



National American Indian & Alaska Native

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



National American Indian and Alaska Native

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



National American Indian & Alaska Native

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



**Reflections
on the
Journeys of
the National
American Indian
& Alaska Native
TTCs**

DIRECTOR'S CORNER



Dear readers of our newsletters for the National AI/AN Addiction TTC, Mental Health TTC, and Prevention TTC:

It is with a very heavy heart that I start writing the last Director's Corner for the final combined newsletter of the National American Indian and Alaska Native ATTC, MHTTC, and PTTC. By now I am sure most of you already know that the AI/AN TTCs have been replaced by an American Indian and Alaska Native Behavioral Health Center of Excellence (COE), which was awarded to the University of Arizona. We wish them the best in their new endeavor.

I started directing the Addiction Training Center of Iowa, later called the Addiction Technology Transfer Center of Iowa, in 1995. It has been a great experience being part of the ATTC network for 28 of the 30 years it has been in existence, and the network has accomplished a lot. It has been fun to participate in the professionalization of the addiction treatment field, from contributing to the development of the first edition of the *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*, often lovingly referred to as the TAP21, to participating in the Blending Initiative, a collaboration between SAMHSA and NIDA. As a Norwegian psychologist, these funding opportunities gave me the chance to travel and get to know the U.S. from non-touristy perspectives and led me to focusing on American Indian and Alaska Native issues, first in the Upper Midwest through the Prairielands ATTC from 1998 to 2012, and then to the three National AI/AN TTCs across the country, starting with the first National AI/AN Addiction TTC.

Our Native colleagues and collaborators have always been instrumental to our success. They took me by the hand and started educating me in how to interact and listen to the needs of the Native behavioral health workforce. My commitment to human rights and interests in understanding other cultures led to eye-opening experiences for me.

Not only did I develop a lifelong admiration for the power and strength of the diversity of Native cultures across the continental U.S., but I also saw with my eyes that culture is prevention, and community and cultural connectedness is healing.

Unfortunately, I have also come to better understand how intergenerational and historical traumas have resulted in serious health disparities in Native communities, something that was especially apparent during the height of the COVID-19 pandemic. Dr. Duane Mackey, our center's first Coordinator/Director of Native Initiatives, was instrumental in the development of many of the programs we have offered the last 20 years. He was a brilliant educator with a strong commitment to human rights and the rights of all Indigenous populations across the U.S. He worked from a strength-based (rather than a deficit-based) approach in all his projects and connected our ATTC to the Clinical Trials Cincinnati Node. This connection resulted in several research projects in the upper Midwest. In his memory, we established the Dr. Mackey Lecture, offered once a year at the Great Plains Tribal Leaders Annual meeting, and we have had 13 lectures, the most recent being delivered by 2023 honoree Sidney Stone Brown, PhD (Blackfeet).

We have continued many of the programs Dr. Mackey developed and hence have been able to continue his legacy. Since 2012, we were able to focus completely on our Native initiatives and programs through the first National American Indian and Alaska Native Addiction Technology Transfer Center. All our staff and Native colleagues across the country have shown a strong commitment to bettering the services for Natives with behavioral health disorders through prevention, treatment, and mental health education and technical assistance. Staff have done an incredible job, made a lot of connections, and developed a very impressive network of Native professionals committed to the same mission.

Dan Foster (Western Band Cherokee, Lakota Elder) with 2023 Mackey Award honoree Sidney Stone Brown (Blackfeet)



Roger Dale Walker, MD (Cherokee), a longtime consultant and Advisory Board member for the Native Center

Former Indian Health Service Director Rear Adm. Michael Weahkee (Zuni), right, and Jayne Talk-Sanchez, Consultant/Director, Navajo Area Indian Health Service Unit (not pictured) were critical advisors to the Native Center.




Humberto Cavarlho, first SAMHSA program officer for the AI/AN TTCs



Ed Parsells (Cheyenne River Sioux), senior consultant with the Native Center



Duane Mackey, EdD, Santee Sioux, served as director of Native American initiatives for Prairielands ATTC. His words — "Do good for the people, always look forward, and never forget what happened to the people in the past" — have guided the National American Indian and Alaska Native TTCs for more than two decades. Since 2010, the National AI/AN ATTC has presented the Dr. Duane Mackey Waktaya Naji Lecture & Award to recognize individuals who, through their concerted efforts, have untiringly promoted and espoused the ideals of equality and justice for all peoples. See page 10 to learn about the 2023 honoree.



Some of our colleagues have worked with us for close to 25 years, and I am especially referring to Professor Emeritus Ken C. Winters, PhD, who, with his wife, Mary K. Winters, MEd, wrote the lead articles in all three newsletters over the years.

As a non-Native professional, I have surrounded myself with a 100% Native Advisory Council, and all our staff and consultants worked very closely with them. I am grateful for all the advice and support I received from them through my 25 years of experience working in tribal and urban Indian communities. Furthermore, I listened very closely to my Native Elders, starting with Dr. Mackey and including: Professor Emeritus Roger D. Walker, MD, Western Band of the Cherokee Nation, Oregon Health Sciences University; Dennis Norman, PhD, Cheyenne and Cherokee descent, Emeritus Professor, Harvard University; Ed Parsells, BA, Cheyenne River Sioux Nation, retired director of the Methamphetamine Treatment Center in the Rosebud Nation; Ray Daw, MA, Navajo Nation, retired administrator of the Bethal BH programs; and Jayne Talk Sanchez, MA, Navajo Nation, retired Director of Behavioral Health for the Navajo Nation. In later years, I expanded my group of Elder advisors to also include Daniel Foster, PhD, member of the Western Band of the Cherokee Nation and practicing Lakota Elder; Rebecca Foster, PhD, member of the Blackfeet Nation; and many more. Many others have helped us immeasurably by serving on our advisory board, consulting with us for developing and delivering training and technical assistance, mentoring early-career Native professionals, and in myriad other ways. We will be forever grateful for their wisdom, their generosity, and their friendship.

I also want to recognize the importance of support from my co-directors: first, Sean A., Bear 1st, BA, member of the Meskwaki Nation; Kathy Tomlin, PhD, Member of the Cheyenne River Sioux Tribe; Jacque Gray, PhD, Choctaw and Cherokee descent; and Maurine Lilleskov, PhD, member of the Luo tribe in Kenya. Together with staff, they have made it possible for us to accomplish all we have these past 25 years.

Our centers were in the Native Center for Behavioral Health (NCBH) in the University of Iowa College of Public Health. Our overriding approach to our work was always culturally informed and tribally driven Community Based Participatory Research and Programming (TD/CBPR/P) and a bicultural approach to

balancing the relationship among the federal government, tribal and urban Indian communities, and us. In recent years, we also included Indigenous ways of learning and knowing in our TA and training events. We have really enjoyed this triangle relationship and look forward to working on this in the future through our activities in the NCBH. We have formed long-lasting relationships, which we intend to continue to nurture; when we have engaged with tribal and urban Indian communities, we have committed to continue to work with them regardless of where the funding is coming from.

When COVID-19 hit the world, our team and I really pondered how we could best support urban Indian and tribal communities in the most culturally informed way in a crisis like that. Many partners were quick to offer advice and suggestions for how Indigenous communities should handle this crisis. However, we wanted to take a different approach; we wanted to listen to the communities we were working with to hear their concerns and what they needed for resources. We started offering weekly listening sessions for all programs we were running at the time and developed resource guides and other support materials upon request. The most important contribution we provided was giving Native BH professionals an opportunity to network, listen to ideas from other communities on how they handled the COVID crisis, and share their creativity on program development for communities living on a financial shoestring. In total, we offered dozens of listening sessions and reached more than 10,000 participants across the country.

Overall during these past years we have worked with more than 300 Indigenous communities and honored the diversity of Native communities through:

- Initiating programs for Native LGBTQ+/Two Spirit communities;
- Offering support for caretakers and professionals taking care of Indigenous elderly family;
- Offering training for people working with Native Returning Veterans;
- Providing training and TA to the Tribal Opioid Response recipients;
- Working with Healing to Wellness Courts and non-Native drug courts to provide culturally informed intake tools;
- Providing support and training for teachers and staff



working with Indigenous kids and adolescents;

- Raising awareness about Murdered and Missing Native Family members;
- Developing training for BH professionals to aid in their efforts to be certified in SUD prevention and treatment;
- Developing the Indigenous Behavioral Health Series for professionals who want to be peer support specialists;
- Offering annual Native American Leadership Academies and supporting up-and-coming Prevention Fellows in their efforts to implement a CAPSTONE program.

Our Indigenous Motivational Interviewing program has also become highly sought after, especially since this approach is conducive to Indigenous ways of communicating and is a basis for several other practices like Screening, Brief Intervention, and Referral to Treatment (SBIRT). All three National AI/AN TTCs published 2-3 newsletters a year, each of which included primary articles on topics that tribal communities expressed interest in, as well as features on programs that had successfully addressed these areas of interest.

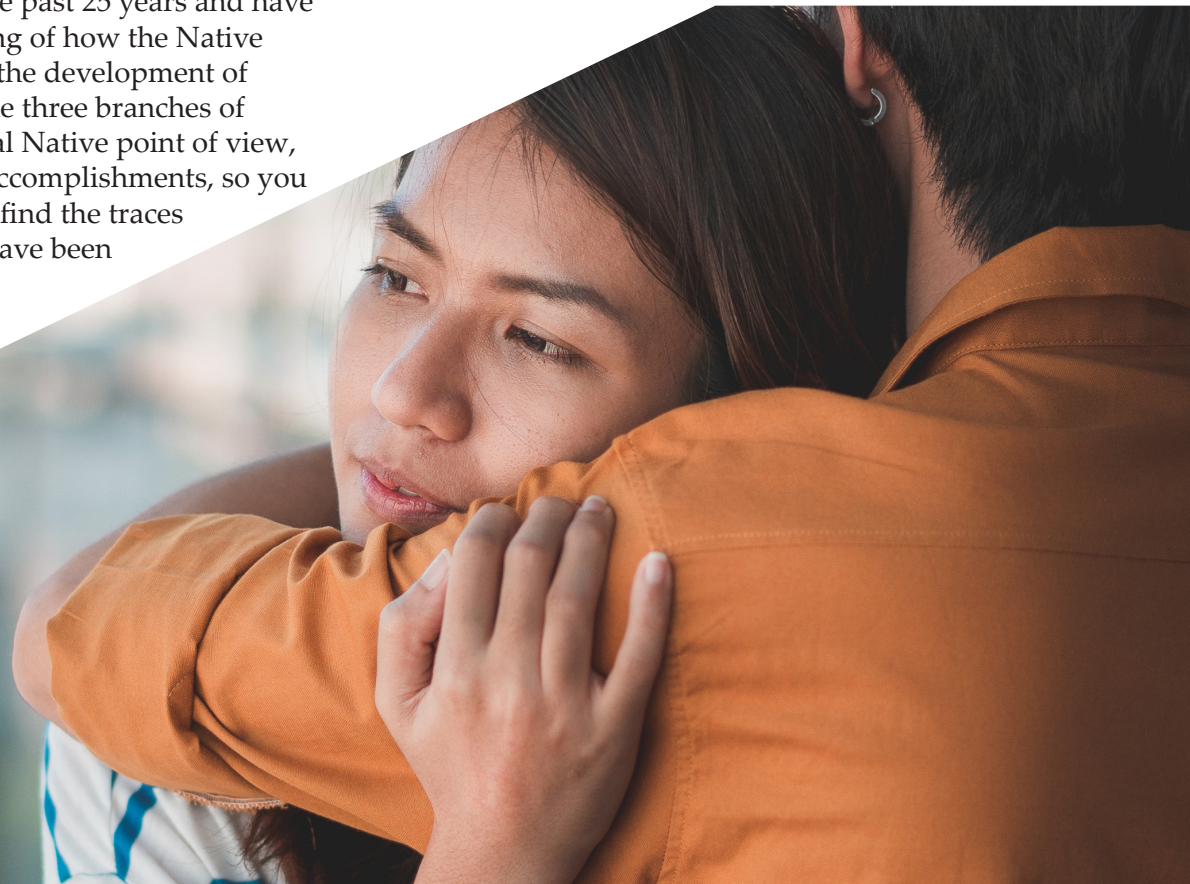
We have learned so much these past 25 years and have acquired a better understanding of how the Native communities have influenced the development of the federal government and the three branches of government. From a traditional Native point of view, you do not boast about your accomplishments, so you must really dig into history to find the traces of how Native cultural ways have been

incorporated into many of the practices of today.

