



United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

MAR 05 2010

Memorandum

To: Deputy Director, Bureau of Indian Affairs
Director, Field Operations, Bureau of Indian Affairs
All Regional Directors
Chief of Staff, Bureau of Indian Education
All Education Line Officers
Deputy Director, Office of Justice Services
All Special Agents in Charge
All District Correctional Officers

Through: Jerry Gidner
Director, Bureau of Indian Affairs

Bart Stevens
Acting Director, Bureau of Indian Education

From: Larry Echo Hawk
Assistant Secretary – Indian Affairs

Subject: Implementation of the Memorandum of Agreement between Indian Health Service, Bureau of Indian Affairs, and Bureau of Indian Education on Indian Alcohol and Substance Abuse Prevention

Attached is Memorandum of Agreement (MOA) 3-CPS-10-0011 wherein three agencies agree to work together to assist tribal governments in their efforts to address substance abuse. This MOA includes the coordination of data collection, resources and programs, and was signed by all entities in December 2009 after much work by a number of dedicated staff.

Substance abuse impacts all of our Indian communities in a variety of ways. Our goal is to promote safe, healthy, and productive communities. Alcohol has been an ongoing issue, but new drug concerns impact communities and require specialized initiatives to address unique problems. Recently, several initiatives have been focused on problems related to methamphetamine usage. They included education about drugs, child protection services, responses to domestic violence, crimes related to the use and distribution of the drug, services to victims of crimes, and environmental protection.

Coordination of programs and resources becomes a special challenge, but necessary if we truly intend to have an impact on the communities we serve. Tribes must be partners in the planning

and implementation of the activities identified in this MOA. Please take note of the organizational responsibilities specified in this agreement. You should plan to fulfill those activities that directly relate to you, but please do not limit yourself to these identified activities only.

We encourage you to view this MOA as a mechanism to expand opportunities to be creative, coordinate resources, and collaborate with our service partners and cosigners of this agreement. Substance abuse is a serious problem, and by working together we will be more successful in addressing it.

Please share this information with Tribes, our customers and partners, and build on the work that has been started to address the many problems associated with substance abuse. Together we can continue this work and help our American Indian youth, families, and communities remedy these problems and become healthier, more productive individuals and communities.

Attachment

OCTOBER 2009
MEMORANDUM OF AGREEMENT
BETWEEN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
AND
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
AND
BUREAU OF INDIAN EDUCATION
ON
INDIAN ALCOHOL AND SUBSTANCE ABUSE PREVENTION

I. PURPOSE

The Memorandum of Agreement (MOA) emphasizes assisting tribal governments in their efforts to address substance abuse. It affirms the importance of a systematic approach to enhance the quality of life. This MOA shall include coordination of data collection, resources, and programs of the Indian Health Service (IHS), the Bureau of Indian Affairs (BIA), and the Bureau of Indian Education (BIE).

The Department of Health and Human Services (DHHS) and the Department of the Interior (DOI) shall coordinate and collaborate pursuant to this MOA. Special acknowledgment is given to the rights of tribes in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450, et seq.) and local control in accordance with Section 1130 of the Education Amendments of 1978 (25 U.S.C. 2010).

The tribes, in conjunction with Federal and state entities, will identify the need for services and their best applications.

II. GOAL

To promote tribal communities that are safe, healthy, and productive by the following means:

- Increase collaboration and coordination among the BIA, BIE, IHS, and tribes.
- Facilitate resource sharing (funding, personnel, information, knowledge, and skills) among the BIA, BIE, IHS, and tribes.
- Support and assist local BIA agencies, schools, BIE line offices, and IHS area and service units in working with tribes in developing and implementing joint programs and services.

III. BACKGROUND

Substance abuse, including alcohol, illegal drugs, and controlled substances, impact the whole community. Probable consequences include depression, domestic violence, child neglect and abuse, elderly abuse, property damage, gang activity, and violent crime. It increases the burden on communities and on those Federal, state, and tribal governments attempting to assist these communities.

The production, distribution, and use of substances such as methamphetamine (meth) are not a new problem. Substance abuse threatens not only the user but threatens the well-being of the community. Related illicit acts encourage gang activities as well as organized crime on Indian lands. The production of meth results in toxic by-products that are left in buildings, fields, and waterways. Some of these chemicals can cause disfigurement, illness, or death.

