One Sky Center
The American Indian/Alaska Native National Resource Center for Substance Abuse and Mental Health Services

Written Testimony of R. Dale Walker, MD, Director One Sky Center, American Indian/Alaska Native National Resource Center for Substance Abuse and Mental Health Services

U.S. Senate Committee on Indian Affairs Oversight Hearing on Suicide Prevention Programs and their Application in Indian Country

May 17, 2006

Introduction and Overview

Mr. Chairman, Vice-Chairman, and members of the Committee, my name is R. Dale Walker, MD, and I am the Director of the One Sky Center, the American Indian/Alaska Native National Resource Center, funded by Substance Abuse and Mental Health Services Administration, and located at Oregon Health & Science University in Portland, Oregon. I would like to thank the Committee for inviting the One Sky Center to testify on the subject of suicide prevention and intervention in Indian Country, and to comment on recently introduced legislation by Senate Committee on Indian Affairs Chairman John McCain.

In June 2005, the One Sky Center had the honor of testifying on the issue of teen suicide prevention. As the first National Resource Center for American Indians and Alaska Natives dedicated to improving substance abuse and mental health services in Indian Country, the One Sky Center has been involved at several levels and at diverse venues to discuss and provide training, technical assistance, and lend expertise in the field and the topic of suicide prevention and intervention affecting American Indian and Alaska Native people and tribal communities.

The most frequent question we are asked about actual suicides is "why?" Original research and statistical data beyond the current limited information provided by the Centers for Disease Control and the Indian Health Service is needed to provide more insight to the cause and extent of the problem in Indian country, and for public education.

Lack of access to behavioral health services in Indian Country is a major problem and limiting step in addressing high incidence rates. For example, referrals from general

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health clinics, school counselors, and hot lines do not help when there is not behavioral service to access. The major funding shortfalls that the Indian Health Service experience on an annual basis continues to exacerbate the problem of providing the necessary clinical and behavioral health services tribal people and youth desperately need. In July 2003, the US Commission on Civil Rights documented the lack of Federal funding for healthcare, education, housing, public safety and tribal infrastructure development in their report, *the Quiet Crisis*. One year later, the Commission completed another report, *Broken Promises*, which clearly finds under funding for mental health and addiction services. One Sky Center staff consultations and technical assistance visits and evaluations confirm these findings. Lack of access is a problem.

Some tribal communities and organizations are becoming savvy, creative, innovative, and proactive to make changes happen on their own. This increases the productivity of federal investments toward improving access and effectives of behavioral health services. It would be useful if this were happening at a more rapid pace; but it is not.

One Sky Center Recent Efforts

The One Sky Center has developed an *American Indian/Alaska Native Community Assessment Tool Kit* (www.oneskycenter.org) that has proven to be effective and useful in tribal communities. I used this community assessment tool in working with the Standing Rock Sioux Reservation. This tool kit supports a "system of care" approach to organizing planning, policy and services. The community-based, systems of care approach are best practice in Indian Country. A plan that is developed for the community by the community with cultural relevancy and sensitivity rooted in tribal custom and values works best for tribes and their members.

Clusters of suicides and violence are major disasters on Indian reservations such as Standing Rock and Red Lake. In small tribal communities, everyone is connected with everyone else, including providers of care. The entire community is traumatized. In a way similar to Hurricane Katrina, the challenges overwhelm local capacity. Facilities are insufficient (e.g., ambulances). Systems of care crash when caregivers are directly victimized or crippled with grief. External support becomes essential. Tribal communities need to know how to work through and deal with the losses, as well as resolving the causes, and preventing further occurrences.

Last week, I presented at the Bureau of Indian Affairs Office of Indian Education Programs Emergency Preparedness and Response Symposium: *Strategies for Safer Education* Conference in Denver, Colorado. Tragedies have been occurring on Indian reservations. Public, private, BIA operated, and tribal schools are beginning to realize the need for emergency preparedness and response for their schools, and the surrounding tribal communities. Whether it's a suicide, violence, or a natural disaster, Indian Country needs to stand ready.