I encourage you to read all the input from staff members in the three National AI/AN TTCs; they have all done and learned to respect the wisdom of the Elders, listened to the Voices from the River, and learned to appreciate cultural ways of assisting Native family members with BH disorder.

We look forward to working with you through our NCBH and please stay in touch. This is not a good-bye, but rather “På gjensyn” in Norwegian (“See you soon” in English). We look forward to working with you all in the future. Our collaborations through the years have made us humbler and more understanding of people from different cultures, and we look forward to the next phase of our journey.

Anne Helene Skinstad, PhD
*Director, Native Center for Behavioral Health
University of Iowa College of Public Health*





Native Center Advisory Council

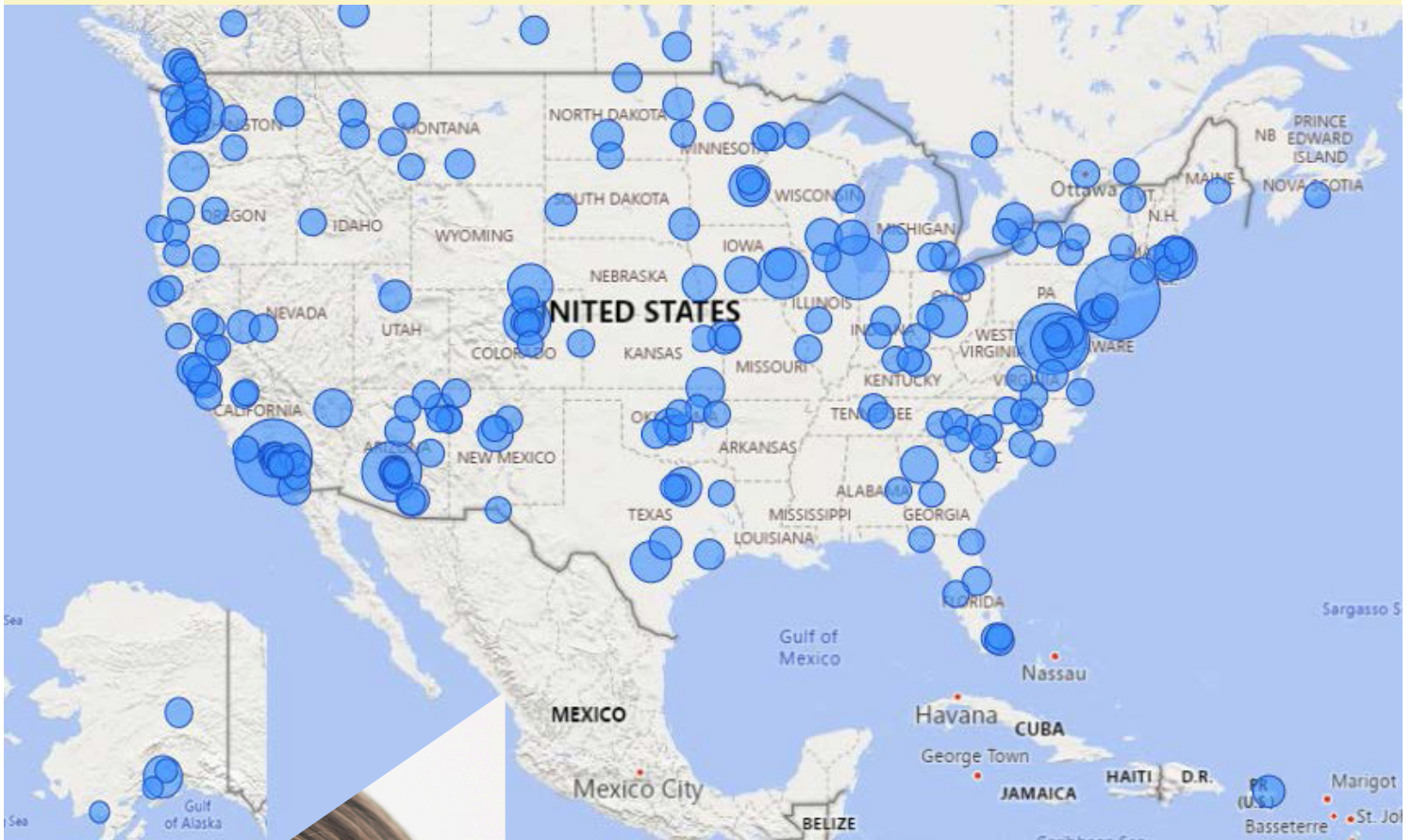
Perry R. Ahsogek, Barrow Village of Alaska
 Richard Bird, MMS, CCDCIII, Sisseton-Wahpeton Oyate
 Robert Begay, Member of the Navajo Nation
 Patrick E. Calf Looking, MA, Blackfeet
 Joel Chisholm, MD, Bay Mills Indian Community, a band of the Ojibway tribe
 Ray Daw, MA, Navajo
 Dan Dickerson, DO, MPH, Inupiaq
 Dana Diehl, Yupik and Dena'ina
 Lena Gachupin, MSW, Zia and Jemez Pueblo, and Sun Clan of New Mexico
 Jacque Gray, PhD, Choctaw & Cherokee Nation
 Lakota R. M. Holman, MEd, Rosebud Sioux tribe
 Matt Ignacio, MSSW, Tohono O'odham
 John Jewett, MA, Oglala Lakota Nation
 Melanie Johnson, MA, Sac and Fox Nation of Oklahoma
 Jeffrey N. Kushner, MHRA
 Melvina McCabe, MD, Navajo Nation
 Dennis Norman, Ed D, ABPP, Descendant of the Southern Cheyenne Nation
 Connie O'Marra, LCSW, Citizen Potawatomi
 Ed Parsells, BA, Cheyenne River Sioux Nation
 Vanessa Simonds, ScD, Crow Nation, Montana
 Roger Dale Walker, MD, Cherokee Nation
 James Ward, MA, Choctaw

Ex-Officio Members

Karen Hearod, LCSW, Choctaw Nation of Oklahoma
 Juanita M. Mendoza, MS, Pascua Yaqui Tribe of Arizona
 Rose Weakhee, PhD, Navajo



Prior to March 2020, our events were largely in-person, which limited both the number and reach of our activities. The onset of the COVID-19 pandemic forced our events online, allowing us to greatly increase both the number of events we offered and the reach of those events. This map shows the spread of users across the country we were able to reach through online events.



Monica Dreyer Rossi, Cand. Polit.
Research Manager

I want to express my appreciation to all the mentors and mentees in the AI&AN Leadership Academy, everyone who attended the Native Youth Round Table, and the Indigenous Behavioral Health Series. I extend thanks as well to all the panelists, speakers, and consultants I have worked with during the last five years. I have enjoyed learning about your communities, customs, and traditions, and it has been an honor to get to know each one of you. It is the people who participate who make our programs valuable, and I am grateful to have been part of this journey. Until next time.

National AI/AN ATTC network founded - 11 centers serving individual states

1993

1995

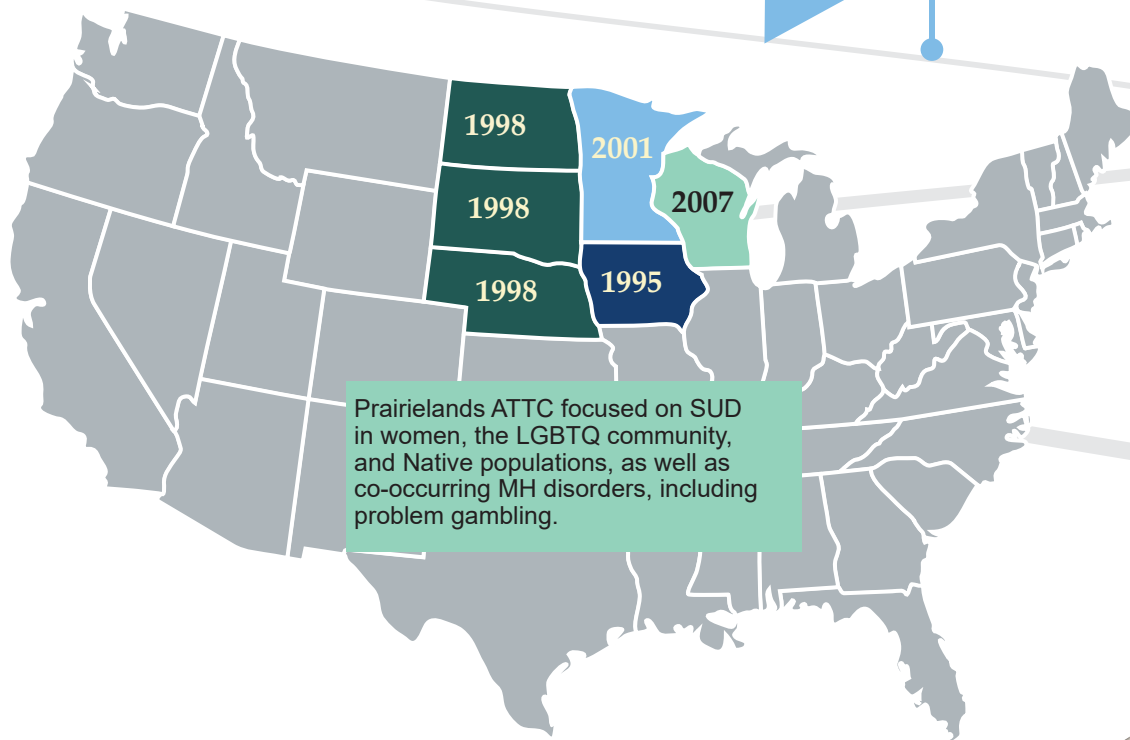
Addiction Training Center of Iowa founded at the University of Iowa College of Education

Prairiелands Addiction Technology Transfer Center founded, serving Iowa, Nebraska, North Dakota, and South Dakota. Minnesota and Wisconsin were added later.

