

## SAMHSA American Indian/Alaska Native Communication Strategy

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### Purpose

The purpose of this Communication Strategy is to develop and maintain the efforts of the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve overall communications and achieve meaningful results for behavioral health in tribal communities. This is a living document that will be updated annually.

### Background

SAMHSA has charged the American Indian/Alaska Native Team (also known as SAIANT) with ensuring that the agency contributes to positive behavioral health outcomes for American Indian/Alaska Native (AI/AN) people. In carrying out this charge, SAIANT will:

- Ensure progress on the SAMHSA Tribal Behavioral Health Agenda through coordination of agency programs and activities that improve access to services and resources for tribal communities.
- Serve as a coordination point for all of SAMHSA's AI/AN efforts to ensure they are in concert with the Tribal Behavioral Health Agenda and contribute to meaningful progress.
- Support the work of the SAMHSA Office of Tribal Affairs and Policy to bring together tribal affairs efforts, tribal policy actions, tribal consultation activities, Tribal Technical Advisory Council recommendations, and technical assistance resources in a manner that is cohesive and impactful.
- Work in collaboration with the SAMHSA Tribal Training and Technical Assistance Center and National AI/AN Addiction Transfer Technology Center to ensure technical assistance resources are coordinated.

In order for SAIANT to carry out its charge in a meaningful way, SAMHSA as a whole must communicate more effectively internally and externally with tribal nations, tribal organizations, AI/AN people, federal partners, and other stakeholders working to improve the health and well-being of tribal communities.

Currently, SAMHSA's overall interactions and communications with tribes and tribal organizations are intermittent and disconnected. Information for AI/AN communities is disseminated through various sources/channels and it is unclear how effective those methods are in reaching tribal leaders and individuals who need it most. High-level SAMHSA information is becoming more distinct through an increasing number of "Dear Tribal Leader" letters from the Administrator. Additional attention must also be given to ensuring that available AI/AN

behavioral health data is shared and that information that SAMHSA is making available is accessible and consumable by the audiences targeted.

This AI/AN Communications Strategy builds on SAMHSA's existing efforts to work with tribal communities and government.

### **Audience and Messages**

The Communications Workgroup recommended a scaled communications approach that would focus on primary, secondary, and tertiary audiences within AI/AN communities. The scaled approach would allow SAMHSA to focus on audiences based on available resources (different tiers require different communications channels and/or methods of dissemination) and increase communications activities over time. The AI/AN audience are as follows:

- Tier I: Primary**—Tribal leaders and elected officials.
- Tier II: Secondary**—Health professionals, organizations that do work in tribal areas and provide services.
- Tier III: Tertiary**—AI/AN mental health consumers, individuals with substance abuse disorders, and families/community members.

The SAIANT Workgroup also recommended that challenges which may impede access to information for the three primary audiences be explored. For example, geographic isolation and lack of technological infrastructure may impact SAMHSA's ability to effectively reach target audiences. Lack of internet access or factors that impact internet connectivity in rural areas may pose a challenge as a majority of SAMHSA's communications is web-based.

A host of messages were developed for the primary audiences that would support the Workgroups recommendations. In the final analysis it was determined that a fewer number of messages was important to more clearly communicating SAMHSA's work with and on behalf of AI/AN communities:

#### **Message 1: SAMHSA supports and honors tribal self-determination.**

SAMHSA is a public health agency that supports tribal self-determination by consulting with tribal leaders on policy and program matters that may affect their communities, enhancing the flexibility of competitive grant funding, supporting technical assistance to enable tribes to achieve their behavioral health priorities, developing SAMHSA staff to more effectively work with tribal governments, and supporting culturally competent programs and services.

(Audience – Tribal elected officials)

#### **Message 2: SAMHSA supports new and traditional channels to facilitate communication with and among AI/AN communities.**

(Audience –Tribal elected officials, AI/AN program directors and service providers, general population in AI/AN communities)

**Message 3: SAMHSA promotes evidence-based and promising community-based practices that reduce behavioral health disparities and inequities.**

(Audience – Tribal elected officials and AI/AN program directors and service providers)

**Message 4: SAMHSA connects AI/ANs to behavioral health services in their communities.**

(Audience – Tribal elected officials, program directors and service providers, general population in AI/AN communities).

## **Goals and Activities**

The SAIANT Workgroup acknowledged the importance of building on the SAMHSA Strategic Communications Plan (Plan) to address primary communication goals for AI/AN communities. Specific Plan goals were identified and fine-tuned to provide the framework for a SAMHSA AI/AN communications strategy. Three recommendations and related goals and activities are proposed for consideration:

**Recommendation 1: Increase the penetration and reach of SAMHSA’s communications with tribal leaders, AI/AN health administrators, and AI/AN communities by strategically determining how, when, and what information should be disseminated to each audience.**

Goal 1: Identify, and consistently utilize, formal communication channels and platforms that resonate and more effectively reach target audiences.

