



The American Indian/Alaska Native National Resource Center for Substance Abuse Services

**Written Testimony of R. Dale Walker, MD, Director  
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Abuse and Mental Health Services  
Oregon Health & Sciences University**

**Oversight Hearing on Indian Health  
Before the United States Senate Committee on Indian Affairs  
April 13, 2005**

Chairman McCain, Vice-Chairman Dorgan, and members of the Committee, I am R. Dale Walker, MD, Director of the One Sky Center, and Professor of Psychiatry, Public Health & Preventive Medicine at Oregon Health & Sciences University in Portland, Oregon. I am a Cherokee psychiatrist with qualifications and 25 years' experience in the addictions field. I direct the One Sky Center, the first national resource center dedicated to improving the prevention and treatment of substance abuse and mental health among Native people.

I would like to thank the Committee for holding this important oversight hearing on Indian Health, and for the Committee's efforts to reauthorize the Indian Health Care Improvement Act (P.L. 94-437) this Congress.

I anticipate that the recent tragedy on the Red Lake Indian reservation will be a point of discussion at today's hearing, in addition to the related matter of mental health and substance abuse services in Indian country. One Sky Center has been working intensively on the Red Lake, Standing Rock, and other reservations that have experienced cluster suicides and violence. Our role is assessment of the situation and recommendations for fixing it.

The Center's assessments and recommendations may be helpful to this committee or other committees with jurisdiction for potential legislative efforts related to mental health, substance abuse prevention, and treatment of American Indian and Alaska Natives. Therefore, I am pleased to submit written testimony for the committee hearing record.

**Mental Health Overview**

According to the Indian Health Service, the highest suicide rate found for American Indians and Alaska Natives is between ages 15 to 34 (approximately 2.4 times the national rate). The overall rate of suicide for American Indians and Alaska Natives is 20.2 per 100,000, or approximately double the rate for all other racial groups in the United States.

Violence and trauma related disorders also occur at alarming rates in American Indian and Alaska Native communities. The rates of violence are higher for every age group among American Indians

and Alaska Natives. In particular, the rate of violence for American Indians and Alaska Native youth ages 12 to 17 is 65% greater than the national rate for youth.

Domestic violence and childhood sexual abuse transmit the pathology from one generation to the next. The homicide mortality rate for American Indian and Alaska Native females ages 25 to 34 years is about 1.5 times that for the general population of females in this age group. Over crowding in homes, lack of employment, and other socioeconomic issues are associated with high rates of abuse and neglect. About 25.9% of American Indian and Alaska Native families are at or below the poverty level, a significantly higher rate than for the general population. Consequently, there are high rates of physical and mental health problems. The implications for American Indian and Alaska Native individuals, families, and communities are troubling.

These health disparities are attributable to long-term effects of cultural oppression, racism, loss of traditions, “assimilation policies” of boarding schools, severe erosion of family and parenting tradition, promotion of alcoholism and substance abuse. Consequently, sustained, multi-generational behavioral problems are prevalent in our American Indian and Alaska Native communities.

The United States has a trust responsibility and treaty obligation to provide quality health care to American Indians and Alaska Natives. Unfortunately, the Indian Health Service continues to be woefully under-funded. The Indian Health Service (IHS) is funded at \$1900 per capita, which is one-half the amount federal prisoners are funded on a per-capita basis. Local resources cannot make up the difference. Some reservations are so destitute that there is no swimming pool or basketball court for the youth, let alone a counselor.

Mental health care including addictions treatment and prevention—if available—is crucial for the well-being of American Indian and Alaska Native people and their communities. Mental health care contributes to preventing tragedies such as we have recently witnessed and, when tragedies do occur, is essential to healing devastated families and communities.

### **The One Sky Center**

The One Sky Center ([www.oneskycenter.org](http://www.oneskycenter.org)) created in 2003, is the first national resource center dedicated to improving the prevention and treatment of substance abuse and mental health among Native people. The One Sky Center’s reach is extended by consultants and subcontractors located throughout the country including the Alaska Native Tribal Health Consortium, the National Indian Youth Leadership Project in New Mexico, and United American Indian Involvement in California. A more detailed description is provided in the endnote.<sup>1</sup> Our mission includes assessing communities’ needs and strengths, then developing strategic plans, both in culturally appropriate ways. One Sky Center helps to identify the numerous strengths communities have to face challenges including the prevention and treatment of substance abuse, and availability of mental health services. One Sky Center helps identify support and technical assistance from external sources to make changes happen.