One Sky Center has sponsored the printing of a Native Youth Training Manual referred to as *Native H.O.P.E.* (Helping Our People Endure) authored by Clayton Small, PhD, and

Ernie Big Horn. The manual is a curriculum based on the theory that suicide prevention can be successful in Indian Country by Native Youth being committed to breaking the "Code of Silence" prevalent among all youth. The program also aims to increase "strengths" as well as awareness of suicide warning-signs among Native youth. The program supports the full inclusion of Native Culture, traditions, spirituality, ceremonies, and humor. A *Native H.O.P.E Training Facilitators Manual* is also available to assist adults and experience youth to serve as facilitators, rovers, and clan leaders in delivering the Native H.O.P.E. Curriculum.

Indian Country and its tribal leadership are stepping up its fight against teen suicide. The One Sky Center is one of many partners working with the National Congress of American Indians (NCAI) Policy Research Center on the issue of native youth suicide prevention. Next month at NCAI's mid-year conference in Michigan, a one-day *Native Youth Suicide Prevention Think Tank Discussion* will take place amongst some key tribal organizations and professionals. One Sky is pleased to be a part of this distinguished group of panelist, and to be a part of the ongoing dialogue in the area of suicide prevention and intervention. This meeting is a stepping stone leading up to next year's 2007 *AI/AN Policy Summit On Transforming Mental Health Care for Children and Families Through Planning, Policy, and Practice – Practice and Culture Based Solutions For Suicide Prevention, Intervention, and Healing* lead by NCAI, National Indian Child Welfare Association, Georgetown University, and its partners, including the One Sky Center.

The One Sky Center has been proud to be a strong force in elevating the profile of Indian health, but more specifically drawing attention to the issues of substance abuse and mental health in Indian Country, namely suicide prevention and intervention as it relates to best practices that have been successful in tribal communities. For the last two years, and once again next month, One Sky has been a contributing partner of the *Indian National Indian Behavioral Health Conference* sponsored by the Indian Health Service and the Substance Abuse Mental Health Services Administration. This annual conference has been steadily gaining momentum in the critical areas of substance abuse and mental health services in Indian Country, and *although the One Sky Center has been actively and substantively involved in the year's past, it is unclear as to what the future holds for the One Sky Center as its current cooperative agreement with SAMSHA concludes June 30, 2006. We hope to continue in the future as a leader and partner with Indian Country in these important and critical areas affecting Indian people. By providing leadership training, technical assistance and consultation, we see the One Sky Center as a critical link in the Senate's proposed Suicide Prevention legislation, the multiple agencies that will provide the services, and the tribal programs.*

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McCain Discussion Draft Comments:

Overview

The One Sky Center is honored to be able to offer its comment, suggestions, and recommendations to the Senate Committee on Indian Affairs on the McCain legislation on teen suicide prevention. In general, the One Sky Center supports the McCain legislation as a good step in addressing suicide prevention and intervention. However, the bill does not include some underlying substantive issues of teen suicide that still need to be addressed. The legislative suggestion to include tribal participation in current mainstream suicide prevention networks (the Lifeline Network), and use other federal agency technologies (Department of Defense and CDC) are cost-efficient, practical attempts to include and align American Indian and Alaska Native services and infrastructure with the mainstream. However, federal interagency coordination and cooperation on Native health concerns (which is less than satisfactory now) will be necessary to make these efforts successful.

Sec 4. Coordinator of Indian Telemedicine Programs

There certainly is room for continued involvement and use of telemedicine throughout Indian Country Telemedicine is a powerful means of delivering consultation and education to the front lines from centers of expertise. It requires infrastructure and expertise at both sending and receiving ends. There are jurisdictional and policy issues to be worked among the Tribes, medical associations, states, and liability insurers. To realize Telemedicine's potential, a great deal for infrastructure development, professional capacity building for utilization, operation, and maintenance, and the financial ability is needed. It would be helpful to have national leadership in orchestrating the multi-site, multi-jurisdiction, and multi-capacity development needed to make Telemedicine a more widely used resource.

Building Systems of Care

Embedded in Sec 4 under Duties (c) is an extremely important mission which could be seen separately from Telemedicine and could be entitled *Building Systems of Care*. Subsec (1) lines 6-17 "…shall identify and enhance…connections between health-related programs and services…including…by the Service and…by Indian Tribes…." Strategic planning, coordination, and harmonization of operational plans, finance, policy, and services would, indeed, be a major contribution. Lack of such system is a significant source of inefficiency and ineffectiveness, in our observation.

