Tribal Action Plan

Guidelines

2011

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Introduction

The Tribal Law and Order Act of 2010 (Public Law 111-211) ("TLOA") amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (Public Law 99-570) ("the Act") and mandates that the Secretary of Health and Human Services, the Secretary of the Interior, and the Attorney General develop and enter into a Memorandum of Agreement ("MOA") to create and implement a coordinated effort for the prevention and treatment of alcohol and substance abuse at the local level. The amendments also requested Department of Health and Human Services (DHHS), Department of the Interior (DOI), and Department of Justice (DOJ) leadership to, among other things: (1) Determine the scope of the alcohol and substance abuse problems faced by Tribes; (2) Identify the resources and programs of each agency that would be relevant to a coordinated effort to combat alcohol and substance abuse among American Indians and Alaska Natives (AI/AN); and (3) Coordinate existing agency programs with those established under the Act.

The TLOA section § 2412 mandates that the DHHS' Substance Abuse and Mental Health Services Administration ("SAMHSA") and the Indian Health Service ("IHS"), DOI's Bureau of Indian Affairs ("BIA") and Bureau of Indian Education ("BIE"), and Department of Justice (DOJ) coordinate resources and programs to assist Indian Tribes, as defined at 25 U.S.C. § 2403(3), to achieve their goals in the prevention, intervention, and treatment of alcohol and substance abuse. It was determined that there is a need to align, leverage, and coordinate Federal efforts and resources at multiple levels within each agency to effectuate comprehensive alcohol and substance abuse services and programs for AI/AN individuals, families, and communities.

Section 2412 of the Indian Alcohol and Substance Abuse Act of 1986, as amended by Section 241 of TLOA (25 U.S.C. § 2412), states at subsection (a) that "the governing body of any Tribe may, at its discretion, adopt a resolution for the establishment of a Tribal Action Plan to coordinate available resources and programs, including programs and resources made available by this chapter, in an effort to combat alcohol and substance abuse among its members." Further, subsection (b) requires Federal partners under section 2411 of this title to "cooperate with the Tribe in the development of a Tribal Action Plan to coordinate resources and programs relevant to alcohol and substance abuse prevention and treatment" and to "enter into an agreement with the Tribe for the implementation of the Tribal Action Plan…" Section 2412 provides for the establishment of a Tribal Coordinating Committee which, among other things, shall have primary responsibility for the implementation, ongoing review, and evaluation of the Tribal Action Plan. Section 2412 also requires that "if any Indian Tribe does not adopt a resolution pursuant to subsection (a) of this section within 90 days after the publication of the Memorandum of Agreement in the Federal Register…the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall require" appropriate components within their respective department to "carry out the purposes of this chapter for such Tribe." With this knowledge, the agencies have developed a Tribal Action Plan Work Group to establish the operating framework and guidelines of the Tribal Action Plan (TAP).

The coordination, inventory of current resources and proven strategies, and the response to Tribal entities seeking assistance, that IHS, BIA, BIE, SAMHSA, and DOJ will provide, can only benefit by the commitment of the AI/AN communities who take a proactive role in addressing alcoholism,

addiction, and alcohol and substance abuse across reservations, villages and urban Indian communities. AI/AN's efforts coupled with IHS, BIA, BIE, SAMHSA, and DOJ staff, will help to further the prevention and reduction activities at the national, Tribal, state, and local levels. No one individual, community, or agency can do this alone. It will take all of us to prevent and reduce alcoholism, addiction, and alcohol and substance abuse across AI/AN communities, reservations, and urban areas.

Alcoholism and substance abuse continues to impact American Indians and Alaska Natives. AI/AN people are taking proactive measures to minimize the alcohol and substance abuse morbidity and mortality among Tribes and urban Indian communities. AI/AN communities are solving their own problems through community partnerships, prevention activities, and collaborating with other agencies in prevention and treatment efforts.

A holistic framework or approach can reinforce the belief that the mind, body, and spirit are all connected to health. It is the cultural strength, values, and resiliency among AI/ANs which have supported their survival. With the full weight of Tribal leadership, Federal agencies, individuals, and families working together, effective long-term strategic approaches to address behavioral health in Indian Country can be established and implemented.

Background

The Tribal Law and Order Act of 2010 stipulates that the governing body of any Federally Recognized Tribe may, at its discretion, adopt a resolution or other equivalent legal enactment of the Tribal Council or comparable governing body, authorizing the TAP on behalf of the Tribe. In the case of a Tribal consortium, current authorizing resolutions or other equivalent legal enactments should be submitted from each Tribe in the consortium, unless existing consortium bylaws allow action without support from all Tribes in the consortium. In this case, a copy of the bylaws should be submitted.

If a Federally Recognized Tribe does not adopt such a resolution or other equivalent legal enactment within 90 days after publication of the Memorandum of Agreement in the Federal Register, the Secretary of Health and Human Services, Secretary of the Interior, and the Attorney General shall require the Bureau of Indian Affairs Agency and Bureau of Indian Education Superintendents, where appropriate, and the Indian Health Service Chief Executive Officer serving such Tribe(s) to enter into an agreement to identify and coordinate available programs and resources to carry out the purposes of the law for such Tribes.

Purpose of the Tribal Action Plan

We have had the opportunity to hear from persons who had originally assisted in the Tribal Action Plan efforts in the early 90s. These experiences have taught us some of the challenges in past efforts and that we need to continue this dialogue, to listen and learn about community's challenges and successes, and share innovative cost-effective approaches. The TAP provides an opportunity for Federally Recognized Tribes to take a proactive role in the fight against alcohol and substance abuse in their communities by:

- Identifying existing strengths and resources that has helped the Tribe overcome past challenges;
- Assessing their needs and resources relative to alcoholism, addiction, and substance abuse prevention and treatment activities;
- Coordinating available resources and programs in an effort to combat alcohol and substance abuse among its members;
- Identifying gaps in services;
- Working with the community to identify urgent or emerging addiction issues;
- Assisting in the development of a comprehensive strategy to prevent and reduce alcoholism, addiction, and alcohol and substance abuse in the community;
- Updating TAP's every two years; and
- Establishing a Tribal Coordinating Committee at the local level.

The Federal agencies will support communities in developing TAPs by:

- Communicating, coordinating, and cooperating fully with Tribes for the purpose of assisting in the development and implementation of the TAP and providing ongoing support (i.e., technical assistance, training, and guidance);
- Assisting Tribes in identifying, coordinating existing, and searching for available resources and services to support and help sustain the development and implementation of TAP;
- Entering into an agreement with the Tribe for the implementation of the TAP;
- Developing an inventory of resources in Indian Country;
- Analyzing the questions and requests for further information received from the Tribes;
- Developing a response to the TAP;
- Developing and maintaining a system of close and continuous communication with Tribes to identify available resources to maximize the benefits of intervention strategies and services to Tribes; and
- Facilitating and supporting Tribes in providing specific training and technical assistance to multi-disciplinary and multi-agency members, allied experts, and community members who are key to the efforts and programs in the TAP.

The information enclosed in the TAP Guidelines is to offer a road map for individually Federally Recognized Tribes and Tribal program providers' in their development of a TAP. The TAP Guidelines is created and designed to assist AI/AN communities in taking a proactive role that addresses the alcoholism, addiction, and alcohol and substance abuse across their reservations,

villages, and urban communities in ways that are culturally responsive. These guidelines provide guidance on how Tribal entities can begin their efforts in developing a TAP. It is our hope that the information will serve as a useful tool and one that can be revised frequently to reflect the ongoing evolution of AI/AN communities and the legislation. These guidelines may be shared with Tribal leaders, health professionals, consumers, and anyone else interested in planning for and developing TAPs.