### **Standing Rock, and Red Lake**

One Sky Center has responded to federal requests for assistance in recent crises at the Standing Rock and Red Lake Indian reservations. Center staff joined a team of IHS and SAMHSA officials to conduct a community survey leading to a strategic plan (and some incidental psychiatric support for survivors). Persons affected by the suicides and violence, community leaders, school personnel, and

other service personnel participated in strategic planning, beginning with a collective community assessment. Although each tribe and reservation facing suicide and violence are unique, there are major commonalities.

One Sky Center's analysis is that three related initiatives are required. Tribal initiatives bring the key parties together to develop and follow a plan. SAMHSA initiatives include creating funding opportunities to support efforts at the local level and to provide technical assistance. Finally, Interagency initiatives create policy alignment, service coordination, and support among multiple agencies, resulting in a more effective response to community needs.

### **Recommended Tribal Initiated Activities**

- Tribal Health Department should request the development of a suicide and violence prevention plan, which it will review, and refer to the Tribal Council for endorsement.
- Tribal Health Department should organize a *tribal interagency committee on suicide and violence prevention* to improve coordination, communication, and implementation of the tribe's suicide and violence prevention plan.
  - The tribal interagency committee should examine the current organizational structure of providing mental health, addictions, suicide prevention, violence prevention and other social support with the goal of creating a single system of behavioral health care.
  - The interagency committee should establish partnerships (faith-based, traditional cultural leadership, health, schools, law enforcement, etc) dedicated to implementing the plan.
  - The interagency committee should increase the number of professional, volunteer, faith community, traditional cultural leaders and other groups that integrate suicide and violence prevention activities and policies.
  - The interagency committee should promote accurate youth suicide and violence data collection, evaluate preventive interventions attempted on the reservation, and produce an annual report on youth suicide and violence.
- Identify a tribally appointed liaison to newspaper, radio, television, and other news media in regards to suicide and violence. This individual should have available written guidelines on the depiction of suicide, violence, substance abuse and mental illness and be able to represent these events on behalf of the tribe.
- The tribe should seek assistance in accessing federal funding to support suicide and violence prevention measures.

### **Recommended SAMHSA Activities**

- ***Establish a Suicide/Violence Crisis Hotline:*** Hotline to be manned by youth and volunteers trained in programs similar to ones developed by the Oregon Partnership in Portland, Oregon. This team of hotline participants will also serve as a network support team for local crises and patient/family follow-up. The team will be comprised of an even mixture of adolescents and adults, with elders, healers, teachers, etc. welcome.
- ***Provide Support for Community Healing and Recovery*** delivered by traditional cultural leaders and others.
- ***Provide Technical Assistance:*** The Tribal health care systems are fragmented and understaffed. The tribes will require technical support from the beginning stages of developing their plans, to helping the tribal interagency committees on suicide and violence prevention work in an effective integrated fashion, to negotiating interagency support for the tribe. There

are local sources available to do the on-site work and the One Sky Center could assist in coordinating activities at the local, regional and national level. As a resource center, we will follow the issues closely, hoping that this effort may be a model for other reservations.

- ***Provide a Broad Range of Training and Educational activities:*** There are several levels in which training and education are necessary.
  - Open community meetings to provide understanding of the issues and reduction of stigma.
  - Training for clergy, traditional cultural leaders, teachers and other school staff, corrections workers, children and youth case workers, child welfare personnel, juvenile justice personnel, child protection services and medical/behavioral health workers to help the community learn how to screen, identify, and respond to youth at risk for suicide.
  - Training for “adult mentors” and “peer mentors” to provide a more capable support system on a reservation with severe access and transportation problems.
  - Educational programs for family and friends focusing on recognition of and response to at-risk behavior.
  - Foster the education of providers of mental health and substance abuse services in dealing with youth at risk of suicide or violence.

### **Recommended Interagency Support Strategies**

There are multiple local, state, and federal systems and agencies operating on reservations. At times, these systems do not interface well and that defeats logical, effective health care planning and implementation. It is critical that the various tribal programs be interconnected, coordinated and aligned. Among the benefits, interagency collaboration will increase early detection and remediation of potential suicide and violence.

