. We could make a provision for additional written or email comments by September 30, 2002. **Director Grim:** • If you weren't here at this meeting, you missed a lot. An additional mailing would probably only generate a few comments and would be quite expensive and we've done that. What I'm proposing is that Kauffman and Associates, Inc. can have a very rough draft of the

Name	Organization	Question/Comment	Impact
			comments that have been made relevant to the 9 strategic directions of the Strategic Plan. We can then get out an electronic copy to all those Tribes that we have email addresses for. We will also send it out to Area Directors and/or Tribal Self Determination officers in the Area and ask them to somehow distribute to the Tribes with comments by the end of September.
Rita LaFrance	St. Regis Mohawk Tribe	Will the flipchart information be typed out and available?	**Frank Canizales:** • Yes, we also had reporters in various breakout sessions that were compiling this information via computer that will be compared to the flipchart notes for accuracy.