The TAP is a strategy identified by the Tribal entity that is localized and specific to the community's strengths and resources as well as needs and challenges, and supports the principle of Tribal self-determination. The TAP will provide a map for how the community will come together to share their history, culture, tradition, ideas, resources and their desires to improve the overall quality of health and wellness for the community residents. The development of the TAP should involve all members of the community (i.e., women, men, elders, and youth), local merchants, community organizations, religious and spiritual leaders, social service providers, educators, Tribal council, and reflect the cultural concepts of wellness and healing/service approaches that are particular to each specific Tribal community.

Individual Tribes are given the flexibility to be creative, allowing them to establish the methods they choose to support prevention, intervention, treatment, rehabilitative, and aftercare activities within their communities. However, AI/AN communities are encouraged to highlight the following in their TAP:

- Identify and focus on existing programs and resources in implementing coordinated programs for the prevention and treatment of alcoholism, addiction, and alcohol and substance abuse in the community at the local levels. This should include formal "western" programs and also any informal community, peer, or culturally-based resources that address those concerns.
- Modify or supplement the existing programs and authorities in the areas of education, family and social services, law enforcement, judicial services, victim services, and health services to further the purpose of the TAP.

It is recommended that TAPs be comprehensive and multidisciplinary in scope. A multidisciplinary "team" approach may work best in planning and implementing prevention and response principles and putting them into action. Based on research and anecdotal evidence, a team approach fosters holistic healing and recovery of individuals and their communities. Members of the "team" should not only include behavioral health professionals and program directors from across disciplines but also traditional helpers/healers, community members, consumers, family-members and youth who are recipients of services, or others who can represent the "voice" of the "grass roots" community. When individuals are heard and treated with respect by a committed, culturally sensitive multidisciplinary team, they are more likely to participate in the process and achieve more meaningful recovery. A core team of individuals working collaboratively to prevent, respond, and provide services and resources for the community by offering specialized prevention, intervention, and aftercare services may improve the communities' capacity in addressing these issues across reservations, villages, and urban communities. This holistic approach aligns, leverages, and coordinates existing resources. Finding the right team of persons who represent the community's concerns, can maintain the community's interest and involvement, and is capable of gathering the resources needed to impact a

community's problems is not easy. Therefore, it is important to identify the right team of people who are willing to hear the community members.

No single TAP will work for all communities; rather, the best fit for each community can be developed by examining the community's strengths and weaknesses, and leveraging existing resources. Future TAPs may serve as a resource to help form future Tribal practice-based and evidence-based practices that may be replicated in communities across Indian Country. It is important that the TAP be precise in defining coordination goals and tasks.

The resources, technical assistance, and suggested models identified in these guidelines are merely tools to help broaden the understanding of the community's urgent or emerging addiction issues and the totality of circumstances, both cause and effect. Methods to combat these problems can affect individual Tribal members, families, children and elders, neighbors, victims of crime, and the community as a whole and impact future generations. These resources are provided to help facilitate a process to identify community strengths, gaps, needs, and concerns that will begin the path toward solutions and healing rather than remain problem oriented. Some of these models demonstrate that there are:

- Multiple causes for addictive behavior;
- Recognize that there are individual differences in susceptibility to alcohol problems;
- Promote a balance of prevention and treatment;
- Promote a strategy to target the individual, family, and community environment; and
- Provide creative collaborative approaches that support co-location and sharing of resources among partnering agencies.

It is the combined vision of IHS, BIA, BIE, SAMHSA, and DOJ to place quality at the forefront of health and wellbeing for all AI/ANs in our commitment to assist communities in their efforts to prevent and reduce alcoholism, addiction, and alcohol and substance abuse that honors, preserves, and protects our government-to-government relationship and AI/AN traditional governance, culture, and ways of life. It is the responsibility of the Federal partners to assist AI/AN communities in addressing alcoholism, addiction, and alcohol and substance abuse. These are public health and safety issues that impact AI/AN individuals, families, and communities, which have resulted in devastating social, economic, physical, mental, and spiritual consequences. IHS, BIA, BIE, SAMHSA, and DOJ will maximize the legislative intent of TLOA and its subsequent amendments to accomplish coordination of resources that will improve the overall health and wellbeing of AI/AN individuals, families, villages, communities, and Tribes.

Tribal Coordinating Committee

The Tribal Coordinating Committee (TCC) will consist of a Tribal representative, who shall serve as TCC Chair, the Bureau of Indian Affairs Agency and Bureau of Indian Education Superintendents, where appropriate, and the Indian Health Service Chief Executive Officer, or their representative. Other important and interested persons may include members of the community and/or service providers such as:

- Tribal Leaders
- Tribal Health Director
- Tribal Health Board Representatives
- Community Health Representative
- Tribal Behavioral Health Director
- Public Health Nurses
- Law Enforcement
- Tribal Judicial Services
- Consumer Representatives
- Spiritual Leaders/Clergy
- Elders
- Youth
- School Personnel
- Business Owners

To be effective, these individuals are to be listed in a Tribal resolution or other equivalent legal enactment addressing the formation of the TCC. The Committee will have the primary responsibility for the implementation of the TAP, for on-going review and evaluation of, and making recommendations to the Tribe relating to the TAP; and for scheduling Federal, Tribal, or other personnel for training in the prevention and treatment of alcohol and substance abuse. As problems arise in the development of service coordination, it will be the responsibility of the Tribal Coordinating Committee to identify and address them. The Tribal Coordinating Committee will provide technical assistance where problems concerning coordination of services have developed.

An organizational structure that will promote the most efficient and effective means of achieving its basic goals and objectives is recommended. In addition, the Tribal Coordinating Committee may consider establishing a standing committee for each of the following target areas chosen to be included in the TAP:

- Education
- Family and Social Services
- Law Enforcement
- Judicial Services
- Health Services
- Youth Services

In order to assign and accomplish specific tasks, it is suggested that subcommittees be appointed at least one liaison member from each standing committee. These subcommittees could include:

- Community Needs Assessment
- Service and Resource Inventory
- Goals and Tasks Prioritization
- Performance Standards and Indicators

- Data Collection and Data Analysis
- Quality Assessment and Improvement Management
- Training and Evaluation
- Cultural Integrity and Relevance
- Service Delivery Coordination

Tribal Action Plan Components

A Tribal Action Plan is a Tribal specific version of what may also be known as a strategic plan. There are many models and processes that have been used by Tribal communities, some of which are borrowed from mainstream business practices and others that incorporate cultural adaptations. The section will outline some of the minimum components that should make up a Tribal Action Plan. Tribes may choose to further expand on these minimum components based on their own needs and capacity and they may also determine the best process to develop this plan. Ideally, the plan should be developed through an inclusive process of involving a wide variety of stakeholders, including community members and not an isolated exercise done by Tribal administrators or outside "professionals."

Tribal Action Plans may include the following elements:

- Profile population needs;
- Mobilize/build capacity to address needs;
- Develop Comprehensive Strategic Plan;
- Implement infrastructure development and evidence based prevention and/or treatment programs; and
- Monitor, evaluate, sustain, and improve processes.

