Substance Abuse and Mental Health Services Administration
SAMHSA
1 Choke Cherry Road • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Testimony Before the Senate Committee on Indian Affairs

Field Hearing on "Empowering Native Youth to Reclaim their Future"

Initiatives of the Substance Abuse and Mental Health Services Administration (SAMHSA) on the Prevention of Indian Youth Suicide

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Statement of Richard T. McKeon, Ph.D.

Lead Public Health Advisor, Suicide Prevention Team

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

Chairman Akaka, Ranking Member Barrasso and Senator Tester, thank you for inviting me to testify at this important hearing on the prevention of suicide among American Indian/Alaska Native (AI/AN) youth. I am Dr. Richard McKeon and I serve as the lead Public Health Advisor on suicide prevention at the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS). I am pleased to testify along with my colleague at the Indian Health Service (IHS) and tribal leaders, as well as AI/AN youth. The problem of suicide in Indian Country is a shared concern and efforts to reduce suicide and suicide attempts among AI/AN youth must be a shared effort.

SAMHSA has played an integral role in the nation's efforts to reduce suicide in Indian Country and I want to acknowledge the tremendous efforts of SAMHSA's Deputy Administrator Eric Broderick who has testified before this Committee several times related to suicide prevention. Dr. Broderick will be retiring later this month after 38 years of services in the U.S. Public Health Commissioned Corps. He brought his passion, leadership and skill to IHS and SAMHSA and will be greatly missed.

Today, I will share with you some of the efforts SAMHSA is undertaking to reduce suicide and suicide attempts in Indian Country both through SAMHSA-led programs, as well as work we conduct in conjunction with other Federal, State, and tribal partners. As you know all too well, the rate of suicide among AI/AN individuals is higher than the national average. In 2007, suicide was the second leading cause of death for AI/AN youth aged 10 – 24 with rates of suicide significantly higher for AI/AN youth aged 15 - 24 (20.04 per 100,000) than for the national average (11.47 per 100,000) (CDC, 2010.) Injuries and violence account for 75% of all deaths among Native Americans ages 1 to 19 (Wallace, 2000). Overall, according to unpublished Indian Health Service (IHS) data, suicide mortality is 73% greater in AI/AN populations in IHS service areas compared to the general U.S. population.

SAMHSA's number one strategic initiative is Prevention of Substance Abuse and Mental Illness. Included in this initiative is the prevention of suicide and suicide attempts. The prevention of suicide is a public health issue and necessitates a public health approach that works at the primary, secondary and tertiary levels. In line with SAMHSA's Prevention strategic initiative, the Administration is addressing AI/AN youth suicide through a range of efforts including: the National Action Alliance for Suicide Prevention; a new Tribal Behavioral Health formulary grant program; grants to tribes through the Garrett Lee Smith Memorial Act (GLSMA) youth suicide prevention program; implementation of the Indian Healthcare Improvement law; the Native Aspirations program; technical assistance by the Suicide Prevention Resource Center (SPRC); 24/7 crisis support through the National Suicide Prevention Lifeline; the recently signed Memorandum of Agreement between HHS (with SAMHSA as the lead agency), the Department of Justice (DoJ) and the Department of the Interior (DoI) as required by the Tribal Law and Order Act; and inclusion of requests that states engage in tribal consultation as part of their plans

submitted in conjunction with the new Uniform Mental Health and Substance Abuse Block Grant Application.

In order to highlight the plethora of activity around efforts to prevent suicide and suicide attempts among AI/AN individuals, just last week in Scottsdale, Arizona over 1,000 individuals came together for The Action Summit for Suicide Prevention hosted by IHS, Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE) and SAMHSA. The title of the Summit was "Partnering with Tribes to Protect the Circle of Life," and objectives for the event included strengthening tribal, Federal, State and community partnerships; creating an opportunity to collaborate, network, and share effective strategies on topics in suicide and substance abuse prevention in Native American communities; and providing the most up-to-date research related to suicide and substance abuse in Indian Country.

