

**U.S. Department of Health and Human Services
13th Annual National HHS Tribal Budget and Policy Consultation Session**

**Testimony presented by Chairman Chester Antone, Tohono O'odham Nation
to the Substance Abuse and Mental Health Services Administration, March of 2011**

I want to thank the Substance Abuse and Mental Health Services Administration, Tribal leaders, and those present here today who have dedicated their lives to improving the health and wellness of Indian Country. I am honored to be able to speak today on behalf of over 4 million American Indian and Alaska Native people on the topic of behavioral health. Last year I spoke to you about the heaviness on my heart from the effects of suicide within our communities. I spoke to you about the importance of taking this opportunity within health care reform to forge a new partnership between Tribal Nations and the SAMHSA, toward the development of a coordinated and comprehensive system for all of Indian Country. I spoke to you about taking a proactive leadership role to develop a behavioral health system that is coherent and inclusive to all Tribal governments and Indian communities. I also spoke about how critical our partnership is in maximizing our limited but very precious resources.

Today, as I address you again, I know we have made some important progress. But I also recognize that we still have much work to do. The Center for Disease Control and Prevention (CDC) just released a health disparities and inequities report identified that 1.1% of suicides that occur in this country are committed by AI/AN people. Of all racial/ethnic groups, AI/AN had the highest rates of suicide and the highest age-specific rates with Native adolescents and young adults more likely to commit.¹ Given that many of these losses were our precious youth, the years of potential life that was lost is even more significant. We must do better and we can do better! The Smithsonian Magazine just celebrated its 40th birthday. Smithsonian released a special edition and had their best experts contribute by highlighting the top 40 predictions for the next 40 years. Number 31 on the list of predictions was that Native American youths will revive their culture². This gives me great joy. Indigenous communities have known for centuries the healing power of our culture and spiritual ways. This is the foundation upon which our communities will

¹ CDC (Jan 14, 2011). CDC Health Disparities and Inequities Report, Morbidity and Mortality Weekly Report, 60, 56-59.

² Smithsonian (July/Aug, 2010). Powwows and Karaoke. The Next 40 Years, 41 (4), 102-103.

heal and it is critical that everything we do as Tribal Nations, and everything you do in partnership with us, is culturally grounded.

In the last year, SAMHSA has provided tremendous opportunities to develop and expand the delivery of behavioral health services to American Indian and Alaska Native people. The innovations from such programs as Access to Recovery, Circles of Care, and Systems of Care continue to support the development of integrated, coordinated, and culturally relevant models for all levels of behavioral health care in Indian Country. SAMHSA also began the process of coordinating evaluation efforts to eliminate the burden of data collection and reporting on our communities, as recommended last year. Two important goals are listed in the SAMHSA Draft Strategic Plan that represent the first step toward achieving this goal³ Finally; SAMHSA has increased their coordination with other HHS agencies and federal departments within this past year. SAMHSA's leadership in moving forward the Tribal Law and Order Act is critical for ensuring that federal departments and agencies are coordinating and integrating efforts for substance abuse prevention in Indian Country. It will also be critical for the Tribal Law and Order Act that SAMHSA ensure that Tribes have both financial and technical support in completing the mandate to create Tribal Action Plans in 2011.

There were a number of recommendations made last year that I would like to follow up on. As well, there are new recommendations that speak directly to work that has been ongoing in the last year. Again, I want to recommend increasing technical support to Tribal communities on evaluation and data access through SAMHSA. Following last year's testimony, you reported that individuals and groups have equal access to the Center of Behavioral Health Statistics and Quality data through a number of mechanisms, however, training and support on how to access data is critical. In the SAMHSA Draft Strategic Plan there is a specific Goal that speaks to this recommendation⁴. One of the objectives under this goal is the development of a website to disseminate data to States, Territories, and Communities. It is critical that SAMHSA supports the Tribal Nations within the US by including data for American Indian and

³ SAMHSA Draft Strategic Plan: Goal 7.1: Implement an integrated approach for SAMHSA's collection, analysis, and use of data; and Goal 7.2: Create common standards for measurement and data collection to better meet stakeholder needs.

⁴ SAMHSA Draft Strategic Plan: Goal 7.4: Improve quality and accessibility of surveillance, outcome/performance, and evaluation information for staff, stakeholders, funders, and policymakers.