A Tribal Action Plan should be comprehensive and should provide a link between the broad "big picture" community assessment/goals and the "nuts and bolts" elements of who should do what specific activities in order achieve those stated goals. The Tribal Action Plan should be a "living document" that is used as a guide by line-staff, managers, administrators, and Tribal officials so that each level of accountability supports the other in a coordinated way.

The following describes four broad components of a Tribal Action Plan that may also be viewed as a community level circular/relational assessment where the elements of Environment, Infrastructure, Resources, and Mission are interdependent on one another to form a holistic perspective. This framework is adapted from a strategic planning process developed by the National Indian Child Welfare Association (See graphic below). Suggestions and examples of those four components are provided:

Assessment of strengths and challenges within the environment:

- The physical, facility, and geographic elements of the community;
- The politics (Tribal, state, and local) that impact the community;
- The economics of the community; and
- The social environment, including cultural values assets as well as community attitudes about behavioral health and justice issues.

Assessment of the strengths and challenges of the basic infrastructure/organization of services:

- Policies, procedures, and protocols that are relevant;
- Overall structure of services and programs including management;
- Fiscal management and accounting structures;
- Personnel management structures, policies, and procedures;
- Inventory of available services and service models being used; and
- Previously existing strategic plans that may be specific to a particular area of need/interest.

Assessment of the strengths and challenges in the area of resources:

- Human resources and workforce resources including professionals, volunteers, and other natural helpers in the community;
- Description of the leadership capacity of the community to implement the Tribal Action Plan. Identify both natural leaders as well as elected "official" leaders in community;
- Identifying "champions" both in and outside of the community who may be able to provide resources and other support to the efforts;
- Funding streams and other financial resources; and
- Partners and other potential collaborators.

Assessment of the strengths and challenges in the area of Mission and Vision:

- Any mandate(s) or other sanctioned authority that will add credibility/accountability to implementing the work of the Tribal Action Plan;
- Overall "spirit" of the Tribal community and level of readiness to engage in the work described in the Tribal Action Plan;
- A description of the values of the community around behavioral health and justice and how those values are or are not reflected in the services and service structures;
- Overall vision of the Tribe/Tribal community as it relates to the work of the TAP (include formal vision statement where applicable); and
- Mission statements of various organizations involved in the work of behavioral health and justice issues.

Once the elements of the strengths and challenges are identified, then the Tribal Action Planning process must "drill down" to actionable steps and realistic goals, objectives, and tasks. There are many models of these types of task plans, but at a minimum they should include:

1. Specific measurable goal that is realistic and time limited;
2. Specific objectives that are required to realize the above stated goal;
3. Specific tasks or activities that will help achieve the objective;
4. Time frames for each of the above;
5. Assignment of people who are responsible for actionable steps;
6. Process of progress review; and
7. Opportunities for "course correction" or adapting/adjusting based on unanticipated barriers/challenges.

Figure 1 Relational Worldview Organizational Level

Tribal Action Plan Model Frameworks

It is understood that there are several Model Frameworks that communities can use when planning and implementing their Tribal Action Plans. For the purposes of this section, four models will be discussed including the Community Readiness Model, the Strategic Prevention Framework, Spectrum of Prevention, and Comprehensive Assessment Process for Planning Strategies. As always, Tribes will select a Model Framework that best meets the community's needs.

Community Readiness Model (CRM)

The Community Readiness Model was developed 17 years ago at Colorado State University. Native communities assisted in the refinement and usability of the Model. It has been named as one of the Nine Best Practices in Indian Country by the First Nations Behavioral Health Association, a national Native organization. Over 1,800 communities have used the model on various issues, with approximately 210 Native communities and over 1,600 multi ethnic communities. It is community and issue specific and was designed to build cooperation between systems and individuals while incorporating the culture of the community into the resulting prevention and social marketing strategies. In a cost and resource effective manner, it helps mobilize communities to develop and implement culturally appropriate intervention strategies. The Community Readiness Model, a nine-stage multidimensional model, is designed to facilitate community change and engage and invest the community. The purpose of the model is to determine the level of readiness of a community to address a specific issue. This level of readiness will assist in selecting the most effective types of interventions to implement. The model can be used for most any issue that a community is facing: child abuse, substance abuse, domestic violence, HIV/AIDS, heart disease, childhood obesity, etc.

The Community Readiness Model:

1. Promotes community change while integrating the culture of the community and the existing resources while utilizing the level of readiness in order to more effectively address an issue;
2. Allows communities to define issues and strategies in their own context;
3. Builds cooperation among systems and individuals;
4. Increases community capacity for prevention and intervention;
5. Encourages and enhances community investment in an issue;
6. Can be applied in any community (geographic, issue-based, organizational, etc.);
7. Can be used to address a wide range of issues;
8. Serves as a step by step easy to use guide to the complex process of community change;
9. Has theoretical roots in psychological theory for treatment and community development with high levels of reliability and validity; and
10. Assists a community in making healthy and positive changes in the community.

Process for Using the Community Readiness Model:

1. Identify the issue;
2. Define “Community”;
3. Conduct key respondent interviews;
4. Score interviews to determine Readiness level;
5. Develop strategies and conduct workshops; and
6. Implement the strategies for community change.

Stages of Community Readiness:

1. No Awareness. The issue is not generally recognized by the community or the leaders as a problem. "It's just the way things are." Community climate may unknowingly encourage the behavior although the behavior may be expected of one group and not another (i.e., by gender, race, social class, age, etc.).
2. Denial/Resistance. There is usually some recognition by at least some members of the community that the behavior itself is or can be a problem, but there is little or no recognition that this might be a local problem. If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about this locally. "It's not our problem." "We can't do anything about it." Community climate tends to match the attitudes of leaders and may be passive or guarded.
3. Vague Awareness. There is a general feeling among some in the community that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything. There may be stories or anecdotes about a problem, but ideas about why the problem occurs and who has the problem tend to be stereotyped and/or vague. No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem. Community climate does not serve to motivate leaders.
4. Preplanning. There is clear recognition on the part of at least some that there is a local problem and that something should be done about it. There are identifiable leaders, and there may even be a committee, but efforts are not focused or detailed. There is discussion but no real planning of actions to address the problem. Community climate is beginning to acknowledge the necessity of dealing with the problem.
5. Preparation. Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of efforts, (actions or policies), but it may not be based on formally collected data. Leadership is active and energetic. Decisions are being made about what will be done and who will do it. Resources (people, money, time, space, etc.) are being actively sought or have been committed. Community climate offers modest support of the efforts.
6. Initiation. Enough information is available to justify efforts (activities, actions, or policies). An activity or action has been started and is underway, but it is still viewed as a new effort. Staff are in training or have just finished training. There may be great enthusiasm among the leaders because limitations and problems have not yet been experienced. Improved attitude in community climate is reflected by modest involvement of community members in the efforts.
7. Stabilization. One or two efforts or activities are running, supported by administrators or community decision makers. Programs, activities, or policies are viewed as stable. Staff are usually trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is no in-depth evaluation of effectiveness nor is there a sense that any recognized limitations suggest a need for change. There may or may not be some form of routine tracking of prevalence. Community climate generally supports what is occurring.
8. Confirmation/Expansion. There are standard efforts (activities and policies) in place and authorities or community decision makers support expanding or improving efforts. Community members appear comfortable in utilizing efforts. Original efforts have been evaluated,

modified and new efforts are being planned or tried in order to reach more people, those more at risk, or different demographic groups. Resources for new efforts are being sought or committed. Data are regularly obtained on extent of local problems and efforts are made to assess risk factors and causes of the problem. Due to increased knowledge and desire for improved progress, community climate may challenge specific efforts, but is fundamentally supportive.