1998

2001

Prairiелands Addiction Technology Transfer Center moved to College of Public Health



Prairiелands ATTC focused on SUD in women, the LGBTQ community, and Native populations, as well as co-occurring MH disorders, including problem gambling.

I have served at the National American Indian and Alaska Native ATTC in many different capacities over many years. The lesson I have carried with me and that I have learned from Dr. Skinstad over the years is that as people we always ought to stand up for what is right. Dr. Skinstad has been serving within American Indian and Alaska Native communities with a lot of concern and deep care for their sovereignty. She has spent many years developing programs and events that honor tribal communities, and I have had a chance to work alongside the team learning daily. I have also had the honor of working with several tribal community members who have given me an opportunity to share in their very unique cultures and traditions. I am thankful for those opportunities and hope to continue to serve American Indian and Alaska Native communities alongside Dr. Skinstad and her team.

Maurine Lilleskov, PhD, Luo Tribe, Kenya
Consultant and interim co-director, National American Indian and Alaska Native PTTC



Sidney Stone Brown Delivers 2023 Duane Mackey Lecture & Award

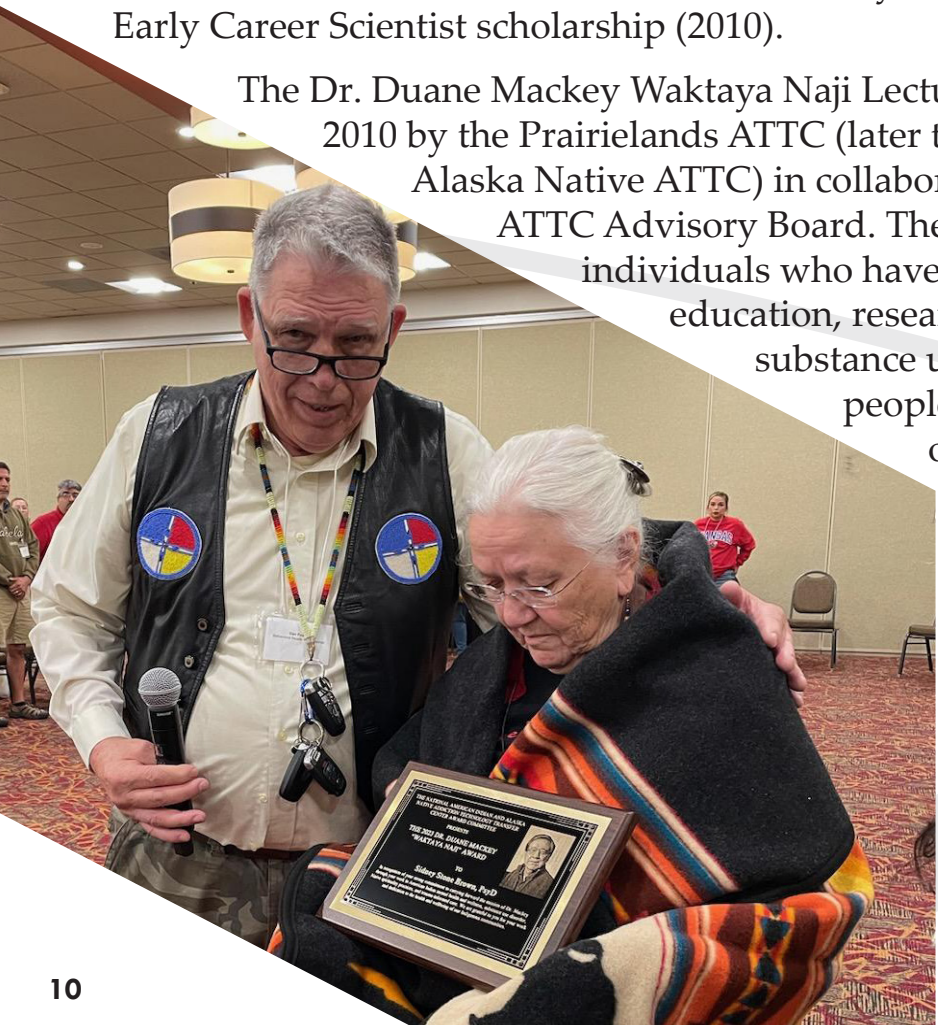
Sidney Stone Brown, Blackfeet, PsyD, delivered the 2023 Duane Mackey Waktaya Naji Lecture at the Great Plains Area Behavioral Health Conference in Rapid City, SD, Sept. 21.

Dr. Stone Brown grew up in the northeast corner of the Blackfeet Nation of Montana. She is a member of the Blackfeet Nation and currently works as the behavioral health director at Navajo Regional Behavioral Health Center. She is the author of *Transformation Beyond Greed: Native Self-Actualization*.

At the age of 55, Dr. Stone Brown returned to school to earn her Doctorate of Psychology, and has since applied tribal perspective to psychology research. She has dedicated her life to helping people heal from substance abuse and to enhancing trauma-informed care. She has received numerous awards, including the National Register of Health Service Providers in Psychology scholarship (2008), the Diversity & Health Kaiser Permanente DHS Master Diversity Trainer award (2010), and a NIDA Early Career Scientist scholarship (2010).

The Dr. Duane Mackey Waktaya Naji Lecture & Award was established in 2010 by the Prairielands ATTC (later the National American Indian and Alaska Native ATTC) in collaboration with the SD Prairielands ATTC Advisory Board. The award and lecture recognizes individuals who have made significant contributions in education, research, mentoring, and services in the substance use disorder field among Native peoples. The award signifies the promise of the honoree's continued success and inspires others to make contributions to the addiction treatment field for Indigenous peoples, and to promote and espouse the ideals of equality and justice for all peoples.

Dan Foster, PsyD, a longtime member of the National AI/AN ATTC Advisory Council, presented the 2023 Dr. Duane Mackey Waktaya Naji Award to Sidney Stone Brown, PsyD, at the 2023 Great Plains Area Behavioral Health Conference. Photo by Steve Steine.



Editor's note: Ken and Mary (Kate) Winters have contributed to the National AI/AN ATTC, MHTTC, and PTTC newsletters for several years. This contribution reflects what they've covered and what they've learned.



Reflections

KEN C. WINTERS, PhD, and MARY K. WINTERS, MEd

Our humble journey in sharing ideas and insights via the Newsletter Series began some time back. If you found value in these contributions over the years, we are grateful. As a vehicle for information, we hope your skills and knowledge base were elevated. Several themes were prominent throughout many columns, and in this final piece we will focus on the three that seem to us as the most salient among them: substance use issues, culture as prevention and treatment, and the importance of resiliency in behavioral health.

Substance Use Trend Issues

The major focus of many TTC newsletters was the health impact of substance use. Alcohol was one such substance that garnered a great deal of attention. AI/ANs are more likely than any other ethnic group in America to die from alcohol-related causes, making alcohol and prevention and treatment programs and practices a primary concern. (At the same time, it is important to note, Native people also have the highest rate of abstinence from alcohol.)

Yet three non-alcohol substances - nicotine, cannabis and opioids - have been spotlighted nationally due to various shifts in use and changes in health impacts. What are these recent changes and to what extent have AI/ANs been impacted by these shifts?

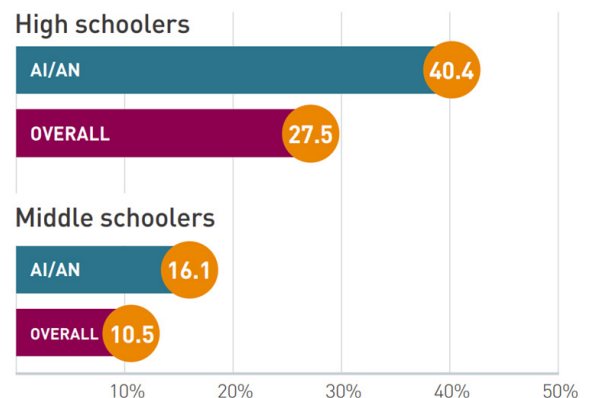
Nicotine

Traditional tobacco has been used for centuries by Indigenous peoples for ceremonial, religious, or medicinal purposes. Many tribes have stories of how tobacco was introduced to their communities as a sacred plant that had healing powers if used properly, and it often was offered to Elders or guests as a sign of respect or thanks (see the culture card produced by the National AI/AN PTTC that compares traditional versus commercial tobacco: <https://pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/product/connecting-prevention-specialists-0>).

From a public health standpoint, it's significant that the non-traditional use of nicotine products is more prevalent among AI/ANs of all age groups compared to other ethnic/racial groups. For example, AI/ANs adults reported in a recent national survey the highest smoking rate in the U.S (current AI/AN smokers 23%, compared to 14% of adults overall) (Wang et al., 2019).

A striking trend in nicotine use is the new popularity of vaping among all age groups, including youth, a finding that is occurring in the face of a downward trend in cigarette smoking. Less use of cigarettes can have multiple health benefits. Yet vaping has legitimate public health concerns, given that electronic cigarettes may have adverse effects on the developing lungs of adolescents and elevates one's risk for nicotine addiction

E-cigarette use among middle and high schoolers





It is encouraging to note nicotine prevention efforts from AI/AN youth. For example, the Keep it Sacred resource includes video clips of Native youth discussing the importance of not using nicotine outside of traditional ceremonies and practices, strategies for quitting, and how adults can be a “prevention agent” in support of the goal of adolescents being nicotine free (<https://keepitsacred.itcmi.org/tobacco-and-tradition/youth-tobacco/>).

(Polosa et al., 2022). Figure 1 shows current vaping use comparing AI/AN youth and non-AI/AN youth (Wang et al., 2019; source of image: https://truthinitiative.org/sites/default/files/media/files/2022/05/Truth_Race-ethnicity%20Series%20Factsheets-Amer%20Ind_051722.pdf).

Commonly called vape pens, e-cigarettes, or pods, these products are being aggressively marketed to youth with strategies that include hiring teens to promote vaping on social media and producing flavored products. These practices occur within the context of the nicotine industry’s history of targeting tribes by offering price reductions (e.g., providing vaping ‘starter kits’ for \$5 that retail for \$50), making charitable donations, providing sponsorships, and downplaying the health risks of vaping (Lempert & Glantz, 2019).

Cannabis

The marijuana legal landscape in the U.S. has changed remarkably in the past decade. As of September 2023, 23 states and D.C. now allow commercial sales of cannabis to adults, and an additional 20 states permit only medicinal use of cannabis. Also, many states have updated laws that reduce penalties for possession and include other decriminalization features. Changes in cannabis products have also occurred. Widespread availability of flower varieties, edibles, liquids, and topicals exist in legal states, and cannabis potency measured by the percentage of THC has increased dramatically (ElSohly et al., 2021).



Trend rates of cannabis use have generally ticked upward among most demographic groups as legalization expands. Among AI/ANs, cannabis is abused at relatively frequent rates. In a 2020 national survey, 7% of AI/AN respondents aged 26-plus reported using cannabis daily or almost daily (<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>).

