THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Heidi Heitkamp
United States Senate
Washington, DC 20510

Dear Senator Heitkamp:

Thank you for your letter asking the Department of Health and Human Services (HHS) to develop a comprehensive policy for addressing complex trauma in Native American communities. I share your concern about the effect of trauma on American Indians and Alaska Natives, particularly on children and youth.

The Department has closely followed the Senate Committee on Indian Affairs' recent hearings on a range of issues related to this critical topic. These hearings have helped shape leadership and staff discussions within HHS as well. Improving the health and well-being of tribal communities is an important priority for HHS. We are committed to developing effective strategies to address not only the consequences of complex trauma but also to foster culturally responsive models for prevention.

As you have noted, the Substance Abuse and Mental Health Administration within HHS is working with tribal communities to understand the scope and impact of complex trauma. While SAMSHA plays a large role in this work, HHS is committed to a coordinated Department wide approach to this issue. To that end, I have asked the Commissioner of the Administration for Native Americans (ANA), Lillian Sparks Robinson, in her role as chair of the Intra-Departmental Council on Native American Affairs (ICNAA) to lead our efforts in developing a comprehensive, integrated Departmental policy to address complex trauma in Native American communities.

In addition to the work of SAMHSA, the Department supports critical programs focused on trauma within several other agencies at HHS. In the enclosed attachment, I am pleased to share additional information about HHS initiatives addressing complex trauma and the health and well-being of tribal communities.

HHS is fully committed to upholding Executive Order 13175 and has planned to include the issue of trauma in tribal communities on the agenda as a topic for consultation during the 2016 HHS Annual Tribal Budget Consultation Session scheduled for March 3, 2016. Additionally, this topic will be discussed during each of the Regional Tribal Consultation sessions scheduled throughout Indian Country over the next several months. I have asked the Acting Administrator of SAMHSA and Acting Assistant Secretary for ACF to attend these sessions and provide recommendations to me following the sessions.

In addition, the Secretary's Tribal Advisory Committee will discuss this issue and provide recommendations during its March 1-2, 2016, meeting. Recommendations heard during these sessions will be used to inform our work in establishing and implementing strategies to address complex trauma in Native American communities.

Thank you for writing to me about this critical issue. I look forward to working with you and other Members of Congress as we forge new alliances to improve the well-being of tribal communities. I will also provide this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

Attachment

U.S. Department of Health and Human Services:
Addressing the Impact of Trauma on Tribal Communities

Administration on Children and Families (ACF)

The **Administration for Native Americans (ANA)** in ACF is addressing trauma in ways that highlight inherent Native individual and community strengths and assets. This work includes protecting factors such as Native language, traditional practices, and kinship and family connection.

- ANA has established two new funding opportunities for fiscal year 2016 with the 90-day application periods forecasted to begin in mid-March. The *Native Youth Initiative for Leadership, Empowerment, and Development* will support local community projects that foster Native youth resiliency. Such projects will promote the role of supportive adults and empower Native youth across four domains of activity: (1) Native youth leadership development, (2) Native youth connecting (building positive identity, community connection, and social-emotional health), (3) Native youth learning (educational success), and (4) Native youth working (workforce readiness). The *Native Language Community Coordination Demonstration* will support communities in offering a place-based continuum of Native language instruction from early childhood through college or career.

- ANA is also analyzing the *Tiwahe* (Lakota for "family") model, an initiative of the Department of the Interior, to determine whether braiding program funding is a possible mechanism to allow tribes, within existing statutory authorities, to create local initiatives based on what they know to be effective and to implement holistic and comprehensive programming to address complex trauma.

The **Administration for Children, Youth, and Families (ACYF)** in ACF is focusing on childhood trauma in cooperation with other HHS divisions. For example:

- The Children's Bureau within ACYF is drafting two documents developed through an ACYF-SAMHSA Interagency Agreement. The first product describes lessons learned by ACYF trauma grantees during early implementation of screening, assessment, and evidence-based treatments. This document will be used by the Children's Bureau to guide future funding announcements and work with the field. These findings will inform the development of trauma training and technical assistance agenda.