American Indian youth, ages 12-17, have the highest percentage rate for illegal drug use according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Prevention efforts targeting youth and young adults are the most cost-effective in addressing this problem. It has been clearly demonstrated that the younger an individual is when he/she encounters a prevention message, the better the outcome.

Illegal drugs and controlled substances present a special challenge to agencies and organizations. Supply reduction, in combination with demand reduction, must be undertaken through a comprehensive and multidisciplinary approach if they are to be successful. The illegal production, distribution, and use of controlled substances within Indian Country is at an epidemic level. These challenges necessitate a *comprehensive evaluation* by the BIA, BIE, and IHS in order to address these issues.

IV. STATEMENT OF PURPOSE

A. **Coordination Efforts**

1. Juvenile and Adult Detention Centers

The IHS and BIA will collaborate to expand substance abuse resources for detoxification, treatment, and post-detention community re-entry and aftercare planning.

2. Youth Regional Treatment Centers (YRTC)

The IHS will continue to provide funding support for the operation of existing centers and to advocate for additional resources. The IHS will include BIE in the planning and identification of educational resources (curriculum, libraries, recreational facilities, computers, funds for teachers, etc.) for IHS-operated YRTC's.

The BIE will be active in considering the needs of tribally-operated YRTC's. The BIE and IHS will collaborate regarding the most suitable placement to meet the needs of the individuals.

3. Residential Schools

The IHS, BIA, and BIE will coordinate delivery of healthcare and wellness support services to boarding school residents and their families. The agencies will support efforts to align policies such that residents have appropriate access to healthcare services including a range of behavioral health services on-site. Such services will, where possible, be part of an integrated, holistic approach to student support that includes appropriate recognition and targeting of interventions to both general student populations and high risk students.

4. Community Based Adult Services

The IHS, BIA, and BIE will collaborate with tribes to enhance program coordination, planning, and implementation of community based prevention, referral, enforcement, treatment (both individual and family), recovery models, and implementation of programs with linkages to adjunct community services. These efforts will be implemented at the BIA agency, BIE line office, and IHS service unit levels jointly with the affected tribes.

5. Child Protection and Child Welfare

The BIA will include the BIE, IHS, and tribes in planning and implementation activities. These shall include defining the scope of services appropriate to tribal area needs and identifying resources to address the continuum of care for American Indian children at risk for abuse and/or neglect.

The BIA, BIE, and IHS will obtain input from local tribes on planning initiatives. This will strengthen the coordinated interagency multidisciplinary response for the protection of children and the prevention of child abuse and neglect in American Indian and Alaska Native communities, especially for drug endangered children. These agencies will continually reaffirm the need for coordinated approaches to prevent child abuse and neglect and its long-term social and economic consequences (poor academic performance, substance use, multiple disorders, suicides, etc.) and promote a full range of effective services for abused American Indian and Alaska Native children and their families.

6. Data Collection, Analysis, and Sharing

The BIA, BIE, and IHS will consult with tribes to determine the need for sharing information, data collection systems that are compatible with current systems in use, and data resources on substance abuse and collaboration and coordination on information collection and reporting will be encouraged. Linkages will be forged with other Federal, state, and local entities. This will facilitate appropriate recommendations and decisions about programs and initiatives.

7. Joint Multidisciplinary Meetings

The BIA and BIE Central Offices and IHS Headquarters staff, including participation by regional, line, and area office staff, will jointly conduct multidisciplinary meetings to discuss coordination and collaboration issues and identify barriers to the implementation of this MOA. These meetings will occur not less than every 6 months.

In addition, an annual, multidisciplinary meeting will be planned and coordinated that focuses on local BIA agency superintendents and BIE line officers (including superintendents or education specialists, IHS service unit chief executive officers, and tribal health directors and facility directors). It will address organizational coordination and effective responses to the impact of substance abuse in Indian Country.

B. Organizational Responsibility

1. Central Office/Headquarters

The BIA and BIE Central Office and IHS Headquarters are responsible for:

- Designing and delivering training and technical assistance;
- Identifying and advocating for financial resources; and
- Developing a biennial program plan, including specific objectives, performance improvement measures, benchmarks/milestones, and organizational responsibilities to be completed within 6 months of the last signature of this MOA.