What has led to this shift toward normalization of cannabis use? Americans of all age groups tend to favor legalization, although younger age groups and those citing liberal political leanings express a more favorable view on legalization than older and politically conservative Americans (<https://www.pewresearch.org/short-reads/2022/11/22/americans-overwhelmingly-say-marijuana-should-be-legal-for-medical-or-recreational-use/>). Other factors cited by experts are growing sentiments that cannabis is medicine, it's less harmful than alcohol and nicotine, and, by legalizing it, the black market will be reduced or eliminated, and certain social injustices can be corrected. Counter to this shift toward normalization are efforts to educate the public and policy makers that cannabis use has many harmful effects and that legalization will escalate public health costs (see review at <https://learnaboutsam.org/wp-content/uploads/2023/04/2023-Report.pdf>).

Opioids

The National AI/AN ATTC's focus on the opioid use crisis extended to several newsletters that addressed this major public health issue. As we detailed in these newsletters, AI/ANs have been severely impacted by the opioid epidemic. AI/ANs are second only to Whites in the U.S. for opioid overdose mortality (Kenner et al., 2018), and AI/AN youth have disproportionately high rates of both heroin and other opioid misuse (Nalven et al., 2020). The current opioid crisis now includes illicit synthetic opioids like fentanyl and carfentanil that have a dangerous risk of lethality.

This crisis was driven by pressures on the medical profession to offer more effective pain treatment, either an underestimation or under-appreciation by the FDA of the addictive potential pain medications, the accelerated pace of opiate prescribing, dual influences by medical and pharmacy professional bodies and the pharmaceutical industry, and lack of effective warnings of this health crisis by regulating authorities and governments. It is disheartening that the lessons learned from how the tobacco industry perpetuated a public health problem with nicotine addiction seem to have been ignored with respect to the opioid crisis.

OxyContin®: Missteps in oversight

Several factors that contributed to the abuse of OxyContin are described by deShozi and colleagues (deShozi et al., 2018). The manufacturer's FDA application for approval grossly underestimated the drug's potential for abuse, as the original manufacturer claimed that addiction to OxyContin was "very rare." The FDA inexplicably was not influenced by the manufacturer's disclosure that crushing tablets immediately released nearly 70% of the oxycodone, thus accelerating its potential to be addictive. Ironically, the 2004 label revision of OxyContin® that cautioned patients not to chew or bite the tablet served to alert users for how to heighten the drug's potency.



The AI/AN community responded to the opioid crisis in several ways, as we detailed in prior newsletters. Impressive efforts to prevent its onset and to intervene when abuse has started, developed by numerous tribes (e.g., White Earth Nation, Cook Inlet Tribal Council, Lummi Nation, Blood Tribe/Kainai First Nation, Cherokee Nation in Oklahoma, Mille Lacs Band of Ojibwe, and Lac du Flambeau) and government entities (e.g., Washington State Health Care's One Tribal program, and Indian Health Service Opioid Strategy), are worthy of our gratitude.

Optimizing Prevention and Treatment with Culturally Informed Perspectives

A core theme across the years is that culturally adapted and culturally informed practices and approaches are essential when addressing substance use issues for AI/AN communities and clients. Preserving culture in programs and practices optimizes effectiveness. The phrases "culture is prevention" and "culture is treatment" were reflected in numerous

prior columns. And these principles are aptly applied to youth programs. Tom Anderson (Cherokee), executive director of the Association of American Indian Physicians, commented on his program's attention to integrating culture in their youth services: "We hope to encourage Native youth to embrace healthy hobbies and activities; we also aim to equip Elders and families with tools to inspire positive behaviors and find ways to impart wisdom and Native culture to our next generation of leaders." (<https://www.businesswire.com/news/home/20230530005653/en/>).

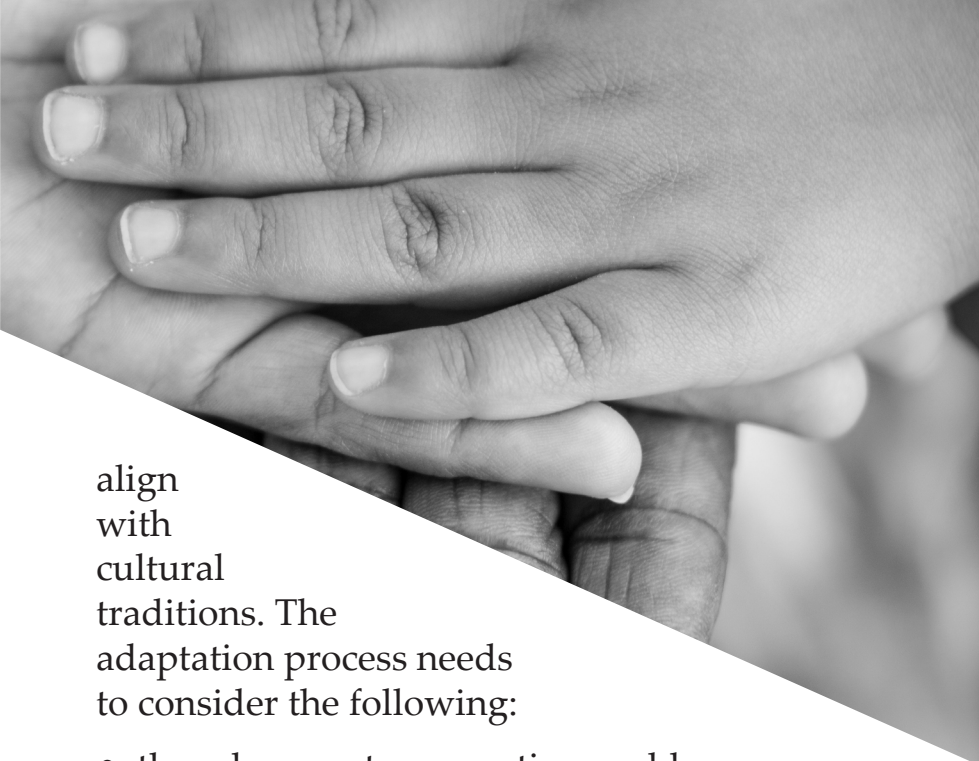
We learned from experts and the research literature that several keys exist when integrating culture in prevention and treatment programs and practices:

1. Recognize that traditional AI/AN cultural views, values, and traditions are the foundation of Indigenous health, and understand that traditions have historical roots, although they may have evolved to take on a contemporary look.
2. Appreciate that healing practices are aligned with the Native holistic view of health that encompasses the individual, the family, and the community, and serve to restore a sense of connection to tribe and culture. Holistic health is based on an understanding of the interconnectedness of all

life and the importance of balance and harmony of the emotions, mind, body, spirit, and environment.

3. Health also involves drawing on the strengths and assets of the individual, family, and community. A common health care strategy to promote the role of assets to promote health is the use of storytelling in counseling.
4. Blend evidence-based, Westernized strategies (e.g., prevention programs that include a life skills component; treatment programs that incorporate motivational interviewing) with traditional ingredients to optimize the program's effectiveness with AI/ANs receiving these services.
5. Recognize that when Westernized practices are utilized, they need to





align with cultural traditions. The adaptation process needs to consider the following:

- the relevance to presenting problems and needs of client and community;
- the need for the program or approach to emphasize strengths and asset-building; and
- that implementation occurs by culturally competent staff.

Resilience

Numerous programs and approaches that we highlighted over the years directly or indirectly included content and activities that focus on strengthening resiliency among AI/AN youth and adults. These resilience traits, which have been studied and heralded as a person's "coping toolkit," include the following:

- realistic optimism;
- mastering challenges with problem-solving skills;
- self-confidence in one's problem-solving skills;
- cognitive flexibility, including tendency to

reframe adversity into a more positive light;

- ability to regulate emotions, such as delaying gratification and recovering rapidly from stress;
- strong social supports;
- tendency to be unselfish and charitable; and
- guided by core traditional beliefs, such as religion, spirituality, and community values.

Whereas our prior newsletters focused on resiliency traits support health and well-being, these traits can serve to address challenges of an AI/AN community, such as issues pertaining to climate adaptation, food shortages, water securities, land usage, and challenges to sovereignty.

Final Comment

We understand that there is no word for good-bye in many Native languages. But we embrace the common Native principle that a spirit follows each of us and this spirit keeps us perennially connected to others. So we stay connected to you, our readership. As a wise Native colleague once said to us:

“We are all connected to everything.”



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Meg Schneider, Communications Coordinator
Program Manager, Siouxland Mental Health Awareness Training

When I first moved to Upstate New York and began covering the Oneida Indian Nation of New York (OIN) for the Utica newspaper, I was appalled and embarrassed at how little I knew of American Indian history. For the next 15 years – 3 as a reporter and 12 as a senior writer for the OIN – I felt like a sponge, soaking up enormous quantities of history, oral tradition, cultural practices and beliefs, and the thoughtful, deliberate resilience, determination, and indefatigable joy of the Oneida people. I learned none of this from my formal education, and that unfortunately remains a shameful gap in our public school system today.

When I moved back to Iowa to be closer to family, I left behind my adopted family at OIN, but not what they taught me. And many years later, when genealogical research into my father's family revealed that at least one of my ancestors was at Valley Forge when the Oneidas brought bushels of corn to help feed the starving troops, my sense of kinship with the Oneida people I had the honor to work with more than 200 years later only deepened.

I didn't expect to be able to work with Indigenous populations again, not in Iowa, where we have only one tribe. Then the Native Center for Behavioral Health (which I had never heard of) needed a communications coordinator, and I jumped at the opportunity to come back to a world of allyship with Native communities. I knew a fair bit about the OIN and the Haudenosaunee people, but next to nothing about the hundreds of other tribal communities in the U.S. Once again, I am a sponge, soaking up everything I can learn from everyone I come in contact with. Occasionally, I'm able to help Native communities and the people who serve them do better. More often, though, I learn more from our "audience" than I offer them, and for that honor, I am forever grateful.

January
14, 2019:

I had just started my position as Program Manager at the National AI/AN Addiction Technology Transfer Center at the University of Iowa College of Public Health. I had spent the prior 23 years working in a non-profit treatment center working with patients with primary SUDs. Sadly, I had overextended myself and not practiced much self-care over those years and, as a result, had worn out my spirit. I had realized far too late that compassion fatigue is real. A fresh start was in order, and I soon found myself working with Indigenous people from all over the US and Alaska, working to understand their cultures, the impact SUDs have had, and how I might learn, grow, and be trusted in this new endeavor. In the past 5 years, I have had many meaningful experiences, freely given, and without any conditions or transactional elements. Native tribes and their communities welcomed me into their homes, workplaces, family circles, and treatment centers across this country. The love and kindness I have experienced in working with Indigenous peoples has changed me, healed me, and shown me a different way to see the world, to engage with the people, animals, and plants within it. Ultimately, my hope had always been to support and help my Native brothers and sisters recover, heal, and continue to live their lives in a good way as the Creator intended.