9. High Level of Community Ownership. Detailed and sophisticated knowledge of prevalence, risk factors, and causes of the problem exists. Some efforts may be aimed at general populations while others are targeted at specific risk factors and/or high risk groups. Highly trained staff are running programs or activities, leaders are supportive, and community involvement is high. Effective evaluation is used to test and modify programs, policies, or activities. However, community members should continue to hold efforts accountable for meeting community needs, although, fundamentally they are supportive.

Community Readiness Strategies:

1. No Awareness
   Goal: To raise awareness of the issue
   a. One on one visits with community leaders and members;
   b. Visit existing and established small groups to inform them of the issue; and
   c. Make one on one phone calls to friends and potential supporters.

2. Denial/Resistance
   Goal: Raise awareness that the problem or issue exists in this community
   a. Continue one on one visits and encourage those you've talked with to assist;
   b. Discuss descriptive local incidents related to the issue;
   c. Approach and engage local educational/health outreach programs to assist in the effort with flyers, posters, or brochures;
   d. Begin to point out media articles that describe local critical incidents;
   e. Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.; and
   f. Present information to local related community groups.

3. Vague Awareness
   Goal: Raise awareness that the community can do something
   a. Present information at local community events and unrelated community groups;
   b. Post flyers, posters, and billboards;
   c. Begin to initiate your own events (potlucks, potlatches, etc.) to present information on the issue;
   d. Conduct informal local surveys/interviews with community people by phone or door to door; and
   e. Publish newspaper editorials and articles with general information but relate information to local situation.

4. Preplanning
   Goal: Raise awareness with concrete ideas to combat condition
   a. Introduce information about the issue through presentations and media;
   b. Visit and invest community leaders in the cause;
   c. Review existing efforts in community (curriculum, programs, activities, etc.) to determine who benefits and what the degree of success has been;
   d. Conduct local focus groups to discuss issues and develop strategies; and
   e. Increase media exposure through radio and television public service announcements.

5. Preparation
   Goal: Gathering existing information with which to plan strategies
   a. Conduct school drug and alcohol surveys;
   b. Conduct community surveys;
   c. Sponsor a community picnic to kick off the effort;
   d. Present in-depth local statistics;
   e. Determine and publicize the costs of the problem to the community;
   f. Conduct public forums to develop strategies; and
   g. Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.

6. Initiation
   Goal: Provide community specific information
   a. Conduct in-service training for professional and paraprofessionals;
   b. Plan publicity efforts associated with start-up of program or activity;
   c. Attend meetings to provide updates on progress of the effort;
   d. Conduct consumer interviews to identify service gaps and improve existing services; and
   e. Begin library or internet search for resources and/or funding.

7. Stabilization
   Goal: Stabilize efforts/programs
   a. Plan community events to maintain support for the issue;
   b. Conduct training for community professionals;
   c. Conduct training for community members;
   d. Introduce program evaluation through training and newspaper articles;
   e. Conduct quarterly meetings to review progress and modify strategies;
   f. Hold special recognition events for local supporters or volunteers;
   g. Prepare and submit newspaper articles detailing progress and future plans; and
   h. Begin networking between service providers and community systems.

8. Confirmation/Expansion
   Goal: Expand and enhance services
   a. Formalize the networking with qualified service agreements;
   b. Prepare a community risk assessment profile;
   c. Publish a localized program services directory;
   d. Maintain a comprehensive database;
   e. Develop a local speakers' bureau;

f. Begin to initiate policy change through support of local city officials; and
g. Conduct media outreach on specific data trends related to the issue.

9. High Level of Community Ownership
   Goal: Maintain momentum and continue growth
   a. Engage the local business community and solicit financial support from them;
   b. Diversify funding resources;
   c. Continue more advanced training of professionals and paraprofessionals;
   d. Continue reassessment of issue and progress made;
   e. Utilize external evaluation and use feedback for program modification;
   f. Track outcome data for use with future grant requests; and
   g. Continue progress reports for benefit of community leaders and local sponsorship.

The Community Readiness Action Plans developed have been utilized by several communities to obtain additional funding. For more information on the Community Readiness Model, please visit: http://www.happ.colostate.edu/.

The Strategic Prevention Framework (SPF)

The Strategic Prevention Framework is grounded in the public health approach and based on six key principles:

1. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse. Prevention activities range from deterring diseases and behaviors that contribute to them, to delaying the onset of disease and mitigating the severity of symptoms, to reducing the related problems in communities. This concept is based on the Institute of Medicine model that recognizes the importance of a whole spectrum of interventions.
2. Prevention is prevention is prevention. That is, the common components of effective prevention for the individual, family, or community within a public health model are the same whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, substance abuse, or mental illness.
3. Common risk and protective factors exist for many substance abuse and mental health problems. Good prevention focuses on these common risk factors that can be altered. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Risk and protective factors exist in the individual, the family, the community, and the broader environment.
4. Resilience is built by developing assets in individuals, families, and communities through evidenced-based health promotion and prevention strategies. For example, youth who have relationships with caring adults, good schools, and safe communities develop optimism, good problem-solving skills, and other assets that enable them to rebound from adversity and go on with life with a sense of mastery, competence, and hope.

5. Systems of prevention services work better than service silos. Working together, researchers and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a broader system of services increases the likelihood of successful, sustained prevention activities. Collaborative partnerships enable communities to leverage scarce resources and make prevention everybody's business. National prevention efforts are more likely to succeed if partnerships with state, Tribe, and/or community, and practitioners focus on building capacity to plan, implement, monitor, evaluate, and sustain effective prevention.
6. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts. A Strategic Prevention Framework can facilitate Federal agencies, state, Tribe, and/or community to identify common needs and risk factors, adopt assessment tools to measure and track results, and target outcomes to be achieved. A data-driven strategic approach, adopted across service systems at the Federal, Tribal, state, community, and service delivery levels, maximizes the chances for future success and achieving positive outcomes.

Moving the Strategic Prevention Framework from vision to practice is a strategic process that Tribes and/or community stakeholders must undertake in partnership. The process consists of the following steps:

1. Profile population needs, resources, and readiness to address the problems and gaps in service delivery;
2. Conduct needs assessments, through collection and analysis of epidemiological data that includes the following:
    a. Assessment of the magnitude of substance abuse and related mental health disorders in the community;
    b. Assessment of risk and protective factors associated with substance abuse and related mental health disorders in the community;
    c. Assessment of community assets and resources;
    d. Identification of gaps in services and capacity;
    e. Assessment of readiness to act; and
    f. Identification of priorities based on the epidemiological analyses, including the identification of target communities to implement the Strategic Prevention Framework, and specification of baseline data against which progress and outcomes of the Strategic Prevention Framework can be measured.
3. Mobilize and/or build capacity to address needs;
4. Engagement of key stakeholders at the Tribal level is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities;
5. Develop a Comprehensive Strategic Plan;
6. Using data from the Tribal needs assessment, the Tribe and/or community must develop a strategic plan that articulates not only a vision for prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan must be based on documented needs, build on identified resources/strengths, set measurable objectives, and

include the performance measures and baseline data against which progress will be monitored. Plans must be adjusted as the result of ongoing needs assessment and monitoring activities. The issue of sustainability should be a constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain policies, programs and practices;

7. Implement practice-based and evidence-based prevention programs and infrastructure development activities;
8. Tribe and/or community will use their strategic plan to guide selection and implementation of policies, programs, and practices proven to be effective in research settings and communities to achieve the goals of their plan. Community implementers must ensure that culturally competent adaptations are made without sacrificing the core elements of the program. SAMHSA especially encourages the selection and adaptation of programs contained in the National Registry of Effective Programs (NREP), and other evidence based programs policies and practices; and
9. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

Ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality and to make adjustments as required. Tribe and/or community must utilize performance data to monitor, evaluate, sustain, and improve the Strategic Prevention Framework activities in the Tribe and/or community and communities.