National Action Alliance for Suicide Prevention

On September 10, 2010, the National Action Alliance for Suicide Prevention (NASSP) was launched by the U.S. Department of Health and Human Services Secretary, Kathleen Sebelius, and former Defense Secretary, Robert Gates. The NASSP has a private sector Co-Chair, former U.S. Senator Gordon Smith (R-OR), and a public sector Co-Chair, Army Secretary John McHugh. Members of the NAASP include, but are not limited to, the Surgeon General, Regina Benjamin; the SAMHSA Administrator, Pamela Hyde; Department of Interior Assistant Secretary of Indian Affairs, Larry Echo Hawk; HHS Assistant Secretary for Health, Dr. Howard Koh; and National Indian Youth Leadership Project Executive Director, McClellan Hall. In addition, the IHS Director, Dr. Yvette Roubideaux, serves as an *ex officio* Member of the NAASP. Mr. Echo Hawk, Mr. Hall and Dr. Roubideaux serve as the leaders of the NAASP AI/AN Task Force which will establish specific priorities for Tribal youth regarding suicide prevention, intervention, and postvention strategies, including positive youth development. The Task Force also helped develop the agenda and strategy for the National Suicide Prevention Summit and will also do so for the Alaska Suicide Prevention Summit for AI/AN communities, leaders, service providers, educators, and law enforcement.

Behavioral Health – Tribal Prevention Grants

The President's FY 2012 Budget for SAMHSA proposes a new grant program titled Behavioral Health – Tribal Prevention Grant (BH-TPG), which is intended to increase SAMHSA's efficacy in working with tribes and tribal entities. The BH-TPG represents a significant advance in the Nation's approach to substance abuse and suicide prevention, based in a recognition of behavioral health as a part of overall health. The program will focus on the prevention of alcohol

abuse, substance abuse and suicides in the 565 Federally-recognized Tribes. Recognizing the Federal obligation to help Tribes deal with physical and behavioral health issues, SAMHSA will work in consultation with Tribes, establishing a single coordinated mental health and substance abuse program for all Federally-recognized Tribes. SAMHSA also will consult and work closely with Tribes and Tribal leaders to develop a comprehensive, data-driven planning process to identify and address the most serious behavioral health issues in each Tribal community.

Tribes will be allowed to use a set percentage (determined after consultation with Tribes) of the Behavioral Health - Tribal Prevention Grant funds for a combination of service and service-related activities, development and dissemination of prevention messages, and provider development and linkage building to support the Tribes in achieving outcomes. Funding for infrastructure activities will enable the Tribe to build service capacity. The Tribe will present data to support how the allocation will support infrastructure and/or provision of services. In carrying out these activities, the Tribe will be required to use comprehensive, evidence-based programming, and/or proven successful programming, based on either mainstream science or proven Tribal traditions. Up to 20 percent of the grant funds may be used to fund key support and development activities, such as operation of a Tribal prevention advisory group, support for a Tribal community coalition, access to an epidemiological work group, training and technical assistance to communities, data collection and evaluation, and oversight and monitoring of activities. The details of the funds distribution will be determined in consultation with Tribes.

Garrett Lee Smith Grants

Since passage of the GLSMA (P.L. 108-355) in 2004, 19 tribes have received multi-years grants to address suicide prevention among tribal youth, with 21 additional tribal grants to start this year. This number represents 39% of the total State and Tribal Youth Suicide Prevention Grants authorized by the GLSMA. These grants have provided the tribes funding to help implement a tribe-wide suicide prevention network. The first tribal grantee was the Native American Rehabilitation Association in Oregon, which was one of three GLSMA grantees in the first cohort to be awarded additional evaluation funding. They will use the funding to enhance their evaluations to maximize what could be learned from their important suicide prevention activities.

One of the Nation’s most innovative systems for intervening with youth at risk for suicide, the White Mountain Apache's suicide prevention program (funded by SAMHSA through the GLSMA grant program), includes the evaluation of two culturally adapted interventions that target youth who have attempted suicide. These interventions are linked to a unique tribally mandated suicide surveillance system that identifies youth who have exhibited suicidal behavior. The interventions focus on in-home follow-up with youth who have attempted or thought of attempting suicide and were treated and discharged from emergency departments. The first intervention, New Hope, is an emergency department–linked intervention conducted over one to

two sessions. The sessions comprise of a locally produced video and workbook curriculum that develops a safety plan for the youth and problem-solves barriers to their engagement in treatment. The second intervention, Re-Embracing Life, was adapted from the American Indian Life Skills Development Curriculum and consists of nine curricular sessions conducted weekly in home or office settings. The intervention targets problem solving, anger/conflict management, self-destructiveness, emotional regulation, coping, social interactions, and help-seeking behaviors.