Steve Steine, MA, CADC, program manager,
National American Indian and Alaska Native ATTC



As a person of long-term recovery, a Certified Addictions Counselor, and former clinical manager of a local treatment clinic, I had spent the last 23 years working with patients here in Iowa. I had seen firsthand the death and destruction SUDs can wreak on the most vulnerable of our citizens. I had lived and worked mostly with non-Native peoples, in a mainstream community with patients of middle to low economic status, with limited access to resources and opportunities in their lives. I had seen firsthand men and women dying before my eyes as they convinced themselves that they didn't have a problem as their body, mind, and spirits were slowly dismantled. Yes, from early graduate school to my ongoing clinical work, I had been trained in a variety of treatment approaches deeply rooted in Western practices. These ways were from a mainstream perspective, mostly evidence-based, often linear, abstinence based, endorsed modalities to clinically treat SUDs. This is the world in which I was raised, the world in which my own values, thoughts, ideas, and priorities had arisen and developed during my 57 years on this earth.

However, my worldview has changed since my work started here at the ATTC. Our former co-director taught me aspects of Native culture and traditional ways of seeing the world. Early on, he said, "Steve, you are here for something much more than just this work; the answers you seek will be shown to you in time." This has stayed with me since that day. I now believe a new pathway was forged within my heart, mind, and spirit. And through my continued engagements with Native Americans and Alaska Natives, particularly our Native Advisory Council and consultant group, I have been shown truths, seen the world through a different lens, and felt the healing of my wounded spirit at ceremony. Slowly my myopic, Western perspective began to reshape, my vision broadening as if a great light had been suddenly cast down upon the unlit rooms of my spirit. I remember one evening in bed, nearing sleep, a calm inner voice quietly whispered into my right ear, "Steve, there are other pathways to healing and recovery... Seek them and you will find knowledge and practices that have been in this world for thousands of years..." Experience-based practices, practiced-based evidence, and spiritually based practices must be brought to the forefront of the behavioral health field, not to replace the evidence-based practice, but rather to blend with them these time-tested principles of Native healing ways and holistic recovery. The circle always leads back to itself, so perhaps it is time now to complete the circle.



Addiction Advisors

Patrick Calf Looking, MAC, LAC, Blackfoot
Ray Daw, MA, Navajo
Dan Dickerson, DO, MPH, Inupiaq
Lena Gachupin, MSW, Zia and Jemez Pueblo, Sun
Clan of New Mexico
Ed Parsells, BA, Cheyenne River Sioux Nation
Robert Rohret, MPH

Addiction Consultants

Pamela Baston, MPA, MCAP, CPP
Janie Ferguson, BA, Cup'g Eskimo
Sunny Goggles, MA, Northern Arapaho Nation
Jacque Gray, PhD, Choctaw & Cherokee Nation
Michaela Grey, MPH, Navajo Nation
John Jewett, MA, Oglala Lakota Nation
Maurine Lilleskov, PhD, CHES, Luo Tribe, Kenya
Kristina Pacheco, BA, Pueblo of Laguna
Robert Rohret, MPH
Tom Vaughn, PhD
James Ward, MA, Choctaw
Star Wheeler, MS, Seneca Nation
Kate Winters, MA
Ken Winters, PhD
Janice Yazzie, MA, Navajo Nation
Janet Zwick, BS



Five Years of Highlights

2018–
2019



July

Opiate Pre-Conference Workshop: In collaboration with the Association of American Indian Physicians (AAIP), the AI/AN ATTC hosted a pre-conference workshop on the prevalence of opioid addiction, implementation of medication-assisted treatment/medication for opioid use disorder, and co-occurring OUD and mental health disorders. Presenters included Anne-Helene Skinstad, Ph.D., Roger Dale Walker, MD, Daniel Dickerson, DO, MPH, Joel Chisholm, MD, and Anthony Campbell, RPH, DO, FACP.

October

Healing to Wellness Courts/Native Drug Courts: Working closely with Jeff Kushner, administrator of Drug Courts in Montana, AI/AN ATTC Director Anne Helene Skinstad, PhD, and Co-Director Sean A. Bear, Meskwaki, BA, CADC, made several presentations and served on the planning committee for the Montana State Drug Court Conference.

November

Advisory Council Meeting and Symposium: The AI/AN ATTC held an advisory council meeting at the University of Iowa, titled “Looking to the Future: Building Healthy Native Communities.” The meeting was followed by a symposium on current tribal health concerns that was open to the public.

February

Native Veterans Pilot Program: The AI/AN ATTC co-hosted a pilot program focusing on preparing behavioral health providers to work with native veterans and address their mental health concerns in a culturally relevant way. ATTC Co-Director Sean Bear (Meskwaki, US Army) and Raymond Daw (Navajo/Dine, US Army) developed a training program that includes a historical overview of Native warfare and trauma. It describes manifestations of Post-Traumatic Stress Disorder (PTSD) across a spectrum of acculturation and enculturation and the compounding effect of historical trauma and Adverse Childhood Experiences (ACE). The program also incorporates methods for better workforce development and ways to “heal the healer” in Native communities.

Plus:

- Tribal Opioid Response strategic planning trainings, in-person 3-day conference with intensive TA for TOR grantees, and monthly webinars on topics of interest to TOR grantees
- Listening sessions across Indian Country in preparation for an extensive national needs assessment
- Tribal Colleges and Universities Initiative launch to develop culturally informed workforce training and education programs
- 6th and 7th Annual Dr. Duane Mackey Waktaya Naji Award and Lecture, honoring Jacqueline Gray, PhD, Choctaw/Cherokee descendant, and Beth Boyd, PhD, Seneca
- Leadership Academy immersion training
- Alcohol and Drug Certification Exam Preparation Course
- Pain Management workshop presented in collaboration with AAIP



Five Years of Highlights

2019–
2020



August

Leadership Academy development: The Leadership Academy completed its initial Immersion Training at the Meskwaki Casino in August. The mentees spent five days together sharing and learning while the Mentors joined the group for the last three days. The Enhancement Session took place in New Mexico in February.

April

Tribal Opioid Response TA Project (TOR TA Project): The National AI/AN ATTC collaborated with the TOR TA grant program to support the TOR recipient at the TA Meeting in Mystic Lake, Minnesota between April 10-12. Over 165 participants from 70 tribes attended this 3-day event. The ATTC was able to conduct a Training and TA Needs Assessment study using focus group methodology, among TOR recipients to better and more effectively address grantee obstacles and gain a better understanding of the TOR grantees' needs. This feedback and information will prove vital for the ATTC as it moves forward in provided virtual and face-to-face assistance to various grantees and their tribal affiliates in the coming months.

September

Alcohol and Drug Certification Exam Preparation: The center has completed a revision of this curriculum and the curriculum was piloted in the Lower Brule Nation, SD, in September. The goal of this training is to assist American Indian & Alaska Native substance abuse counselors in preparation for certification and licensure examinations and to provide a general overview of alcohol and drug education.

February

National AI/AN Leadership Academy: Enhancement Session February 2020. Ongoing weekly/ bi-weekly virtual meetings with mentors/ mentees, guest lecturers, and National ATTC consultants/ support staff from March-September 2020 including more than 20 virtual talking circles and multiple virtual trainings during this report period.

Plus:

- Alcohol and Drug Certification Exam Preparation Course #2 completed, New Mexico December 2019
- Development of a Contingency Management training curriculum for the current TOR grantees and additional funding supplements pertaining to CM treatment implementations with AI/AN patients
- Transition to all virtual activities at the NATTC (in Response to COVID-19 Pandemic Outbreak)
- Continued work on a National Behavioral Health Aide (BHA) (CHAP) Certification Training guide and standardized curricula, in collaboration with SAMHSA representatives and IHS leaders



Five Years of Highlights

2020–
2021



August

Virtual Alcohol/ Drug Certification Exam Preparation Course #1 completed August 2020 with group from Great Plains Behavioral Health area. The goal of this training was to assist American Indian & Alaska Native substance abuse counselors in preparation for certification and licensure examinations and to provide a general overview of alcohol and drug education.

March/June

Virtual Native Spiritual Roundtable event March-June 2020 & **Virtual Native Spirituality Discussion group** June-August 2020. The American Indian and Alaska Native ATTC and MHTTC invited spiritual leaders from American Indian and Alaska Native communities to come together to discuss the importance of spirituality in the treatment of behavioral health and mental health disorders. Spirituality is often left out of counseling and therapeutic relationships, but is an essential part of healing and change for many clients.

June

Virtual Native Storytelling and Virtual Native Talking Circle events facilitated by a Native guest and focused on concerns about yourself, your family, your work, and/or your tribal community that you may be experiencing during these uncertain times.

Aug-Jan

Virtual Native Veterans Wellness and Resilience Peer Support/Skills training discussion group August 2020-January 2021

Plus:

- Addressing Addiction in our Native American Communities; ATTC Newsletter: Vol 7 Issue 2, Winter 2021, Pathways to Recovery from Meth
- Addressing Addiction in our Native American Communities; ATTC Newsletter: Vol 7 Issue 3, Spring 2021, Alcohol Use During the Pandemic
- Dr. Mackey Lecture and Award
- Completed the Collaborative Native Stimulant project with Region 9 Spring 2021
- Dr. Skinstad named member of the National Board for Certified Counselors, Minority Fellowship Program, and selection of Minority Fellows for a yearlong program
- Implementation of virtual Care and Share event for TOR grantees, offering discussion, TA support, and weekly access to regional providers and SAMHSA addressing OUDs/related SUDs



Five Years of Highlights

2021–
2022



April

We were able to offer our **2nd Virtual Alcohol/ Drug Certification Exam preparation course**. This 4-day course covered a comprehensive range of targeted curricula aimed at assisting Native treatment providers prepare for taking and passing their state's respective certification exam. The training was led by our Co-Director, Sean Bear. This was only the second time it was attempted virtually, and we were able to make some updates and modifications based on what we learned from our first attempt using a virtual platform. Thanks to all those who participated in this important event.

June/July

The National AI/AN Leadership Academy continued its goal of retaining and increasing Native behavioral health professionals in leadership positions. The program offered three monthly events in June and July. The Mentor meetings, provide support and guidance to the mentors in the program. The Coffee Klatches, an addition made to the program in light of the COVID-19 pandemic, were open talking circles focusing on support and follow-up conversations for mentors and mentees in LA III and LA IV. The Mentor and Mentee Trainings focused on topics relevant for those working in professional positions in Native communities.

August

The National AI/AN offered a comprehensive Motivational Interviewing Training “Spirit of Communication” with Kathyleen Tomlin, PhD: This two-part series Intensive TA event provided the Southern Plains Tribal Health Board staff an in-depth skills training on the use of MI in a clinical setting while working with Native patients. In September 2021, we also featured a separate SBIRT training to the same group to complement their MI skills training experience, also facilitated by Dr. Tomlin.

March

The Virtual Native Talking Circle (VNTC) continued into March 2022 and remained an important staple of support for many clinicians, peers, and case workers. This monthly virtual group meeting linked evidence-based group therapy components to long-standing culturally based practices to afford participants a supportive venue to voice concerns, share resources, and come together to offer experience, strength, and hope to one another, especially during the COVID-19 pandemic.

Plus:

- Addressing Addiction in our Native American Communities; ATTC Newsletter Vol 7 Issue 3, Fall 2021, Recovering from SUDs During COVID-19
- Addressing Addiction in our Native American Communities; ATTC Newsletter Vol 8 Issue 1, Winter 2022, Harm Reduction in Native Communities
- *Bridging Nations, Overcoming Barriers: Elevating Indigenous Knowledge in the Public Health Landscape.* Dr. Skinstad was awarded the opportunity to provide the Distinguished Faculty Lecture to the University of Iowa College of Public Health, October 13, 2021. Close to 200 people signed into the webinar session from Europe and the U.S.