Alaska Native populations that will be useful and relevant to support local programming and evaluation within our respective communities. Creating strong partnerships with Tribes on the development of this website will be critical to ensure that it allows access to relevant data without compromising Tribal Governments or their citizens.

Furthermore, increasing the capacity for research and evaluation are desperately needed within both Tribal and urban Indian communities to advance culturally-based best practices⁵. This will be especially important in advancing culturally-based best practices. In the SAMHSA Draft Strategic Plan there is a goal to support this effort. I recommend that SAMHSA partner with the Indian Health Service (IHS) and the National Institute of Health (NIH) to develop a comprehensive plan for both training and technical support for evaluation in Indian Country. I also recommend that this HHS agency partnership include the development of a behavioral health service researcher program that will physically place researchers in Tribal and urban Indian communities to develop local research/evaluation capacity to examine community best practices using a community-based participatory approach. The IHS and the NIH operate a number of programs for student and recent graduates that include training, education and loan repayment opportunities. If these efforts were combined and coordinated with SAMHSA, we would have an opportunity to increase both local practice and research/evaluation to support culturally-based, effective behavioral health services and supports for American Indian and Alaska Native communities.

Last year I also recommended that SAMHSA ensure that all of Indian Country is represented through the Tribal Technical Advisory Committee. It is critical that Tribal leaders have easy access to all of the technical support they may need to make timely and fully informed decisions for all of Indian Country. Technical support from our urban communities is still missing on this Committee. I will again recommend that you include all of the National Indian organizations as technical advisors to support the Tribal leaders on this Committee.

Finally, I spoke last year about the Circles of Care project and the incredible impact it has had within Indian Country. These grants are so important for many communities in order to have the resources necessary to build their local infrastructure and capacity for operating behavioral health service systems and build local capacity for

⁵ SAMHSA's National Registry of Evidence Based Practices includes only two culturally-based interventions that were derived from American Indian populations: American Indian Life Skills Curriculum and Project Venture.

evaluation. The current Circles of Care Grantees are in their final year of funding and future funding is discretionary. I am again recommending continued funding for the only program SAMHSA has that exclusively targets Indian Country, builds evaluation capacity, and develops local infrastructure for American Indian and Alaska Native services. Given the seriousness of the health disparities facing the indigenous communities of this country and the extreme underfunding of the Indian Health Care system, now is not the time to be concerned about discretionary funding with this program. We are in the middle of a suicide epidemic and other public health crises and cannot afford to have programs like this cut.

Over the last year there has been ongoing work within Indian Country toward the elimination of health disparities for our communities. Communities are implementing behavioral health prevention programs to address a wide range of concerns from suicide to HIV and substance abuse. There are a number of learning lessons that have arisen from these communities, I will focus on two⁶. First, there is a critical need for creating community links to behavioral health services and increasing the American Indian and Alaska Native behavioral health workforce. Within the last year, many AI/AN communities have reported limiting community outreach and screening services because of the lack of trained community-based professionals to support these services⁷. It is now estimated that more than one-third of the patients with a mental disorder are using primary care as the sole source of health care for their condition⁸ and we suspect that this rate may be even higher for the Indian Health care system which is already extremely underfunded⁹. One study found that American Indians and Alaska Natives were over-represented in inpatient settings and emergency care¹⁰. The American Academy of Family Physicians acknowledge that mental health conditions often

⁶ Information provided by the behavioral health technical assistance support providers at the National Indian Health Board and the National Council of Urban Indian Health.

⁷ Ibid.

⁸ Wang, P., Demier, O., Olfson, M., Pincus, H.A., Wells, K.B., & Kessler, R.C. (2006). Changing profiles of service sectors used for mental health care in the U.S., *American Journal of Psychiatry*, 163 (7) 1187-1198.

⁹ The National IHS Budget Formulation Workgroup estimates that \$21.12 billion would be needed just to achieve parity with the general American public for the Indian Health Care system. See National IHS Budget Formulation Workgroup FY2012 Tribal Budget Recommendations to the DHHS.