  The second product, created in coordination with the National Child Traumatic Stress Network, includes review of the factors affecting the decision-making process used by the first and second cohorts of trauma grantees when choosing trauma and well-being screening and assessment instruments and guidance to support child welfare jurisdictions as they make choices about measurement strategies. This second document will be distributed externally.

- The Children's Bureau has approved title IV-E waivers to improve state and tribal child welfare agencies' capacity for providing trauma informed care, offering tribes federal resources to develop and implement tribal foster care and adoption systems, and awarding grants to tribes for child welfare court improvement and services that prevent and intervene in child abuse and neglect.

- The Children's Bureau also supports evidence-based training, such as "Project Making Medicine," providing culturally responsive training for mental health professionals from tribal and Indian Health

Service agencies for preventing and treating child physical and sexual abuse, as well as the self-paced Indian Child Welfare Act training module developed by the Capacity Building Center for States.

- The Family and Youth Services Bureau (FYSB) in ACYF is the primary funder for the National Center on Domestic Violence, Trauma, and Mental Health. The Center offers resources, training, and technical assistance addressing the intersection of trauma, domestic violence, mental health, and substance abuse. It focuses on building the capacity of domestic violence programs to become trauma-informed organizations.

  FYSB programs have integrated trauma-informed care into funding opportunity announcements and training and technical assistance. Its Runaway and Homeless Youth and Family Violence Prevention programs incorporate trauma informed care into their daily work, including the 274 tribes funded through the Family Violence Prevention and Services Act.

The **Office of Planning, Research and Evaluation (OPRE)** in ACF has engaged in collaborative research efforts with program offices to build knowledge for the future—including the Buffering Toxic Stress Consortium, a set of six cooperative agreements that are evaluating promising interventions in Early Head Start.

- In 2015, OPRE issued a *Research-to-Practice Brief: Services for Families of Infants and Toddlers Experiencing Trauma*. This brief summarized the impact of trauma on infants and toddlers, and the intervention strategies that could potentially protect them from the adverse consequences of traumatic experiences.

The **Office of Head Start** in ACF has hosted webinars and training sessions throughout 2015 for parents, caregivers, and teachers on the impact of trauma and toxic stress on brain and social-emotional growth, as well as strategies for adults to use in supporting very young children.

The **Office on Trafficking in Persons** (OTIP) in ACF will expand training for health and human service providers on human trafficking. The training is based on pilot content implemented in diverse communities, including the Fort Berthold Reservation in North Dakota. The updated training will include information about complex trauma and provide specific content for substance abuse and mental health providers. In addition, OTIP will continue to work with the SAMHSA-supported National Child Traumatic Stress Network to identify and recommend best practices for a trauma-informed, cross-systems approach to address child trafficking, including the development of a social media campaign to increase understanding of how trauma impacts trafficked youth and their families.

The **HHS Behavioral Health Coordinating Council** reinstituted its Subcommittee on Trauma and Early Intervention in the fall of 2015. The subcommittee, co-led by ACF and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), is developing a national online *Primer on Trauma-Informed Approaches in Human Services*, planned for release in 2016. The primer is designed to help human services programs incorporate trauma-informed approaches in their work with clients. Specific resources focused on trauma-informed approaches to serving Native American and Alaskan Native populations will be part of the Primer.

Substance Abuse and Mental Health Services Administration

The connection between trauma and mental and substance use disorders is well documented and serves as the basis for one of the Substance Abuse and Mental Health Services Administration's (SAMHSA)

six priorities. Specifically, SAMHSA's strategic initiative on trauma and justice provides a comprehensive public health approach to addressing trauma and establishing a trauma-informed approach in health, behavioral health, human services, and related systems.

- To support this initiative, SAMHSA released the *Concept of Trauma and Guidance for a Trauma-Informed Approach* and is developing a framework for community trauma and historical trauma. The framework is being informed by efforts defined and driven by communities, including tribes, and captures best practices and lessons learned in addressing trauma and building resilient trauma-informed communities.

- SAMHSA also publishes a *Treatment Improvement Protocol for Trauma-Informed Care in Behavioral Health Services,* which is available to service providers working with people exposed to acute and chronic trauma and/or at risk of developing traumatic stress reactions.