Five Years of Highlights

2022–
2023



May

In late May 2022, we concluded the seasonal Spring Living Series. This unique 6-part series offered by the National AI/AN ATTC gave participants an opportunity to discuss strength-based, culturally informed practices, and springtime teachings with peers, treatment providers for clients with substance use disorders (SUD), and Native relatives. The sessions had six separate sub-topics that changed for each webinar and were intended to inspire inclusion into a culturally informed and evidence-based/ knowledge-based SUD treatment approach.

October

ASAM, DSM-5, Clinical Applications, Treatment Planning, and Cultural Considerations: An Overview. The goal of this training was to assist American Indian & Alaska Native substance use disorder (SUD) counselors apply components of DSM-5 and ASAM in their clinical practice. Additionally, the training addressed Indigenous cultural considerations, treatment planning, and treatment placement. The final day involved practicing DSM-5 diagnosis and making appropriate treatment recommendations using ASAM criteria. This day-and-a-half training was offered both in person and virtually.

November

The Alcohol and Drug Certification Exam Prep Course was offered in person in Cherokee, NC (Nov 1-4, 2022) for the first time as a hybrid (virtual/in person) event. This 4-day course covered a comprehensive range of targeted curricula aimed at assisting Native treatment providers prepare for taking and passing their state's respective certification exam. The training was delivered by two of our center's senior consultants; Mr. Edgar Parsells, BS, Cheyenne River Sioux Tribal member, and Lena Gachupin, MA, Pueblo Sun Clan, along with Steve Steine, National AI/AN ATTC Program Manager. The event drew four virtual attendees, with 13 completing the course in person.

February

The Virtual Native Talking Circle (VNTC) continued into March 2023 and remained an important staple of support for many of Native SUD providers, peers support specialists, and case workers. This ongoing monthly virtual group linked evidence-based group therapy components to long-standing culturally based practices to afford participants a supportive venue to voice concerns, share resources, and come together to offer experience, strength, and hope to one another. This was an initiative started during the height of the COVID pandemic and will continue going forward.

Plus:

- Addressing Addiction in our Native American Communities; ATTC Newsletters: Vol 9 Issue 1, Winter 2022, Indigenous Pathways to Recovery
- Addressing Addiction in our Native American Communities; ATTC Newsletters: Vol 9 Issue 2, Spring 2023
- Addressing Addiction in our Native American Communities; ATTC Newsletters: Vol 8 Issue 2, Spring 2022, Treatment of OUDs in Native Communities
- Addressing Addiction in our Native American Communities; ATTC Newsletters: Vol 8 Issue 3, Fall 2022



Megan Dotson, program manager, National American Indian and Alaska Native MHTTC

Where to begin... After working in grant-based positions for more than 22 years, I have learned that whatever project you are working on, there is always something new to experience. The term “appointments” via grants is quite interesting, and it affords you the opportunity to work with many different populations. Over the years, I have worked with at-risk youth and their families, people in the prison system, older adults, and Native Americans, to mention a few. Countless professionals have crossed my path over these many years at The University of Iowa. However, I was fortunate to have walked into Anne Helene Skinstad’s office almost five years ago. The plethora of experience and connections this woman has is insurmountable. I have not had a position such as my current role.

Starting out, I was nervous but excited to be working with a new population of individuals with such unique histories and cultures. Not only did I get to work on such a great team, I slowly started to gain confidence as the years went by. Humility was not lost on me and was genuine. I didn’t even pretend to know what I didn’t know. I listened, learned from others, asked questions, and the most important thing I did was to be myself. I wasn’t sure how Native American professionals would take me, but I remember my husband saying to me, “Just be yourself, Megan; everyone loves you.” This in turn gave me the courage to do just that.

I have been embraced by the Native community of consultants, educators, tribal members, etc. I work with compassion, empathy, a huge heart, attention to detail, and as efficiently as possible. The life stories my friends have shared with me are inspiring, at times sad, and most of all theirs. Everyone has something different to teach me and I listen well. I feel part of a community of people whose overall goal is to help others be successful no matter their past. People in recovery, traumatized individuals, victims of trafficking and physical violence, products of alcoholism and substance abuse, you name it. I listen.



Mental Health Advisors

- Jason Butler, BA, Ute Indian Tribe
- Ray Daw, MA, Navajo
- Daniel V. Foster, PsyD, MSCP, Cherokee, follows Lakota way
- Jacque Gray, PhD, Choctaw & Cherokee Nation
- Matt Ignacio, PhD, Tohono O'odham
- John Jewett, MA, Oglala Lakota Nation
- Jeffrey N. Kushner, MHRA
- Dennis Norman, EdD, ABPP, Descendant of the Southern Cheyenne Nation
- Kristina Pacheco, BA, Pueblo of Laguna
- Roger Dale Walker, MD, Cherokee Nation
- James Ward, MA, Choctaw

Collaborators and Consultants

- Pamela Baston, MPA, MCAP, CPP
- Dolores Subia BigFoot, PhD, Caddo Nation
- Janie Ferguson, BA, Cup'g Eskimo
- Sunny Goggles, MA, Northern Arapaho Nation
- Michaela Grey, MPH, Navajo Nation
- Maurine Lilleskov, PhD, CHES, Luo Tribe, Kenya
- Kristina Pacheco, BA, Pueblo of Laguna
- Robert Rohret, MPH
- Tom Vaughn, PhD
- Roger Dale Walker, MD, Cherokee Nation
- Star Wheeler, MS, Seneca Nation
- Kate Winters, MA
- Ken Winters, PhD
- Janice Yazzie, MA, Navajo Nation
- Janet Zwick, BS



Five Years of Highlights

2018–
2019



November

National American Indian and Alaska Native TTC Symposium, November 13-15, 2018: We gathered in Iowa City, IA for this 2½ day event in mid-November. Our staff, Advisory Council and members of the community attended. Specific Focus included: • Evidence-based-practices vs wisdom or history-based knowledge/practices? • What is intense Technical Assistance (TA) in Indian Country? • Encouraging flexibility in health implementation • Humanizing healthcare/academics • Teaching and practicing cultural humility • The idea of “self-determination and sovereignty” • Addiction is a healthcare issue • Focus on empowerment. Make Native people a part of the process implementation of Evidence-Based Practices (EBP)/knowledge-based practices.

February

The Native Veterans project first started as a 2½ day pilot event hosted at the Meskwaki Hotel and Casino in Tama, IA, February 6-8, 2019. The curriculum was presented to a consensus panel of Native Veterans, and the curriculum includes a historical overview of the roles and significance of Native Americans in the U.S. armed forces, historical and generational trauma and how these historic events affects the seriousness of PTSD in returning Native veterans, with specific focus on the prevalence of suicide.

August

National American Indian and Alaska Native Leadership Academy, August 26-30, 2019: The Immersion Training event took place in Tama, IA at the Meskwaki Hotel and Casino, and was the first of three face-to-face events in a yearlong Leadership Development Program. The Leadership Academy hosted up-and-coming leaders (mentees) from tribal and urban Indian communities from across the country along with many expert mentors who had the experience and knowledge base to guide these individuals to acquire further leadership skills within their organizations and their Native communities.

September

Tribal Healing to Wellness Court Enhancement Training, Palm Springs, CA, Sept. 2019

Plus:

- Tribal Veterans Wellness Court Symposium, Missoula, MT, Aug. 2019
- “Healing the Returning Warrior” Curriculum: A curriculum developed in collaboration with Native veterans and for Native and non-Native professionals providing services for Native veterans
- Mental Health in our Native American Communities, Our Youth and Their Trauma
- Leadership Academy Poster
- Honoring our Relations: Increasing knowledge of our Native LGBTQ/Two Spirit wellness



Five Years of Highlights

2019–
2020



August

National American Indian and Alaska Native Leadership Academy, Cohort III and Cohort IV: The Leadership Academy Immersion Training took place at the Meskwaki Hotel and Casino in Tama, IA, from August 25-30, 2019. The Immersion Training was the first of three face-to-face events in a yearlong Leadership Development Program. The Leadership Academy hosted up-and-coming leaders (mentees) from tribal and urban Indian communities from across the country along with many expert mentors who had the experience and knowledge base to guide these individuals to acquire further leadership skills within their organizations and their Native communities.

February

The Leadership Academy Enhancement Session, Tamaya Hotel and Casino, in Santa Ana Pueblo, NM, Feb. 25–28, 2020. Cohort IV: The application process for this cohort is completed and On-Boarding of the 11 mentees and mentors took place virtually in Fall 2020.

April

Virtual Project Enhancement and Implementation Learning Series: This series was designed to be a face-to-face training consisting of 2½ days of intense learning and TA set to be delivered in San Diego, CA, in April 2020. After the travel ban due to COVID-19, we adapted this curriculum to fit a virtual platform and delivered the content via Zoom in a 5-6 week training. Expert behavioral health consultants Pam Baston, MPA, MCAP, CPP, and Kathy Meyers, PhD, focused on the techniques of grant writing by identifying effective practices aligned with the needs of one's tribal organization, program development, implementation, sustainability and evaluation.

All

Spirit of Communication in Native American Communities: Using Motivational Interviewing: This training program was updated to meet the content of Motivational Interviewing 3rd Edition and further adapted. After the COVID-19 pandemic hit the country, this curriculum was further developed and adapted to a virtual platform and offered over a series of sessions. This series was part of a 10-hour Motivational Interviewing program that was held in 2-hour sessions on a weekly basis for 5 weeks.

Plus:

- Strategies of Support for Mental Health Providers - Empowering Each Other in Times of Crisis
- Healing the Returning Warrior Training Series and Learning Collaborative
- Mental Health in Native American Communities: Our Youth and Their Trauma
- Leadership Academy Poster
- Skills-Based Video Conferencing Training series
- Native American Summit on Spirituality: Cultural Inclusion into Mental Health Assessments for Native Americans
- University of Miami Needs Assessments



Five Years of Highlights

2020–
2021



October

Strategies of Support for Mental Health Providers - Empowering Each Other in Times of Crisis: Weekly Listening Sessions. Throughout the COVID-19 pandemic, our center emphasized the importance of listening to the needs of the urban Indian and tribal communities; we wanted to really tailor our support and initiatives to the expressed needs in these communities. These open forum Listening Sessions were designed to pay attention to and share suggestions/resources shortly after the COVID-19 pandemic forced people to work remotely and stay home and continued to persist. Special attention was paid to resiliency, strength, overcoming challenges of social distancing, and supporting mental health professionals in their efforts to adapt their delivery of services.

March

Self-Help and Self-Care Resources for Native Americans and Alaska Natives: This document provided information on upcoming trainings and resources regarding self-help and self-care resources for Native Americans and Alaska Natives. "In addition to training, self-care is an approach that not only supports the trauma counselors to cope with compassion or emotional fatigue, but also serves as a proactive means to prepare counselors for potential risk of injury. Counselors must learn about the meaning of self-care, and incorporate personal and professional self-care is the central means that helps counselors thwart compassion fatigue."