Tribes that commit to the implementation of the Strategic Prevention Framework are ultimately more likely to succeed in reducing substance abuse and substance abuse related problems in communities. The process when implemented provides a road map for successful comprehensive community plans to foster sustained long term change in AI/AN communities. For more information on the Strategic Prevention Framework, please visit: http://www.samhsa.gov/prevention/spf.aspx.

Spectrum of Prevention (SoP)

The Spectrum of Prevention is a systematic tool that promotes a multifaceted range of activities for effective prevention. Originally developed by Larry Cohen while working as Director of Prevention Programs at the Contra Costa County Health Department, the Spectrum is based on the work of Marshall Swift in treating developmental disabilities. It has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, and fitness. The Spectrum identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education. The Spectrum is a framework for a more comprehensive understanding of prevention that includes six levels for strategy development. These levels, delineated in the table below, are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. At each level, the most important activities related to prevention objectives should be identified. As these activities are identified they will lead to interrelated actions at other levels of the Spectrum.

The Spectrum of Prevention:

Influencing Policy & Legislation	Changes in Tribal, Federal, State, & local laws have the potential for achieving the broadest impact across a community. Effective formal & informal policies lead to widespread behavior change & ultimately change social norms.
Mobilizing Neighborhoods & Communities	A relatively young concept, this includes meeting with communities to prioritize community concerns such as violence, unemployment and keeping families together, so that these needs may be addressed along with the health department goals.
Changing Organizational Practices	Changes in internal regulations & norms, allows organizations to affect the health & safety of its members and the greater community.
Fostering Coalitions & Networks	Coalitions & expanded partnerships are vital to public health movements and can be powerful advocates for legislative and organizational change. From grassroots partners to governmental coalitions, all have the potential to develop a comprehensive strategy for prevention.
Educating Providers	Providers have influence within their fields of expertise to transmit information, skills, and motivation to their colleagues, patients & clients. They can become front-line advocates for public health encouraging the adoption of healthy behaviors, screening for risks, and advocating for policies and legislation.
Promoting Community Education	Community education goals include reaching the greatest number of people possible with a message as well as mass media to shape the public's understanding of health issues.

Strengthening Individual Knowledge & Skills	This is the classic public health approach and involves nurses, educators, and trained community members working directly with clients in their homes, community settings, or clinics in order to promote health.

The Spectrum of Prevention is a framework that delineates a systems approach to prevention practice. The Spectrum has been applied to health problems in communities worldwide. The Spectrum of Prevention is a tool that enables practitioners to move beyond a primarily educational approach to achieve broad impact through multifaceted activities. It can aid practitioners and policy makers in thinking through, evolving, and strategically developing prevention programming efforts. As communities seek to address increasingly complex social and health issues they will face the challenge of devising new services and programs until they are committed to promoting *prevention*. When systematic methodology, like the Spectrum of Prevention, is applied and an overall strategy developed, prevention efforts have an excellent chance for success. A good strategy solves multiple problems, saves lives and money, reduces suffering, and enhances the prospects for community well being. For more information on the Spectrum of Prevention, please visit: http://www.preventioninstitute.org

Comprehensive Assessment Process for Planning Strategies (CAPPS)

Fox Valley Technical College's Criminal Justice Center for Innovation began teaching the planning process to Tribes and communities in 1998. The initial response to the Comprehensive Assessment Process for Planning Strategies (CAPPS) training was so positive that the National Congress of American Indians passed a Resolution of Support (#GRB-98-035) at their 1998 Mid-Year Session. To date, more than 65 CAPPS national, regional, state, and local trainings helped more than 1,500 participants who represent over 300 Tribal teams from 31 states to apply this planning process to their justice-related situations. Teams learn how the planning process can help them avert or respond to a crisis or major event, address long-standing challenges, prepare for the future, or create a multi-focused approach to address community safety considerations.

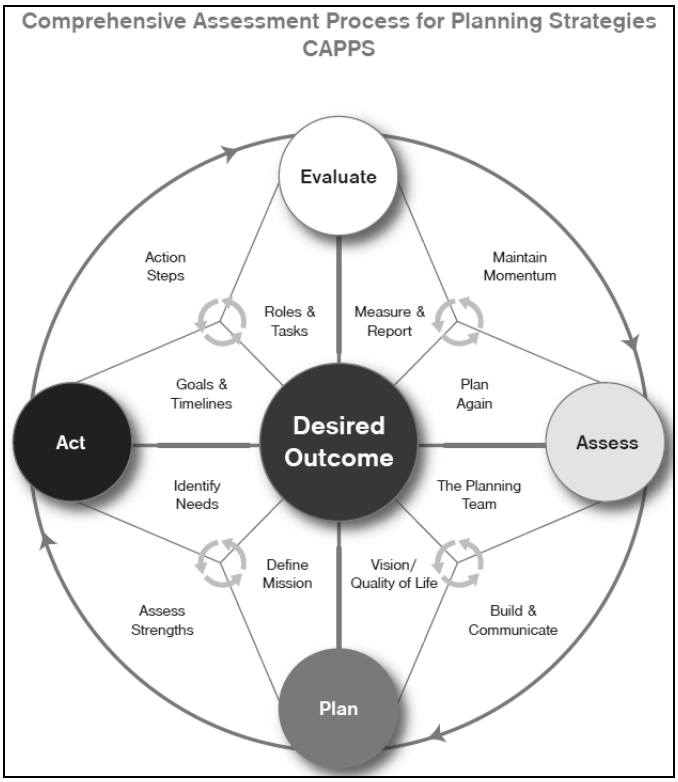

Figure 2 Comprehensive Assessment Process for Planning Strategies CAPPS

The training model uses skilled facilitators who focus on an applied learning approach to walk teams through the planning process steps and guide them in learning to apply the process to any situation where a shared vision will help direct their team's future. CAPPS is designed to offer a step-by-step process to define the purpose for planning; identify strengths and needs; and develop an effective strategy that will maintain momentum throughout the implementation phase of the plan. This action planning process builds on strengths to set achievable outcomes of a shared vision for future generations. This planning process can be applied to many situations and can be used to help Tribes develop a Tribal justice-system strategic plan, prepare for a Coordinated Tribal Assistance Solicitation (CTAS), Tribal court, alcohol/substance abuse or other applications for grant funding, plan for implementation of a grant or other project, and create justice system problem-specific strategies.

Recently revised to best meet the present and future needs of Tribal communities, the training modules build on the four directions; Assess, Plan, Act, and Evaluate. The training begins in the East with participants gaining experience using a concentric learning technique to teach the planning process. Teams will identify the desired outcome for the plan, which includes techniques that create a detailed description of their current condition and projected outcomes. As teams move through the training topics, they will use information gained in each session to revisit their original assumptions and assure the strategy is built on achievable outcomes, accurate assessment of strengths, identification of gaps/needs, and accountability as well as performance measures for each step of their plan. The diagram defines the flow of the curriculum and describes each section of the training. The diagram displays the planning process road map that is used to guide teams through learning to apply the planning process to achieve a desired outcome.