¹⁰ Snowden, L.R. (2003). Bias in mental health assessment and intervention: theory and evidence. *American Journal of Public Health*, 93, 239-243.

go undiagnosed in primary care and when they are diagnosed, are often treated inadequately.¹¹ Recruiting professionals can be difficult, especially within rural and remote Indian communities. Training local people familiar with the language and culture of the community being served can increase service use and cultural competence of the services provided, with the added advantage of addressing local stigmas about mental health. Both Tribal and urban Indian communities are using behavioral health dollars to provide community gatekeeper training and other paraprofessional training to create these community links and to build an American Indian and Alaska Native community workforce¹². Paraprofessional programs that do exist are only sustainable if there is some opportunity for ongoing funding for such positions. I recommend that SAMHSA partner with IHS and the Centers for Medicaid and Medicare Services (CMS) to develop a national paraprofessional training program to support community-based outreach, education, screening and referrals for behavioral health in Indian Country. The partnership with CMS will be critical to develop mechanisms to ensure this program can be sustained through quality services that can be reimbursed to communities.

Finally, culturally-based approaches to address stigma surrounding mental health care and suicide within Indian communities are greatly needed. Within the last year, some Tribal and urban Indian communities have seriously been impacted by stigma when suicide prevention services were halted, suicide screening was limited, or suicide education was restricted because of stigma and misinformation within Native communities about mental illness and suicide¹³. The National Indian Health Board and the National Council of Urban Indian Health conducted a review within the last year of the national social marketing campaigns that currently exist and found only one national campaign that was clearly developed in partnership with Indian youth¹⁴ and found no national campaigns addressing the mental health needs for urban Indian youth. Although SAMHSA has supported campaigns that address mental illness and substance abuse prevention through the production of Native youth marketing materials, they are not developed from a culturally-based framework. Instead, these campaigns appear to be developed for the general American population

¹¹ The American Academy of Family Physicians (2001). Mental health care services by family physicians (Position Paper), Available

¹² See the Behavioral Health Aide Program through the Alaska Native Tribal Health Consortium as an example.

¹³ Information provided by the behavioral health technical support providers of the National Indian Health Board and the National Council of Urban Indian Health.

¹⁴ See media campaign through the Indian Country Methamphetamine Initiative

and then adapted to our Native youth¹⁵. Given the current suicide epidemic in Indian Country a national comprehensive suicide prevention campaign for American Indian and Alaska Native communities using culturally-based and relevant messaging is desperately needed. I recommend that SAMHSA partner with the IHS to combine resources to support a National Social Marketing Campaign in *full partnership with diverse Native youth* that addresses suicide prevention.

I am excited about the work that has been done and am looking forward to continuing the work to ensure we reduce the behavioral health disparities for our Native communities. As I reflected earlier on the progress this Administration is making toward meeting the responsibilities of health care to American Indian and Alaska Native people, I recognize the critical role that SAMHSA plays. With SAMHSA's Leadership and equal partnership with Tribal Nations we can work to fulfill our common missions to reduce substance use and mental illness in America's communities by creating an informed and comprehensive service system. Our partnership will be critical for reducing the behavioral health disparities for Indian people and ultimately addressing the public health crisis of suicide in Indian country. I want to again, thank SAMHSA for allowing me to speak today and I look forward to our work together.

Summary of SAMHSA Recommendations:

- Ensure that Tribes have both financial and technical support in compiling with the mandate to create Tribal Action Plans for the Tribal Law and Order Act.
- Under Goal 7 of the SAMHSA Strategic plan, partner with Tribes for inclusion on the SAMHSA website to disseminate relevant and useful data to States, Tribes, Territories, and communities.
- Partner with IHS and NIH to develop a comprehensive plan for training and technical support for evaluation in Indian Country. Partnership should include the development of a behavioral health service researcher program that will put researchers in local Tribal and urban Indian communities to develop local research and evaluation capacity for culturally-based care.

¹⁵ Example: "What a Difference Campaign" adapted to Native youth included Native images and use of the word "Native" and "reservation" on one poster-set; included a brochure that advised Native youth to go contact their "clergy" for resources without any mention of culturally based supports throughout 16 pages of text; and provided a resource hotline that one can access in "English or Spanish."

- Include all of the National Indian organizations as technical advisors to the Tribal leaders on SAMHSA's Tribal Technical Advisory Board to support their decision making.
 - Continued funding for Circles of Care.
 - Partner with IHS and CMS to develop a national paraprofessional training program curriculum and/or a credentialing program to support sustainable community-based outreach, education, screening and referrals for behavioral health.
 - Partner with the IHS to combine resources to support a National Social Marketing Campaign in full partnership with Native youth that addresses suicide prevention.
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