General

KAER: During the 2020-2021 program year, we worked to culturally adapt the KAER (Kickstart, Assess, Evaluate, and Refer) toolkit developed by the work group of the Gerontological Society of America (original version published in 2017, updated version in Fall of 2020). This toolkit was developed to guide primary care providers in delivering evidence-based comprehensive care to older adults experiencing cognitive decline.

All

The Spirit of Communication: Motivational Interviewing and Native Teachings: This training program was updated to meet the content of Motivational Interviewing 3rd Edition. After the COVID-19 pandemic hit the country, this curriculum was further developed and adapted to a virtual platform and offered over a series of sessions. This series was part of a 10-hour Motivational Interviewing program that was held in 2-to-3-hour sessions on a weekly basis for 2-4 weeks. The goals of this training event were to assist participants to support blending cultural practices with the concepts of Motivational Interviewing, an evidenced-based, culturally sensitive behavior change practice.

Plus:

- Mental Health in Our Native American Communities Volume 3 Issue 1 Summer 2021
- Mental Health in Our Native American Communities Volume 2 Issue 3 Spring 2021
- American Indian & Alaska Native Health Promotion Program
- Safe at Home: Domestic Violence Awareness Series Part 1 Handouts



Five Years of Highlights

2021–
2022



September

Suicide Prevention Month: Facts and Resources on Suicide Among Native People: The National American Indian and Alaska Native School Mental Health Program created this fact sheet, which included data on suicide rates among Native people as well as helpful resources on programs raising awareness and reducing risk among Indigenous nations.

October

American Indian and Alaska Native Leadership Academy III: Cohort III graduated from the National AI/AN Leadership Academy in October 2021 and had been participating the LA for two years; they received frequent mentoring and participated in several monthly meetings. The length of the program was extended because of the pandemic; it was challenging to implement the program without adaptations to a virtual platform. The program is a collaboration between the National AI/AN Mental Health TTC, National AI/AN Addiction TTC and the National AI/AN Prevention TTC.

December

Urban Indian Health Program COVID-19 Needs Assessment Townhall: Leaders from Urban Indian Organizations (UIOs), SAMHSA, IHS, and the National AI/AN MHTTC hosted a special Town Hall to discuss findings and define actionable steps to address the needs identified in the recent Qualitative Needs Assessments of Urban Indian Health Programs and Behavioral Health Providers Serving AI/AN Populations Pre- & Mid-COVID.

July

Safe Zone Training at Gila River Health Care Center: This training was a 2-part series designed for the Gila River Health Care Organization's BH service providers consisting of the following content: 1) Introducing basic LGBTQ/Two Spirit terms and concepts, 2) helping participants develop an appreciation for the experiences of the Native LGBTQ/Two Spirit people, and 3) bringing an overall awareness of Native LGBTQ/Two Spirit issues and discussing frequent MH issues as a result of bullying of the Native LGBTQ/Two Spirit communities and experiences of depression/anxiety during the coming out process.

Plus:

- MHTTC Year 3 Review
- Celebrating Native American Heritage Month Statement
- Cultural Elements of Native Mental Health with a Focus on Rural Issues
- Qualitative Needs Assessments of Urban Indian Health Programs and Behavioral Health Providers Serving AI/AN Populations Pre- & Mid-COVID-19



Five Years of Highlights

2022–
2023



April

Indigenous Motivational Interviewing Essentials: In person 2½-day training for Native BH staff in the State of Oregon (OR). Lead Trainer Kathy Tomlin, PhD, Cheyenne River Sioux. Dr. Tomlin, Ph.D. was appointed to the Co-Director Position in the National AI/AN MHTTC in the beginning of January 2023.

June

Honoring Our Relations: Indigenous LGBTQ and Two Spirit Wellness Training-of-Trainers: A program designed for Native (American Indian/Alaska Native/Indigenous) LGBTQ/Two Spirit health and wellness to increase knowledge on issues regarding access to behavioral health services.

July

Back to Basics All Over Again: EBPs ‘Baked into’ the 12 Steps: A monthly (July-August) MHTTC webinar series, featuring Mike Bricker, MS, CADC-II, NCAC-2, LPC, a consultant on “dual recovery” from substance use and mental disorders through the STEMSS Institute.

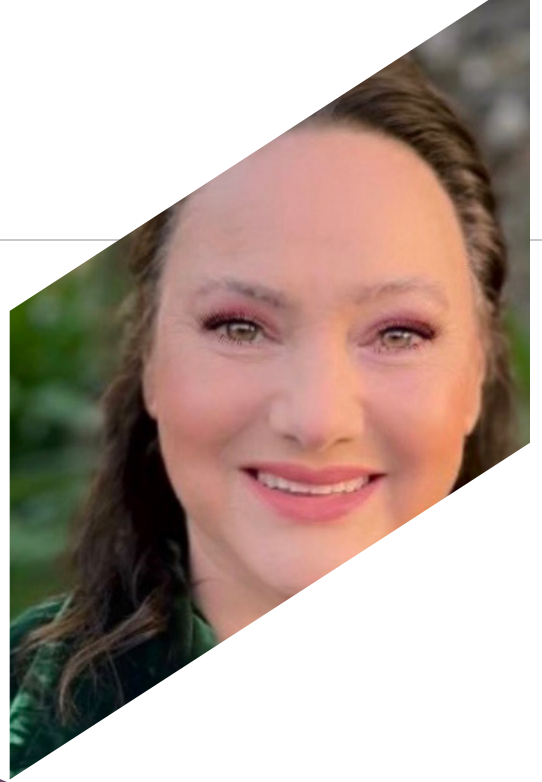
February

Alaska Veteran Wellness training: The Native Warrior Wellness training program prepared behavioral health providers to better work with Native veterans and address their mental health concerns in a culturally informed way. The program includes a historical overview of Native warfare and trauma and describes manifestations of Post-Traumatic Stress Disorder (PTSD) across a spectrum of acculturation and enculturation, including compounding effects of historical trauma and Adverse Childhood Experiences (ACEs). The program also included culturally informed practices for assessment and screening of patients and the many traditional healing practices available to them.

Plus:

- Mental Health in Our Native American Communities Vol 4 Issue 2 Summer 2023
- Stories from the River: Motivational Interviewing and Tribal Nations
- Alcohol Awareness Flyer
- From SAMHSA: Tips for People Who Take Medication - Coping With Hot Weather
- Human Trafficking Awareness in Native Communities
- Sexual Assault Awareness for American Indian and Alaska Native Youth
- Protecting Our Native Youth -- Child Abuse Prevention
- Culture is Prevention: Storytelling Resources
- Social Wellness in Challenging Times
- Mental Health in Our Native American Communities Vol 4 Issue 1 Fall 2022
- Pocket guide: Spirit of Communication - Motivational Interviewing in Native American Communities

C. Allison Baez, PhD, Tap Pilam Coahuiltecan Nation, program coordinator, National American Indian and Alaska Native PTTC



Friends, family, and community often can be interchanged when talking about people you care about. Throughout my time serving across Indian country and tribal villages I have met and worked alongside a diverse group of people. Rather than call them friends, family, or community, I have come to know them as relatives. Similar to my Coahuilteco community back in Yanaguana (the Headwaters of San Antonio), I have numerous aunties/uncles, grandmas/grandpas and sisters/brothers, relatives in different tribal communities. During my time with the Native Center for Behavioral Health, my circle of relatives has expanded even more.

Our center is committed to developing programs to support the behavioral health workforce across Indian country and tribal villages in the technology transfer centers in addiction (ATTC), mental health (MHTTC), and prevention (PTTC). Specifically, I have served in the school mental health for Native youth initiative (MHTTC K-12 School Supplement) and the PTTC by providing in-person and virtual trainings and technical assistance to professionals who work with American Indian Alaska Native (AIAN) communities, both urban and rural.

My commitment is providing culturally responsive approaches that are both evidence-based and strength-based programs and services to support Native students' wellbeing. My work for the substance use prevention field includes collaborating with professionals, paraprofessionals, organizations, and others in AIAN communities with a focus on providing holistic services for prevention.

The opportunity to provide a platform for collaborating, supporting, and training both Native and non-Native professionals in behavioral health has been rewarding on many levels. Listening to the stories of my Native relatives has given me a sense of pride and hope. The pride I feel is that there are so many stories of resiliency and empowerment. Despite the adversities we encounter, we look for healthy ways that are rooted in our culture to address them. The hope I feel is that we can continue to move forward and focus on our people's needs together for the betterment across Turtle Island. Encouraged to maintain a stronghold on our history, tradition, language, culture, **OUR INDIGENOUS WAYS OF KNOWING AND DOING**, gives me hope to keep helping our people on their journey while on Mother Earth. It is the wisdom and courage of our ancestors that has carried us, it is our interconnectedness to the sacred that we remain.

Taguaja yo nami tuchem naptu (all my relations)-I have been taught many lessons from you and your communities. I have been blessed by you and your communities. I am honored to serve taguaja yo nami tuchem naptu.

Naleetzam (thank you).



Prevention Advisors

Perry R. Ahsogek, Barrow Village of Alaska

Ray Daw, MA, Navajo Nation

Dan Dickerson, DO, MPH, Inupiaq

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Five Years of Highlights

2018–
2019



Fall/
Winter

Substance Use Prevention Skills Training (SAPST): Culturally informed adaptation of this training for prevention specialists was developed with Native trainers and experts. Training was offered quarterly beginning in October 2019.

March

First seminar on Understanding Historical Trauma in Indigenous Communities. Aimed at improving the quality of prevention efforts in Native communities by enhancing understanding and knowledge about the role historical trauma plays in the development of substance use in Indigenous clients. A second seminar was offered in June 2019; both sessions also covered intergenerational trauma, cultural humility, and how cultural connectedness aids in prevention.

April

Southwestern Indian Polytechnic Institute (SIPI) Opioid Prevention Technical Assistance: In collaboration with the Opioid Response Network, the National AI/AN PTTC helped SIPI develop educational meetings and trainings for their students on prevention of opioid use disorders. This initiative lasted through the fall of 2019.

August

National American Indian and Alaska Native Leadership Academy: The first of 3 face-to-face training events, a week-long Immersion Training at the Meskwaki Settlement near Tama, Iowa, featured educational topics ranging from "The Art of Listening" to "Leading a Generational Mix," as well as time for mentors and mentees to connect and evaluate each other for beneficial partnerships. This culturally informed program was designed for American Indian and Alaska Native Behavioral Health Professionals who would like to take leadership positions in the behavioral health workforce in the future.

Plus:

- Needs assessment development in partnership with the University of Miami
- Development of *Honoring Children, Mending the Circle* training, an adaptation of Trauma-Focused Cognitive Behavioral Therapy, in collaboration with the University of Oklahoma Health Sciences Center
- Development of a series of culture cards entitled *Connecting Prevention Specialists to Native Communities*. Modeled after the SAMHSA culture card, these products are intended for prevention specialists working in American Indian and Alaska Native communities to promote better understanding of the communities they serve and the ideals of ethical and culturally humble interactions with Indigenous peoples. The culture cards developed in 2018-2019 were *Culture is Prevention*; *Understanding Cultural Connectedness*; and *Sacred and Ceremonial Use of Tobacco in Native American Communities*.
- Monthly prevention webinar series intended for prevention and behavioral health professionals, community members, advocates, and others invested in Native communities. Topics included tobacco use prevention, challenges and opportunities in substance use prevention, and designing community-centered prevention efforts, among others.