Assess: During this phase of the training, participants take a critical look at their planning team and identify key considerations to build a strong planning team, identify tools for working together, and create a shared vision based on specific and unique quality of life factors. This phase of the training will help team members reach consensus about who needs to be involved in their planning process and refine the definition of what they are trying to do based on their desired outcome. Specific training topics include:

1. Define a Desired Outcome: Teams will discuss the information available on the current condition, including who is affected by it; how are they affected; what strategy is proposed; why is it believe this is the best approach; and what would happen without an intervention?
2. Building the Planning Team: Participants will realize that a team is more than a collection of people. Through application of decision-making skills, this session will demonstrate how to create a strong sense of mutual commitment, which generates synergy and makes team work more effective than individual efforts. Team members will gain new insights into ways information-sharing can enhance planning strategies.
3. Communication: This session will provide information on ways to recognize the value of good communication and the dangers of poor communication. Teams will learn to recognize their communication obstacles and define a guide to effectively work together for a common purpose of achieving their desired outcome.
4. Vision: Based on the guide to effective communication, participants will be able to describe a shared vision for the plan and articulate a long term goal of where they want to be in the future, even if it will not be achieved in their lifetime. The team will define how the plan will change the current condition and what would happen without this plan being implemented.

Plan: During this phase of the training, teams will learn to define their mission. The verification process is a critical step to assure plans are based on the most critical need and assure that the root-cause is identified and factored into the strategy. Teams will learn to gather, assess, and describe information that will validate the situation. They will identify strengths, gaps, and existing resources that can be utilized to support their mission.

1. Define Mission: Based on the team's vision for the future, teams will learn to define a specific and targeted mission that will translate the desired outcome into a specific purpose for the plan. They will learn to align mission with vision and differentiate mission from vision, goals, and other aspects of the planning process.
2. Assess Strengths: The positive internal and external resources of people and programs as well as financial resources that are currently available within the community that can help reach their desired outcome is the intent for this section of the training. The approach will be based on this positive approach to mapping resources.
3. Identify Needs: This section of the training is about learning to ask the right questions that will help teams assure that they are headed in the right direction with their strategy. Teams will learn the 5 basic steps to assessment that will accurately define systems and needs. This will assure an inclusive strategy that remains focused on the desired outcome.

Act: During this phase of the training, teams will translate their mission into a plan of action by learning how to describe goals and actions steps in specific, time-sensitive, and realistic terms.

This phase presents the framework for achievable strategies that are targeted to reach the desired outcome that has been identified and verified by the planning team. Team members will be assigned with responsibility for assuring that each action step has a realistic due-date.

1. Goals and Timelines: Participants will learn to identify realistic goals and timelines by evaluating the mission statement to identify the specific components necessary to reach the desired outcome. Teams will learn to write each goal with clarity in order to provide focus for each of the resulting action steps within the timeline.
2. Action Steps: Based on the goals and timelines, teams will be able to develop specific action steps and identify the person responsible for completing each step. Defining the person responsible for the each step assists the team in developing a strategy of accountability in order for the program to continue to move forward without a lot of disruption. An essential part to planning is also to anticipate the unexpected so teams will be challenged with establishing a contingency plan when their program, goal, or action step meets a barrier.
3. Roles & Tasks: This session will take a closer at the roles and responsibilities for the persons assigned to the action steps and all the planning team members. The teams define the responsibilities for each member. Once these roles and responsibilities are determined, the team can then identify a process for communicating key information as progress is made on the goals, timelines, and action steps.

Evaluate: Once goals and action steps have been identified, it becomes much easier to define the measures for each step and identify how each measure will lead to achievable results. This phase of the training will focus on turning plans into measurable results. Teams will learn how valuable it is to translate their goals into clear and concise measures and reports that can help sustain their efforts.

1. Measure & Report: Participants will learn how to describe the importance of assessing the progress toward achieving the desired outcome, components of a comprehensive report of those assessments, and a method for documenting. As a result of this module, participants will be able to answer the questions the following questions that will inform on the status of the programs progress: where, who, how, when and what.
2. Maintain Momentum: In this session participants will review the overall plan and outline next steps for carrying the process forward. Teams will be able to identify potential obstacles that may derail their processes. By identifying these barriers ahead of time the team can then identify their available resources to remove these barriers and/or prevent the barrier from happening and maintain the momentum.
3. Plan Again: The importance of plan development and enhancement as an ongoing process is recognized as a critical concept within CAPPS. In learning to utilize CAPPS effectively, teams identify the many ways plans may evolve and change throughout the lifetime of the plan. At any time, there may be changes to community needs, team members, or resources. These changes can impact the viability of the plan; however, team members learn to rely on the process to help them through the changes.

CAPPS will continue to be an evolving process not only for those who are participants but also for the facilitators, presenters, and mentors associated with the planning process. CAPPS remains a valuable tool for community and problem-solving planning strategies. For more information about

CAPPS visit: http://www.fvtc.edu/capps for scheduled training dates and for free online CAPPS training visit: https://www.ncjtc.org/Pages/Home.aspx.

Evaluation

Tribal Leaders and Councils play a key role in fostering quality improvement and evaluation. In order to lead in quality improvement, the responsible individuals must have the knowledge about and be involved in improving quality continuously. Quality is everyone's responsibility. Quality improvement will be successful only if everyone adopts the belief that those involved in making changes happen are genuinely committed to doing their best.

At least annually, the objectives, scope, organization, and effectiveness of these programs and services should be evaluated to demonstrate client care and service outcomes. Quality is a central priority for all organizations. Quality improvement of services and programs cannot be overemphasized. It cannot be effective without a clear indication that it is a central priority for any program. This indication must come from the leaders in a form or quality focused mission statement along with planning and support for daily activities designed to improve quality and a mechanism must be in place to monitor and evaluate for improving care and services.

A mission statement indicates why a program exists. A vision statement describes what the program wishes to be, including its view of itself, and its relationship to those it serves. Mission and vision statements that place quality in the forefront of organizational commitments send a strong message to leaders, staff, and the general public. Therefore, all key activities should further its mission. Fulfillment of this mission requires a coordinated effort by everyone, the Tribe's health board, program managers, clinical and support staff, other Tribal health and social services, law enforcement, schools, and for the community to get behind and support these individuals for improvement of services for all ages.

Evaluation can address any one of these components:

- Definition of mission
- Needs assessment
- Planning – short range (one year or less) and long range planning
- Cooperative interagency planning activities
- Local participation in community planning
- The organization, program, and services state goals and objectives
- Those responsible for implementing these goals and objectives and under what time frames are identified
- A written plan to guide responsiveness to consumers based on needs assessment and mission is developed
- Accurate portrayal of community which is consistent with the program and service evaluation
- Determine what you will do with the results (success/lack of success) of your plan to responsively meet the needs of community members/consumers
- Continuously improve the quality of services/programs

Resources/Technical Assistance

The Tribal Law and Order Act called for the creation of a new office within the Substance Abuse and Mental Health Services Administration to improve the coordination among the Federal agencies and departments responsible to address alcohol and substance abuse efforts among the AI/AN communities. The Office of Indian Alcohol and Substance Abuse (OIASA) is located within SAMHSA's Center for Substance Abuse Prevention. SAMHSA will be posting additional information and continuous updates on IASA resources and technical assistance available to Tribes in developing and implementing their TAPS. In order to ensure Tribes receive the assistance needed on the range of resources, SAMHSA's Office of Indian Alcohol and Substance Abuse will also work with partnering agency's to coordinate the dissemination and availability of other technical assistance and training resources.