Sec. 5. National Suicide Prevention Lifeline Network Indian Demo Project

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National Suicide Prevention Lifeline Network Indian Demo Project would be beneficial to complement the existing National Suicide Prevention Lifeline Network by adding a culturally relevant American Indian and Alaska Native model program. The goals and objectives of the existing program would be useful to the native community; however, there are questions as to whether or not this program could succeed with five select centers in Indian Country, the tribal staffing needs that would be required, the operations and maintenance of the network, in addition to financial and capacity sustainability concerns. Although there is always some preliminary skepticism within Indian Country of anything new and unprecedented, the concept is one worth exploring as a viable option to address some of the need of suicide prevention and intervention. A demonstration project for five regional IHS areas could lead the way to future incorporation of the Network.

Sec. 6. National Violent Death Reporting System

Currently, the CDC has a national system for reporting deaths, including suicide. However, this system lacks information on context and victim/victimizer characteristics, which are vital to discerning causal patterns and planning amelioration. The National Violent Death Reporting System, which does include such information, is being piloted in five states. There are various Tribal privacy needs, attitudes toward death, historical difficulties with researchers, and lack of infrastructure. Very substantial effort may be required to actually collect the data. A grant program to establish a system for data collection and information for the National Violent Death Reporting System could be beneficial. The system could provide insight as to why American Indian and Alaska Native suicides happen, and can build upon existing limited data of CDC reporting of deaths to better assess and evaluate the extent of the problem and cause of suicide in Indian Country.

Recommendations

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There are several issues that could be addressed in this proposed legislation:

First, there is a need to consider tribal infrastructure. Will there be trained staff available, and how can we maintain their licensure certification? Technical assistance and coordinated training of staff and tribal leadership by a national coordinating center would greatly enhance quality of care and sustainability.

Second, there needs to be an interagency task force working with tribal leadership at each site that will implement better shared and coordinated programs to reduce fragmentation and silo funding. Multiple funding streams and diverse project agenda without coordination make the overall health care system overly complex and misdirected.

Third, the idea of implementing a national suicide network will require strategic planning and placement. Again, the use of a national coordinating center with a steering committee and advisory body would greatly improve successful outcome. Tribal involvement and input from the National Indian Health Board and the National Congress of American Indians would be useful.

Finally, telemedicine could be useful after face-to-face contact not just with direct patient care but also with technical assistance, consultation and training of tribal leaders, staff and the entire community. We have used this approach at the One Sky Center and have found it to be quite effective as long as there has been initial contact and a positive, trusting relationship is established. All of these efforts require close study and follow-through in a team approach from the administration of resources to the direct services provided. We at One Sky Center are ready to assist in that coordination.

Conclusion

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The unmet needs of American Indian and Alaska Native people in the areas of health care, substance abuse, and mental health services have been neglected. It has reached a point that the U.S. Civil Rights Commission labeled the problems a "quiet crisis." Sadly, one direct result of the shameful neglect is a severity of substance abuse and mental health issues that plague tribal people and their communities. Suicide, violence, methamphetamine abuse, and HIV/AIDS are all issues that are not traditional to native people or their traditional communities. These problems are increasing throughout most of Indian Country and creating panic, alarm, demoralization and great concern in families, tribal communities, and in the mainstream national dialogue to find answers and solutions. There is a long way to go with many complex issues to address, but the McCain legislation on native teen suicide prevention is one step to put a strategic plan in place.

As this Committee and Indian Country now realizes, there is a crisis throughout Indian Country involving suicide, other and mental health problems, and substance abuse. The One Sky Center came into existence to be on the front lines to address some of these issues, but as the crisis is reaching a breaking point, the future of our Center is uncertain and unclear. We look forward to working with your Committee on that front in hopes that Indian Country will continue to be able to rely on the One Sky Center on this and related issues.

We commend Senators McCain, Dorgan, and the Senate Committee on Indian Affairs for holding this hearing, requesting comment on the McCain legislation, and especially to the Oregon Delegation for their support on these issues, namely Senator Gordon Smith. The One Sky Center stands ready to assist the Committee on this issue, and we will hope to exist in our committed work beyond our June 30, 2006 conclusion date under our current SAMSHA cooperative agreement.

Thank you very much. This concludes the written part of my testimony.

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