

2008 ANNUAL SELF-GOVERNANCE CONFERENCE
20th Anniversary of Tribal Self-Governance: Celebrating Excellence
Riviera Hotel & Casino; Las Vegas, Nevada
Monday, April 28, 2008

BREAKOUT SESSION 1:
BEHAVIORAL AND MENTAL HEALTH – PUSHING PREVENTION AND MITIGATING
METHAMPHETAMINE USE

Panelists: Linda Holt, Chair, Northwest Portland Area Indian Health Board; James Stone, Acting Director, Division of Behavioral Health, HHS; Lorenzo Olivas, Regional Minority Health Consultant, US Public Health Service, HHS

Linda Holt:

Issue: Must help addicts, but also children affected by meth. Babies being born addicted – what problems will they face?

Impact on Courts

Grandparents raising grandchildren because of parents' meth addiction

What are tribal leaders doing to help? Meth addicts do not fit into the standard alcohol/substance abuse program. Need a more effective treatment modality.

Work toward possible solutions: Partner with DOJ, HUD, CDC and others to combine funding and collaborate on plans to build treatment facilities specific for meth treatment.

Need culturally competent best efforts of practice.

Federal money mostly funneled to the states. This needs to stop. Indian statistics are included in date to get the money, but none goes to the tribes. Solution: This funding should be part of the tribes' annual funding agreement. Tribes should also get the block grants, instead of the states.

Issue: Hard to get sufficient data to go to the government and prove Tribes need the money. Few professionals in the meth treatment field. Possible solution: A national center for tribal substance abuse and mental health. Collaborate with all federal agencies who have money for substance abuse and with Indian Country as a whole.

PREVENTION IS THE KEY. MUST BEGIN PREVENTION AT A VERY YOUNG AGE.

James Stone:

Prevention efforts must include the community; when children endangered, it is not enough for just health professionals to be involved. Prevention needs to include strong family bonds, parental involvement and monitoring, and success in school. Also tutoring programs, mentoring and rites of passage programs.

Behaviors to be modified must be objectively measured, monitored frequently with immediate reinforcement (positive and negative), must include penalties for objectionable behavior, effective family intervention training, family therapy and family skills training.

Positive results include reduction in criminal behavior, a reduction in accidents due to substance abuse, and the recovered person becomes a taxpayer instead of a drain on other taxpayers.

Behavioral Health Advisory Committee being established to advise IHS Director on the issues. \$14 million being made available for meth programs.

Lorenzo Olivas:

Indian Country Meth Initiative

Purpose is to improve information on meth issues in Indian Country, to identify and disseminate 'best practices', include public safety with public health, and provide a comprehensive approach to treatment and prevention.

Examples of positive programs developed: Choctaw Nation's "Free Crow-Adoption and Crow Youth Initiative; Dine Nation – Navajo Meth Task Force; Northern Arapaho "Works" program; Winnebago Safe Drug & Alcohol Free Reservation program.

Challenges: Who is keeping data/statistics? Drug hits for law enforcement testing; Meth specific data codes; Tracking ER treatment and Social Service visits. Funding still an issue.

Q: Where is the \$14 million?

A: (Stone) All monies being spent on Iraq. (This is a cop out answer—so now what?)

Q: Can't gaming tribes put money into a pot to build treatment facilities and have contracts with other tribes to pay for members taking part?

A: (Holt) Misnomer that gaming tribes have the money to take care of all of their tribal problems. NPAIHB pushing for area distribution fund, giving areas the choice on what type of facility to be built.

STMT: Need more effective treatment for ALL addictive disorders, not just meth.

STMT: Tribes must put more money into their children today to prevent these types of problems in the future. Gathering data on current meth problems is not enough.

Panel & attendees agree that emphasis on youth must be first priority in Indian Country if drug/addiction problems are to be avoided.

STMT: Must come up with treatment centers/programs specifically for Meth – others (alcohol, etc) do not work.

STMT: Must get block grants directly o the tribes. Working with states/state grants is proven not to work.