SAMHSA/CSAP resources can provide technical expertise to Tribes at different stages of TAP development and prevention program implementation. CSAP's resources, however, do not cover the full spectrum of resources and TA that the 565 federally recognized Tribes will need to develop and implement a TAP. OIASA will be able to assist interested Tribes in identifying resources from other IASA federal agencies to supplement these SAMHSA/CSAP resources in support of Tribes developing TAPs.

To learn more about resources, technical assistance and other relevant information, please contact SAMHSA's Office of Indian Alcohol and Substance Abuse (OIASA) at (240) 276-2400 or by e-mail at IASA@samhsa.hhs.gov.

Additional information can be found on the OIASA website at: http://www.samhsa.gov/tloa/

Appendix A

Sample Tribal Resolution

Resolution #_____ Tribe

A resolution authorizing the establishment of a Tribal Coordinating Committee and to Develop and Implement a Tribal Action Plan for a Comprehensive Prevention and Treatment Program for Alcoholism and Other Substance Abuse.

WHEREAS, the Business Committee of the _____Tribe met in a special meeting held the_____th day of _____, 20___, there being a quorum present, and

WHEREAS, the Business Committee is authorized by the Constitution and Laws of then _____ Tribe to act on behalf of the Tribe, and

WHEREAS, the Indian Alcohol and Substance Abuse Treatment Act of 1986, as amended by the Tribal Law and Order Act of 2010, proclaims alcoholism, addiction, and alcohol and substance abuse are among the most severe public health and safety problems facing American Indian and Alaska Native individuals, families, and communities, resulting in devastating social, economic, physical, mental and spiritual consequences, and

WHEREAS, the Indian Health Service and Bureau of Indian Affairs officials publicly acknowledge that alcohol and substance abuse among Indians is the most serious health and social problem facing Indian people, and

WHEREAS, Congress declared that the Federal government has a historical relationship and unique legal and moral responsibilities which include the treaty, statutory, and historical obligation to assist Indian Tribes to meet the health and social needs of their members, and

WHEREAS, Congress declared that Indian Tribes have the primary responsibility for protecting and ensuring the well-being of their members and are providing resources to assist Indian Tribes in meeting that responsibility, and

WHEREAS, the _____ Tribe finds that alcoholism and other substance abuse affects the physical, mental, social spiritual, and economic wellbeing of Tribal members and other Indians living within the _____Tribal jurisdiction, and

WHEREAS, the _____ Tribe elects to join the Federal government to combat the damaging effects of alcoholism and other substance abuse, and to recognize the intent of the Memorandum of Agreement, and

WHEREAS, the _____ Tribe authorizes the establishment of a Tribal Coordinating Committee which shall, at a minimum, have as members a Tribal representative

who shall serve as Chairman and the Bureau of Indian Affairs Agency and Bureau of Indian Education Superintendants, where appropriate, and the Indian Health Service Chief Executive Officer, or their representative, the Office of Justice Programs, and the Substance Abuse and Mental Health Services Administration, and

WHEREAS, the Tribal Coordinating Committee is provided full Business Committee support with the authority to develop and implement a Tribal Action Plan; have the responsibility for on-going review and evaluation of, and making recommendations to the Tribe relating to the Tribal Action Plan; have the responsibility for scheduling Federal, Tribal, or other personnel for training in the prevention and treatment of alcohol and substance abuse among Indians; to identify and address problems that arise concerning service coordination; and incorporate minimum standards for this program and services which it encompasses, and

WHEREAS, the purpose of the Tribal Action Plan shall be to coordinate a comprehensive prevention and treatment program for alcoholism and other substance abuse and will include not only existing resources, but will identify the additional resources necessary to combat these problems, and

WHEREAS, the Indian Health Service and the Bureau of Indian Affairs have identified major areas of common interest in health promotion and disease prevention as youth alcohol and drug abuse, nutrition, curricula development for health promotion and disease prevention, training for community health representatives, health aides, Tribal judges, law enforcement personnel, education and social service personnel, youth suicide, child abuse and neglect, teen pregnancy, fetal alcohol spectrum disorder, the _____ Tribe charges the Tribal Coordinating Committee to prioritize services to Indian youth in the development of the Tribal Action Plan.

BE IT RESOLVED THAT the _____ Tribe has prioritized alcoholism and substance abuse prevention and treatment as a primary issue to deal with, and has directed that a comprehensive program in compliance with the Anti-Drug Abuse Act of 1986, P.L. 99-570, be developed to address the needs of Tribal members and other Indians living within the _____ Tribal jurisdiction.

Certification

WE, _____, Principal Chief and _____ , Secretary/Treasurer of the _____Tribe do hereby certify that Resolution #_____ is true and exact as approved by the Business Committee in a special called meeting held Reservation, in the city of _____, in the state of _____on the _____ day of _____, 20 __, by a vote of ___yes and ___no.

_____ _____ , Principal Chief _____Tribe

_____ _____, Secretary/Treasurer _____ Tribe

Appendix B

SAMHSA's CAPT and NACE Support for Tribes Pursuing Tribal Action Plans under the Tribal Law and Order Act (TLOA)

September 2011

TLOA Context

The Tribal Law and Order Act of 2010 stipulates that the governing body of any Federally Recognized Tribe may, at its discretion, adopt a resolution for the establishment of a Tribal Action Plan to coordinate available resources and programs in an effort to combat alcohol and drug abuse among its members. If a Federally Recognized Tribe does not adopt such a resolution within 90 days after publication of the Memorandum of Agreement in the Federal Registry, the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall require the Bureau of Indian Affairs agency and education superintendents, where appropriate, and the Indian Health Services service unit director serving such tribe(s) to enter into an agreement to identify and coordinate available programs and resources to carry out the purposes of the law for such tribes.

The Tribal Action Plan provides an opportunity for Federally Recognized Tribes to take a proactive role in the fight against alcohol and drug abuse in their communities by: assessing their needs and resources relative to alcohol and substance abuse prevention and treatment activities; identifying gaps in services; working with the community to identify urgent or emerging addiction issues; and assisting in the development of a comprehensive a strategy to prevent and reduce alcohol and substance abuse in the community.

Relevant SAMHSA/CSAP Resources

The Center for Substance Abuse Prevention (CSAP) in the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) has existing contract programs that produce resources Tribes can use in developing and implementing their TAPs. These contract programs include:

- Native American Center for Excellence (NACE)
- SAMHSA's Collaborative for the Application of Prevention Technologies (CAPT)
- State Epidemiologic Outcomes Workgroups (SEOW)
- Fetal Alcohol Spectrum Disorders Center for Excellence (FASD)

These programs develop resources that provide technical assistance in establishing the strategy specified by the TLOA, which follows the Strategic Prevention Framework (SPF) approach very closely. These resources are appropriate for a wide range of TAP planning activities, such as identifying data sources; analyzing the data; using and/or presenting the findings to conduct a needs and resource assessments; identifying appropriate and effective programs; implementing the programs in efficient, culturally appropriate, and sustainable ways; and evaluating
tribal programs based on the improvement demonstrated by each tribe measured from their specific starting point.

Requirements for the Tribes Specified in the TLOA

Tribes are encouraged to develop their own Tribal Action Plans that outline the major alcohol and other substance abuse problems in their communities. The following is taken directly from the TLOA.