In the most recent cohort of GLSMA grantees which were announced over the last 2 weeks, I am pleased to note that SAMHSA provided funding for the "Sister National Empowerment Partnership" which will be administered by the Fort Peck Tribal Health Service and the University of Montana. This grant of $480,000 per year for 3 years will be utilized to design and deploy a comprehensive system of youth suicide prevention on the Fort Peck Reservation in northeast Montana. The partnership will build on existing work in response to a devastating suicide cluster in 2010. Particular attention will be given to needs identified in a deployment report by the U.S. Public Health Service in response to a state of emergency declared by the Fort Peck Tribes in May 2010. During the period identified in the report, the suicide completion rate on the reservation was three times the Montana average and more than six times the rates for the nation as a whole. The goals of the grant include increasing the number of primary health care and mental health providers trained to assess, manage, and treat youth at risk for suicide; increase the number of youth, school staff, parents and community members trained to identify and refer for care a youth at risk for suicide; to increase the number of youth receiving mental health and substance abuse services by improving access to care; and to promote the National Suicide Prevention Lifeline in all activities.

In addition, the Confederated Salish & Kootenai Tribes in Pablo, Montana also received a GLSMA grant in Fiscal Year (FY) 2011. Finally, I would like to note that this year funds from the Prevention and Public Health Trust Fund established by the *Affordable Care Act* (ACA) will be utilized to enhance SAMHSA's youth suicide prevention efforts and all four of these $1.44 million grants have been awarded to tribes or tribal entities.

Implementation of the Indian Youth Suicide Prevention Provisions of Indian Health Care Improvement Reauthorization and Extension Act of 2009

On March 23, 2010, as part of the ACA, President Obama also signed into law the *Indian Health Care Improvement Reauthorization and Extension Act of 2009*. Title VII, Subtitle B includes provisions related to Indian Youth Suicide Prevention. SAMHSA is dedicated to undertaking measures to improve the process by which Indian tribes and tribal organizations apply for grants. One such example is that SAMHSA does not require tribal entities applying for agency electronically.

In the FY 2011 cohort of GLSMA State/Tribal grantees, 21 of 37, or 57%, grantees are tribes, tribal organizations, or entities that have indicated the grant will be used specifically for AI/AN youth suicide prevention activities. SAMHSA has made significant efforts to take into consideration the needs of Indian tribes or tribal organizations. Furthermore, SAMHSA does not require any Indian tribe or tribal organization to apply through a State or State agency for any of the agency's grant programs.

Native Aspirations Program

SAMHSA has funded 49 tribal communities through Native Aspirations (NA), a national project designed to address youth violence, bullying, and suicide prevention through evidence-based interventions and community efforts. NA is unique among SAMHSA suicide prevention programs in that it is based on the concepts and values that reflect the AI/AN community: that solutions to AI/AN youth violence, bullying, and suicide must come from and be embraced by the community; leadership must be involved and invested in the solution; it is up to the community to determine the approaches that would be most effective for them; traditional approaches that are used in non-AI/AN communities in America don't always work in AI/AN communities; and that the community Elders are crucial to the success of the project.

To date, nearly 200,000 Tribal members in 20 communities and 2,100 Alaska Natives in five villages have been provided specialized technical assistance and support in suicide prevention and related topic areas for these communities. In addition, over 750 community members were trained in prevention and mental health promotion in these communities.

Suicide Prevention Resource Center

SAMHSA funds the Suicide Prevention Resource Center (SPRC), which provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention. SPRC supports the technical assistance and information needs of SAMHSA State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees and State, Territorial, and Tribal (STT) suicide prevention coordinators and coalition members with customized assistance and technical resources. SPRC has two senior tribal prevention specialists available to provide technical assistance to those seeking information, evidence-based programs and awareness tools specifically geared for suicide prevention among AI/AN individual. Included on SPRC's Web page dedicated to AI/AN suicide prevention is a SAMHSA funded guide titled, "*To Live To See the Great Day That Dawns:* Preventing Suicide by American Indian and Alaska Native Youth and Young Adults."