- Activity 1.1: Establish a tribal affairs and policy page on SAMHSA’s website that serves as a one-stop-shop for information pertinent to AI/AN audiences.
- Activity 1.2: Identify SAMHSA center and office information that should be communicated consistently through agency-level channels and platforms to key AI/AN audience (i.e., grant announcements, grantee resources).
- Activity 1.3: Establish the internal SAMHSA structure for obtaining and/or developing content that is appropriate for dissemination to AI/AN target audiences using different channels and platforms.
- Activity 1.4: Develop talking points for SAMHSA leadership and executives to deliver consistent messages to target audiences using different channels.
- Activity 1.5: More effectively utilize SAMHSA’s government project officers in communicating with tribal grantees.
- Activity 1.6: Leverage the OIASA Prevention and Recovery Newsletter as a means for reaching a broader AI/AN audience.

Activity 1.7: Use social media to increase visibility and access to SAMHSA AI/AN grantee products.

**Recommendation 2: Increase SAMHSA’s engagement with tribal leaders, tribal health administrators, and the AI/AN community.**

Goal 2: Increase SAMHSA’s presence as a thought leader and resource for evidence-based information and insight for AI/ANs and other key stakeholders.

Activity 2.1: Increase understanding of the Secretary’s Tribal Advisory Committee (STAC) on the breadth and scope of SAMHSA’s programs and activities through meetings with the Administrator and Executive Leadership Team (i.e., site visit to SAMHSA prior to a STAC meeting).

Activity 2.2: Engage tribal leaders on SAMHSA’s Tribal Technical Advisory Committee to present to tribal leaders on the STAC as a means for generating support and addressing behavioral health issues at the national level.

Activity 2.3: Establish behavioral health as a primary issue on tribal leader’s agenda through high-level engagement (i.e., White House Tribal Nations Conference, National Congress of American Indians, National Indian Health Board etc.).

Activity 2.4: Engage tribal leaders in working with SAMHSA on developing a tribal behavioral health agenda.

Activity 2.5: Establish a National Tribal Organization Roundtable (NTOR) as a means for engaging national tribal organizations more directly in advancing and addressing a tribal behavioral health agenda (organizations can include the National Congress of American Indians, National Indian Health Board, National Indian Child Welfare Association, National Council on Urban Indian Health, National Indian Education Association, Native American Journalists Association, etc.).

**Recommendation 3: Strengthen SAMHSA’s identity (brand) among AI/AN populations as the source for highly specialized data and data analysis.**

Goal 3: Establish relationships with the AI/AN epidemiologic community with an emphasis on engaging a cross section of AI/AN professionals who conduct behavioral health research and/or evaluation on AI/AN communities.

Activity 3.1: Prepare SAMHSA staff to more effectively work with AI/AN professionals on data collection and reporting issues.

Activity 3.2: Engage AI/AN national and regional organizations and federal partners to work with SAMHSA on collaborative data efforts (i.e., NCAI, Tribal Epidemiology Centers, Indian Health Service, Centers for Disease Control and Prevention, National Institutes of Health, other federal and tribal partners with data infrastructure, etc.).

Activity 3.3: Work with tribal and federal partners to publish/report behavioral health data for AI/AN populations that supports collaborative activities.

## Next Steps

1. Establish the SAMHSA Tribal Youth Leaders (STyL) group to refine recommendations received during the 2014 SAMHSA Native Youth Conference. The recommendations center on primary mental and substance use disorders and issues affecting tribal communities; opportunities to educate, engage, and mobilize Native youth to advance positive behavioral health actions and develop a national network of Native youth leaders through targeted outreach and effective use of communication channels.
2. Collaborate with SAMHSA's TTAC and Office of Intergovernmental External Affairs to host consultations on a national tribal behavioral health agenda during the 2016 Regional Tribal Consultation and Annual HHS Tribal Budget Consultation Meetings. The consultation sessions would solicit tribal leader input and commitment for collaboratively addressing behavioral health in their communities.
3. Refine the SAMHSA Tribal Affairs web landing page and develop critical content to establish SAMHSA as the primary behavioral health resource for tribal leaders, tribal administrators and health professionals, and others seeking behavioral health information pertinent to AI/ANs. The landing page would serve as a "one-stop shop" on behavioral health information and activities and include products developed by SAMHSA's tribal grantees.
4. Host a 2016 National Tribal Organization Roundtable (NTOR) to more effectively engage current and new tribal organization partners as a means for gaining broader support for, and commitment to, a collaborative behavioral health agenda.
5. Use input received from SAMHSA's TTAC, regional and annual HHS budget consultation meetings, NTOR, and other stakeholders to finalize the SAMHSA AI/AN Communications Strategy.
6. Refine the content and expand distribution of the Tribal Law and Order Act Prevention and Recovery Newsletter to include additional stakeholders (i.e., Native youth who become part of SAMHSA's national network, Native American media outlets, youth serving organizations, law enforcement, educators, human services professionals who address child abuse and neglect, civic/volunteer organizations). There were more than 200,000 downloads of the newsletter in the past year.

## Summary

This communications strategy will support efforts to inform and more meaningfully engage tribal audiences on behavioral health. The proposed activities are part of a strategy that will be supported by SAIANT and aligns with SAMHSA's Strategic Communications Plan for greater impact.

Implementation and evaluation activities will be developed to assess penetration, engagement, and action. These activities will be ongoing; drive and assess how actions are advanced; identify channels that are most effective in disseminating messages to key audiences; and, modify actions based on feedback from target audiences.

(Revised January 2016)