Five Years of Highlights

2019–
2020



January

Developing and Implementing Community Health Promotion Campaigns:

This intensive technical assistance and learning collaborative project was launched with 3 pilot sites – Winnebago Tribe of Nebraska; Cheyenne & Arapaho Tribes, Oklahoma; and Native American Community Services of Erie and Niagara. In addition to monthly TA sessions, the learning collaboratives discussed topics including key stakeholder identification; identifying barriers to health promotion; engaging local programs and agencies; and developing key messages, among others.

March

COVID-19 Pandemic forces cancellation of all in-person gatherings.

National AI/AN TTCs pivot to all-virtual trainings and meetings. The National AI/AN PTTC adds weekly Connecting Prevention Specialists to Native Communities During Times of Crisis: Listening Sessions. Initially, these listening sessions involved requests for technical assistance, such as resources for substance use and suicide prevention, mental health and self-care for providers, digital applications and digital story-telling tools, which were compiled into a regularly updated resource guide available to all. The listening sessions evolved into a biweekly, then monthly, safe space for peer support, sharing, and learning.

May

First issue of National American Indian and Alaska Native PTTC newsletter published.

The inaugural issue focused on addressing behavioral and mental health disorders at the primary care level, using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model and examples of successful interventions in Native communities. Available for download [here](#).

July

Virtual Honoring Children, Mending the Circle training, an adaptation of Trauma-Focused Cognitive Behavioral Therapy, developed in collaboration with the University of Oklahoma Health Sciences Center, completed.

Plus:

- Culturally adapted Screening, Brief Intervention, and Referral to Treatment (SBIRT) training developed in response to a TA request from the Standing Rock Sioux Tribe of North Dakota. This project started with an initial 3-hour webinar and training followed by 3 personalized sessions to provide resources to the Tribe, discuss and practice implementing the model into practice, discussing case studies, and addressing any challenges that may arise in real live-interactions with clients. At the end of the sessions, participants indicated increased understanding and confidence in the use of the SBIRT model with Native American Clients, including youth.
- Piloted first Virtual Native American Substance Abuse Prevention Skills Training (SAPST) with Jemez Pueblo in New Mexico
- Developed guide to suicide prevention apps
- Initiated Missing and Murdered Indigenous Women project
- Provided technical assistance to National Suicide Prevention Task Force
- Published second newsletter focusing on secondary trauma and how providers can cope; available for download [here](#).



Five Years of Highlights

2020–
2021



January

Violence Prevention and Survivor Advisory Board Initiative. This project focuses on sexual violence and will concentrate on the voices and stories of Native survivors in various tribal communities, targeting community issues that contribute to the crisis of missing and murdered Indigenous relatives by foregrounding the experiences of those who have been impacted by these issues such as survivors, families, and communities through a collaborative approach. The advisory board includes representatives from Blackfeet, Omaha, Hopi, Yupik, Northern Arapaho, and Meskwaki Nations.

January-
July

Virtual Native American Substance Use Prevention Skills Training. This 4-day training includes case studies, activities, and Strategic Prevention Framework practice modules to help meet the needs of Indigenous substance use prevention professionals. The trainings were offered to tribal and urban Indian communities in January (Michigan, in collaboration with the Saginaw Chippewa Tribe of Michigan); April (Montana, in collaborations with the Montana Department of Public Health and Human Services); and in July (Alaska, in collaboration with the Alaska Native Tribal Health Consortium).

April-
June

Let's Connect (LC) training for family providers. This learning collaborative offers strategies for fostering caregivers, focused on prevention, treatment and caregiver supportive communication in response to children's emotional needs, challenging family topics (e.g. divorce, incarceration, separation, loss) and children's traumatic experiences. LC trains and works with behavioral health providers on how to build and reinforce caregivers' own self-care and emotion management skills (empathy, perspective taking, emotion regulation) while providing them with behaviorally specific coaching of trauma-informed, emotion focused care giving skills. The sessions were held in April and June with intensive technical assistance and follow-up after the training sessions.

August

Developing Health Promotion Campaigns Intensive Technical Assistance. The National AI/AN PTTC continued to offer the Developing Health Promotion Campaigns with a component of intense technical assistance (TA) to communities as part of the project. The Native American Community Services of Erie & Niagara (NACS) kicked off their campaign on Native Youth Mental Health Awareness in two counties in August and September 2021. Some of their campaign activities were done in collaboration with Indian Health Service (IHS) and community members.

Plus:

- **Honoring Our Sacred Heritage Poster Campaign.** These products and series of posters were designed to support Tribal organizations and behavioral health practitioners in promoting awareness of their programs and services in their communities. The posters can be customized by adding their own logo, information, and adding a translation of the message in their Native language. These were designed by Jessamine Jackson from JBS International, a partner of the National American Indian and Alaska Native PTTC. Available for download [here](#).
- 10 participants trained in Leadership Academy, including 4 prevention specialists.



Five Years of Highlights

2021–
2022



April-
September

Virtual Native American Substance Use Prevention Skills Training. This 4-day training includes case studies, activities, and Strategic Prevention Framework practice modules to help meet the needs of Indigenous substance use prevention professionals. The trainings were offered to tribal and urban Indian communities in April 2022 (in collaboration with the Tribes of Oklahoma); July 2022 (for CSAP GPOs and in collaboration with PTTC GPOs); and August and September 2022 (in collaboration with Prevention Specialists in Arizona and New Mexico).

April-
August

"Indigenous Resiliency: Indigenous Ways of Knowing for Thriving Prevention Programs" Workshop Series. In this five-part monthly workshop series, we explored how to build resiliency into everyday thinking and actions so that important activities will thrive even after the funding has diminished. We approach resiliency from a broad perspective that emphasizes the importance of strategic and maintenance actions to help communities continue to thrive. Our framework includes five essential pillars: Internal Support, Resource Development, Partnership Development, Data Collection, and Marketing and Outreach.

June

Pride Month flyers. To support Indigenous LGBTQ+/Two Spirit individuals, the National AI/AN PTTC created a series of flyers spotlighting famous Indigenous LGBTQ+/Two Spirit people and noting that, prior to European contact, many Indigenous cultures held such individuals in high regard -- some even regarding them as sacred. Available for download [here](#).

October-
March

Data-Informed Decisions Working Group. The National AI/AN PTTC participated in this group to help SAMHSA's Center for Substance Abuse Prevention strengthen its Strategic Prevention Framework-Partners for Success work with tribal grantees. The results of the PTTC's work indicated "a need to listen more to the needs of Tribal communities... it is imperative that the (Partners for Success) continue to engage tribal leadership and Native prevention and intervention specialists to address their communities' need with a cultural lens." The work was summarized in the Summer 2022 National AI/AN PTTC newsletter, available for download [here](#).

Plus:

- **Publication of the Repository of American Indian/Alaska Native Prevention Programs.** This table includes the name and description of prevention programs designed specifically to serve AI/NA populations. These Native-specific programs are categorized by populations groups including youth, adults, families, and pregnant women, among others. Prevention categories include substance use, NAS, suicide, violence (including dating and sexual), teen pregnancy, truancy, and a few others. Additionally, there are a subset of prevention programs that, although not designed specifically for Native Americans, have a component available for Native Americans and/or were studied in a Native American population. Available for download [here](#).
- **Culture Card: Using a Strength-Based Approach to Enhance the Quality of Prevention Programs in Native American Communities.** This culture card gives important information for prevention specialists who wish to engage with tribal communities. This is a helpful resource to keep on hand, giving non-Native people step-by-step advice on ways to approach tribal communities with a strength based approach. Available for download [here](#).



Five Years of Highlights

2022–
2023



October

Prevention Fellowship Program. The National AI/AN PTTC created a one-year Prevention Fellowship Program (PFP) and developed a well-trained and knowledgeable cadre of AI/AN prevention professionals who understand and exemplify the principles and best practices of substance use prevention in tribal and Urban Indian communities across the lifespan. The National AI/AN PTTC PFP program is designed to prepare Native prevention fellows to achieve certification from the International Certification and Reciprocity Consortium (IC&RC) Certified Prevention Specialist (CPS) exam. Additionally, the National AI/AN PTTC supplemented these knowledge areas with education about the role that cultural traditions, experience-based practices, and values can play in providing protection against substance use disorders in AI/AN populations.

February-
June

Virtual Native American Substance Use Prevention Skills Training. This 4-day training includes case studies, activities, and Strategic Prevention Framework practice modules to help meet the needs of Indigenous substance use prevention professionals. The trainings were offered to tribal and urban Indian communities in February and March 2023 (in collaboration with Alaska Native Villages); and May and June 2023 (in collaboration with tribes in Arizona and New Mexico).

June-July

A Look at Practice-Based Research in Indigenous Prevention. This was a 4-part series providing an exploration of Indigenous prevention methods. The experts shared Indigenous ways of knowing that support strength-based approaches from a cultural context to assist tribal communities in prevention and healing. Topics covered were "Culture as a Strength-Based Approach for Holistic Prevention in Substance Use"; "Applying Indigeneity to Prevention"; "Looking at Indigenous Frameworks"; and "Indigenizing Treatment Services".

June

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Technical Assistance for Providers in Native American Communities. The National AI/AN PTTC provided a technical assistance and learning collaborative project focused on helping behavioral health providers serving Native American communities develop and strengthen their skills of early identification and intervention using the SBIRT Model. It was offered in person in Riverton, WY in collaboration with the Cheyenne and Arapaho Tribes.

Plus:

- Two newsletters – one focusing on stigma and substance use disorders, and the other addressing vaping in Native communities – were published. Available for download [here](#) and [here](#).
- Published *Research at the Speed of Trust: A guide for researchers and Native communities*. Developed from a technical assistance request, this publication is intended as a broad guide for researchers and Indigenous communities to help them understand some of the complexities they may encounter and elements they must consider when approaching research with Native populations. Winner of the 2023 Communicator Award of Excellence for Social Impact from the Academy of Interactive and Visual Arts. Available for download [here](#).
- Culture Card: Understanding Tribal Sovereignty: Seeking approval for prevention and research efforts. Available for download [here](#).



It has been a great honor to work with the Native Center for Behavioral Health both as a graduate research assistant and a communications coordinator. I would first like to thank the Indigenous peoples we serve for the many lessons they have so patiently taught me and for love, kindness, gratitude, and respect they have shown me. Thank you to the many people I have met along the way for welcoming me with open arms. It has been a privilege working with you and building relationships with you all.

Cam Marsengill, MPH
Communications coordinator/PTTC support





If one were to contemplate the nature of man, would he be totally open to truthfully acknowledging and accepting of both his good and wrongdoing?

If one might contemplate the complexities of a simple life and the simpleness of its complexities, would he be accepting that the fate of each man is in his own hands?

Do not try to understand the unfolding of life, but more so what life is meant to teach us.

Sean A. Bear 1st, BA, CADC
Meskwaki Tribal Member

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