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline (Lifeline) 1-800-273-TALK (8255) is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1-800-273-TALK, the call is routed to the nearest crisis center in our national network of more than 150 crisis centers. The Lifeline's national network of local crisis centers, provide crisis counseling and mental health referrals day and night.

The Lifeline has a Native American Initiative that includes objectives such as:

1. Establishing and maintaining working relationships between crisis center staff and key stakeholders in tribal communities.
2. Developing and delivering cultural awareness and sensitivity trainings as per the direction of the designated tribal community for crisis center telephone workers.
3. Strengthening the effectiveness of the local Reservation referrals for suicide prevention supports by identifying relevant, available resources in the tribal community.
4. Promoting culturally sensitive social media and educational materials in tribal communities, as determined by tribal stakeholders.
5. Identifying similarities and differences that can inform serving Native American communities on a national level in a culturally and respectful manner.

In Montana, the Fort Peck, Blackfeet, Northern Cheyenne, Crow, Fort Belknap, Flathead and Rocky Boy reservations are served by Lifeline's Voices of Hope crisis call center.

Tribal Law and Order Act

As you are aware, through the Tribal Law and Order Act of 2010 Congress sought to engage new federal partners to build upon previous efforts in addressing alcohol and substance abuse in Indian country. As a result, the Secretary of Health and Human Services, the Secretary of the Interior, and the Attorney General, recently signed a Memorandum of Agreement (MOA) to, among other things:

1. Determine the scope of the alcohol and substance abuse problems faced by American Indians and Alaska Natives;
2. Identify the resources and programs of each agency that would be relevant to a coordinated effort to combat alcohol and substance abuse among American Indians and Alaska Natives; and

3. Coordinate existing agency programs with those established under the Act.

The MOA specifically takes into consideration that suicide may be an outcome of, and has a connection to, substance abuse. To accomplish the above stated goals, SAMHSA sought to establish an Interdepartmental Coordinating Committee (Indian Alcohol and Substance Abuse Committee) to include key agency representation from SAMHSA, IHS, Office of Justice Programs, Office of Tribal Justice, BIA, BIE, and the Department of Education. The Administration on Aging and Administration for Children and Families within HHS are also represented on the IASA Committee. The IASA Committee has created an organizational structure to include workgroups to carry out its work.

Uniform Block Grant Application

On July 26, SAMHSA announced a new application process for its major block grant programs the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant (MHBG). The change is designed to provide states greater flexibility to allocate resources for substance abuse and mental illness prevention, treatment and recovery services in their communities. One of the key changes to the block grant application is the expectation that States will provide a description of their tribal consultation activities. Specifically, the new application's planning sections note that States with Federally-recognized tribal governments or tribal lands within their borders will be expected to show evidence of tribal consultation as part of their Block Grant planning processes. However, tribal governments shall not be required to waive sovereign immunity as a condition of receiving Block Grant funds or services.

Included within the MHBG application SAMHSA notes that States should identify strategies for the MHBG that reflect the priorities identified from the needs assessment process. Goals that are focused on emotional health and the prevention of mental illnesses should be consistent with the National Academies – Institute of Medicine report on "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities." More specifically, they also should include Strategies that implement suicide prevention activities to identify youth at risk of suicide and improve the effectiveness of services and support available to them, including educating frontline workers in emergency, health and other social services settings about mental health and suicide prevention. Finally, the uniform application requests that States attach to the Block Grant application the most recent copy of the State's suicide prevention plan. It notes that if the State does not have a suicide prevention plan or if it has not been updated in the past 3 years, the State should describe when it will create or update its plan.

Conclusion

Thank you again for this opportunity to share with you the extensive efforts SAMHSA is undertaking with respect to AI/AN youth suicide prevention specifically, as well as other efforts relating to tribal behavioral health issues. I would be pleased to answer any questions that you may have.