2. BIA Regions, BIE line offices, and IHS area offices

The BIA regional directors, the BIE line officers, and IHS area directors are responsible for encouraging the development of local MOA's between the IHS, BIA, and BIE in working with the local tribe(s) to increase collaboration and cooperation, facilitate resource sharing, and to develop joint programs/services to address substance abuse.

The BIA regional directors, BIE line officers, and IHS area directors are responsible for designating a staff member to attend the semi-annual organizational planning and implementation meetings (see item IV.A.7) and report activities (accomplished, ongoing, and unaccomplished) to BIA and BIE Central Offices and IHS Headquarters.

The BIA Central Office will compile a comprehensive list of Indian Country activities (accomplished, ongoing, and unaccomplished) semiannually for distribution to all BIA regions and agencies (through the Deputy Bureau Director for Field Operations), BIE line offices (through the BIE Deputy Director, School Operations), and IHS service unit chief executive officers (through the IHS Director).

V. IDENTIFICATION OF STATUTORY AUTHORITIES

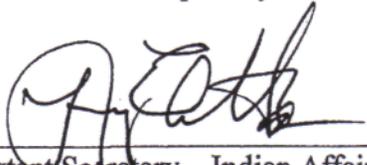
1. Snyder Act of November 2, 1921 (42 Stat. 208; 25 U.S.C. 13)
2. Economy Act of September 13, 1982 (96 Stat. 933; 31 U.S.C. 1535)
3. Indian Self-Determination and Education Assistance Act of January 4, 1975 (88 Stat. 2203; 25 U.S.C. 450 et seq.)
4. Anti-Drug Abuse Act of 1988 (102 Stat. 4181; 21 U.S.C. 1501)
5. Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (100 Stat. 3207-137; 25 U.S.C. 2401)
6. Indian Health Care Improvement Act of September 30, 1976 (90 Stat. 1400; 25 U.S.C. 1600 et seq.)
7. Indian Child Protection and Family Violence Prevention Act of November 28, 1990 (104 Stat. 4544; 25 U.S.C. 3201)
8. No Child Left Behind Act of 2001 (115 Stat. 1425; 20 U.S.C. 6301)
9. Johnson-O'Malley Act of April 16, 1934, (48 Stat. 596; 25 U.S.C. 452 et seq.)
10. Victims of Child Abuse Act of November 29, 1990 (104 Stat. 4792; 42 U.S.C. 13001 et seq.)
11. Education Amendments of November 1, 1978 (92 Stat. 2143; 25 U.S.C. 2010 et seq.)

VI. ADMINISTRATIVE PROVISIONS

1. Nothing in this MOA may be construed to obligate BIA, BIE, IHS, or the United States to any current or future expenditures of resources in advance of the availability of appropriations from Congress. This MOA does not obligate BIA, BIE, IHS, or the United States to spend funds on any particular project or purpose, even if funds are available.
2. This MOA in no way restricts BIA, BIE, or IHS from participating in similar activities or arrangements with other public or private agencies, organizations, or individuals.
3. BIA, BIE, and IHS will comply with the Federal Advisory Committee Act to the extent it applies.
4. Upon the last signature, this MOA shall remain in effect, unless modified or terminated by the Assistant Secretary – Indian Affairs or the Director, Indian Health Service upon 60 days written notice. The Assistant Secretary – Indian Affairs, Director, BIA, Director, BIE, and Director, IHS shall review this MOA on a biennial basis.

VII. SIGNATURES OF EACH PARTY

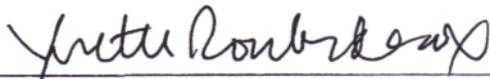
Approved and accepted by:



Assistant Secretary – Indian Affairs

10/13/09

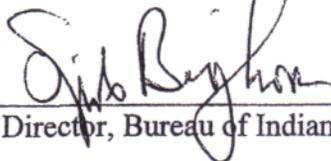
Date



Director, Indian Health Service

12/16/09

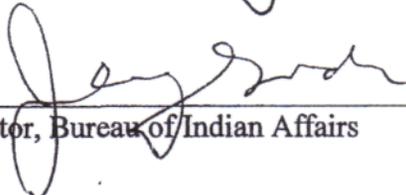
Date



for
(Acting) Director, Bureau of Indian Education

10/15/09

Date



Director, Bureau of Indian Affairs

10/20/09

Date