Tribes and tribal organizations funded through SAMHSA's discretionary grant programs are addressing trauma as a critical component of their activities. For example:

- The Tribal Behavioral Health Grant program (i.e., Native Connections) focuses on preventing and reducing suicidal behavior and substance use among American Indian and Alaska Native children and youth. An explicit component of one of the program's goals is to reduce the impact of trauma on tribal communities.

- SAMHSA's Circles of Care program is focused on tribal communities and supports community-based systems of care for children with mental health challenges and their families, including activities that address the impact of historical trauma through a systemic public health approach.

- Tribes are eligible for SAMHSA's National Child Traumatic Stress Initiative (NCTSI), which has funded the National Native Children's Trauma Center to support trauma-informed interventions for American Indian and Alaska Native children.

- Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) and other SAMHSA programs support approaches through which tribes are putting in place culturally sensitive and trauma-informed supports that target the youngest and often most vulnerable members of their communities. Tribes are promoting wellness and prevention of mental illness from a community-centered and trauma-informed perspective, building capacity for addressing the effects of trauma, and recognizing signs of traumatic stress in young children.

- In 2015, SAMHSA launched the Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) in partnership with the Health Resources and Services Administration (HRSA) and ACF. The IECMHC is a preventive intervention that partners mental health professionals with children's caregivers. The intent is to build the capacities of families and other providers, such as home visiting staff who frequently interact with parents, to understand and manage behaviors and build healthy relationships, resulting in improved social, emotional, and behavioral outcomes for young children. IECMHC's work will include a tribal focus and tribal expertise in its cadre of early childhood experts who will guide the work of the center.

The Centers for Disease Control and Prevention (CDC)
CDC collaborated with Kaiser Permanente to conduct the Adverse Childhood Experiences Study, one of the largest investigations ever conducted to assess associations between child maltreatment and late-life health and wellbeing. CDC continues to follow and learn from the medical status of the study participants.

CDC also has many programs that identify and address health risk factors and social determinants of health for everyone, including tribes and tribal organizations. For example, CDC has worked within its existing efforts to address violence and suicide among tribal populations. In Alaska, the grantee for the National Violent Death Reporting System works with the Alaska Native Tribal Health Consortium-Injury Prevention Program, Alaska Native Epidemiology Center, and other prevention organizations to address injuries and violence, specifically among Alaskan Natives.

The Health Resources and Services Administration (HRSA)
HRSA administers the Maternal and Infant Early Childhood Home Visiting program. This program is supporting a project from the Region X Adverse Childhood Experiences (ACE) Planning Team, representing Alaska, Idaho, Oregon, and Washington grantees. The team has developed the "NEAR@Home Toolkit" which provides sensitive and transformational guidance for home visitors and all early childhood professionals to address adverse childhood experiences of young at-risk families. The toolkit is being piloted with positive results in home visiting sites, including tribal sites.

The Indian Health Service (IHS)
IHS promotes the use of Trauma Informed Care interventions in the following ways:

- The IHS Tele Behavioral Health Center of Excellence (TBHCE) has hosted 86 webinars that address aspects of Trauma Informed Care for 4,676 learners. Today, the TBHCE is a formal program providing education on current and pressing behavioral health topics for Indian, tribal, and urban providers.

- IHS awarded a new cohort of Methamphetamine Suicide Prevention Initiative (MSPI) and Domestic Violence Prevention Initiative (DVPI) grantees in September 2015. The common objective among MSPI and DVPI grantees is the requirement to implement Trauma Informed Care interventions to support their program activities.

The National Institutes of Health (NIH)
NIH currently supports research focused directly on the role historical trauma plays in American Indian and Alaska Native health, as well as research on how some diseases and conditions, like mental illness and substance abuse, are exacerbated by historical trauma. For example, an intergenerational study conducted with tribes in the Midwest showed that relocation policies impacted health across three generations. The affected grandparents showed poorer health outcomes, while the parents and grandchildren showed an impact on rates of delinquency and substance use.

NIH-funded researchers also are working to better understand how to measure historical trauma, events, and losses, including the impact of trauma on current social and health conditions. NIH supports research centers like the Collaborative Research Center for American Indian Health, which examines how historical, cultural, and social determinants of health relate to health disparities and health risk behaviors among AI/AN populations.