"A *Tribal Action Plan (TAP) Workgroup* will establish the operating framework of the TAP; develop an inventory of current proven strategies to recommend tribes utilizing practice based evidence models. Manage the overall coordination of Tribal requests for assistance in the development of a tribal action plan. Coordinate assistance and support to Tribes as deemed feasible. Collaborate with the Inventory Workgroup in developing an appropriate response back to the Tribal entity seeking assistance.

- § 2412 (e): If any Indian tribe does not adopt a resolution as provided in subsection (a) of this section within 90 days after the publication of the Memorandum of Agreement in the Federal Register (which must be published within 130 days of July 29, 2011) as provided in section 2411 of this title, the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall require the Bureau of Indian Affairs agency and education superintendents, where appropriate, and the Indian Health Service service unit director serving such tribe to enter into an agreement to identify and coordinate available programs and resources to carry out the purposes of this chapter for such tribe. After such an agreement has been entered into for a tribe such tribe may adopt a resolution under subsection (a) of this section.
- The Tribal Action Plans are to be **reviewed and updated every 2 years**.
- The Tribal Action Plans will include the following, at a minimum:

  Establishment of a Tribal Coordinating Committee at the local level which shall:

  i. Consist of a tribal representative who shall serve as Chairman and the Bureau of Indian Affairs agency and education superintendents, where appropriate, the Office of Justice Programs, the Substance Abuse and Mental Health Services Administration, and the Indian Health Service service unit director, or their representatives
  ii. Have primary responsibility for the implementation of the TAP
  iii. Have the responsibility for on-going review and evaluation of, and making recommendations to the Tribe relating to the TAP have the responsibility for scheduling Federal, Tribal or other personnel for training in the prevention and treatment of alcohol and substance abuse among Indians.

Some of the things that the TAP can provide for include:

a. An assessment of the scope of the problem of alcohol and substance abuse for the Indian tribe which adopted the resolution for the TAP,

b. the identification and coordination of available resources and programs relevant to a program of alcohol and substance abuse prevention and treatment,

c. the establishment and prioritization of goals and the efforts needed to meet those goals,

d. the identification of the community and family roles in any of the efforts undertaken as part of the TAP,

e. the establishment of procedures for amendment and revision of the plan as may be determined necessary by the Tribal Coordinating Committee, and

f. an evaluation component to measure the success of efforts made."

These TAP activities are supported by the same Strategic Prevention Framework (SPF) procedure employed by the SPF Tribal Incentive Grant (SPF-TIG) grantees served by SAMHSA's CAPT and many of SAMHSA's NACE clients as well. In addition, SAMHSA's CAPT and SEOW contract have developed resources that relate to suggestion "f", which includes an evaluation component.

Available SAMHSA/CSAP Technical Assistance and Training (T/TA) Resources

SAMHSA/CSAP resources can provide technical expertise to Tribes at different stages of TAP development and prevention program implementation. CSAP's resources, however, do not cover the full spectrum of resources and TA that the 565 federally recognized Tribes will need to develop and implement a TAP. OIASA will be able to assist interested Tribes in identifying resources from other IASA federal agencies to supplement these SAMHSA/CSAP resources in support of Tribes developing TAPs.

SAMHSA/CSAP provides expert advice, materials, and resources as follows:

- General substance abuse prevention and strategic planning TA resources are available to all Tribes
- Direct T/TA is available to Tribes that are CSAP discretionary grantees (CAPT)
- Resources emphasize cultural appropriateness, readiness, and linkages and information sharing (e.g., Learning Communities)
- Several substance abuse prevention and strategic planning resources are developed and disseminated free of charge through the SAMHSA store, via Webinars, and through prevention content areas on the SAMHSA website
- All prevention resources emphasize a science-based, data-driven strategic approach (SPF)
- SAMHSA/CSAP is *not* able to provide individualized assistance or site visits

In addition, some of these SAMHSA/CSAP contracts may provide selected face-to-face large-scale trainings or technical assistance events, such as webinars, or offer a limited number of T/TA workshops at large meetings. These events could promote the acquisition of skills and knowledge required to implement the TAP successfully.

Some of the SAMHSA/CSAP contracts develop and provide more specific resources. These include:

- SAMHSA's CAPT can provide access to relevant prevention materials and tools (i.e., all components of the SPF approach, including needs assessment and evaluation tools) through a dedicated web portal on the Prevention T/TA section of the website.
- SAMHSA's NACE uses a Learning Community model to facilitate the transmission of learning from one member and community to another. The experiences of learning community members are typically invaluable to others, which, over time, become a mentoring process within the group and permit their knowledge to extend well beyond the limits of T/TA support.
- NACE also provides technical assistance on the Community Readiness Model (CRM). The CRM is a proven method for assessing the level of readiness of a community to develop and implement a wide variety of programs and initiatives. It can be used in conjunction with SPF and as a tool to assess levels of TLOA readiness across a group of communities or as a tool to guide efforts at the individual community level.
- SAMHSA's FASD Center for Excellence develops materials and resources describing FASD risk factors and prevention steps to take before and during pregnancy. The FASD Center has a collection of resources developed for the AI/AN community, which may be appropriate for inclusion in some TAPs.
- The SEOW contract develops materials and resources describing how to use epidemiologic data to shape strategic plans and make program decisions. These materials are consistent with SPF and other strategic planning approaches.

Approach

SAMHSA will explore several means to coordinate SAMHSA's TA and Training resources with those of the other IASA partners in ways that are most accessible and effective for tribes. First, SAMHSA will explore coordinating with other IASA partners to offer training sessions at existing meetings of various tribal groups. These sessions will focus on the SPF process in the context of the TLOA requirements, and will include an introduction of the SPF (TAP) concepts to the many tribes and tribal groups that have not yet applied for or received a SPF TIG grant. Finally, because the TLOA requires that there be a combination of prevention and treatment, these training sessions will address coordination between prevention and treatment providers.

Second, SAMHSA will investigate ways to capitalize on the existing TA and Training activities and tools already in use by the SPF TIG grantees and drawing on the successes of the 20 tribal grantees to create resources for the other 500 + tribes that are not engaged in the SPF process. The necessary adaptations might include coordination with the treatment communities as well as the mental health communities. SAMHSA's CAPT and NACE TA providers could develop instructional materials and co-facilitate webinars describing the TLOA and how it would impact their programs.

Third, SAMHSAwill provide the tribes responding to the TLOA requirements access to portals and websites with a variety of materials available to assist them in developing their TAPs.

Tribes could also participate in webinars and conference calls to discuss the materials provided on the portals and websites. The availability of these materials and programs would be coordinated with resources from other IASA partners and presented through a vehicle created by the OIASA director.

Topics Addressed in SAMHSA's TA and Trainings

Each tribal entity will have a unique set of skills and resources, will need different levels of T/TA support, and will need assistance at different points in the SPF (TAP) process. The following is a sample of topics that are addressed in the trainings and materials already available through SAMHSA's CAPT and NACE and which could be adapted and made available to tribes creating a TAP.

- Overall description of the Strategic Prevention Framework (SPF)
- Role of the Epidemiology Work Group and Tribal Advisory Group (Coordinating Committee)
- Identifying and selecting partners and preparing them for the TLOA
- Assessment of community needs regarding substance abuse
- Assessing tribal capacity and resources
- Selecting priorities for prevention programs
- Using epidemiological data to make decisions
- Preparing and presenting data to the community
- The role of evaluation and making it work for the community
- Building capacity
- Identifying data sources