#### ***Create an interagency task force comprised of an official from each of the agencies involved to address the issues below:***

- Define and implement screening guidelines for schools, along with guidelines on linkages with service providers.
- Develop a systematic communications plan for all health care, social, educational, and legal services.
- Improve the quick access to behavioral health treatment for youth who are suicidal and potentially violent with underlying behavioral disorders.
- Improve the interface that youth experience between primary care, emergency care, and mental health.
- Change procedures and policies in certain settings, including primary care settings, hospital emergency departments, substance abuse treatment centers, specialty mental health treatment centers, and schools, to include screening and assessment of youth suicide risk.
- Ensure that youth treated for trauma, sexual assault, or physical abuse in any healthcare setting, including emergency departments, receive consultation, referral, mental health services, and support services. These support services may include domestic violence centers, rape crisis centers, etc.

This strategic plan is a model for addressing similar problems in other reservations and communities. In a broader sense, the model could be considered as a SAMHSA initiative on AI/AN suicide prevention, much like the Circles of Care grants.

## Conclusion

1. The One Sky Center is willing to offer its expertise in the areas of substance abuse treatment and prevention, mental health, and best practices if the Committee should seek guidance on those matters. The One Sky Center is qualified to offer insight, experience, and recommendations addressing these problems for the Committee's consideration.
2. Both HHS and SAMHSA have seen the wisdom and advantages of cross agency support and funding for strategic nation-wide efforts. As the Nation's only National Resource Center in behavioral health for this population, it is our sincere recommendation that resources be directed to SAMHSA through HHS for a five year demonstration project to bring the full efforts of all federal and state agencies together to address the issues related to suicide and violence for all American Indian and Alaska Native communities across the nation. The demonstration project approach will allow model programs to develop in all regions of the country. They can be integrated with other native and nonnative communities.

It is safe to conclude that the Indian health community, a majority of federally-recognized tribes, and most Indian health organizations generally agree that the Indian Health Care Improvement Act reauthorization or any other moving legislative initiatives must include provisions to enhance or improve the delivery of mental health services for American Indian and Alaska Native communities. The alarming health disparities, domestic violence, suicide, and major crimes committed on Indian reservations are escalating, and show no signs of relenting unless crucial federal programs are fully funded, which includes critical mental health programs for American Indian and Alaska Native.

The nightmare of having a Columbine School scenario on an Indian reservation has now become a reality. The countermeasures include integrating substance abuse, mental health and social services into comprehensive behavioral health programs. Many tribes and tribal organizations, including the National Indian Health Board, support integrating programs which are nurturing, fulfilling, accountable, and responsible. These local efforts and federally supported programs offer an opportunity for wellness and balance in tribal communities.

Tribal communities are taking a leadership role in addressing the myriad of needs associated with behavioral health problems. Building upon that local leadership and initiative offers a strategic opportunity to improve coordination of local and federal services, to bring services up to critical level of capacity, and to get going a renaissance in American Indian and Alaska Native communities. One Sky Center has been honored over the past two years to help empower tribal communities with the tools and resources to be pro-active in creating their own better futures.

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<sup>i</sup> The One Sky Center's mission is to promote best practices in substance abuse and mental health services for American Indians and Alaska Natives. The goal of the One Sky Center is to improve prevention and treatment of substance abuse among native people. The objectives of the One Sky Center include (a) identifying culturally appropriate best practices in prevention science and treatment services designed for American Indians and Alaska Natives, (b) facilitating the implementation of evidence-based preventive programs and care systems for native people, (c) providing continuing education in substance abuse prevention and treatment so as to enhance the capabilities of educators and clinicians serving American Indian and Alaska Natives, and (d) recruiting native youth into education and health care training programs aimed at prevention and treatment of chemical dependency among American Indians and Alaska Natives.

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These goals and objectives continue to be informed by advice from a nation-wide Council of Stakeholders representing consumers, families, educators, clinicians, youth, elders, spiritual leaders, healers, and tribal governments. The Center is overseen by a National Steering Committee representing tribal governments, educators, clinicians, the Indian Health Service, the Bureau of Indian Affairs, the Addiction Technology Transfer Centers, and the Centers for the Application Prevention Technology as well as the Substance Abuse and Mental Health Services Administration (SAMHSA). The National Steering Committee strengthens existing linkages to the Addiction Technology Transfer Centers and the Centers for Application of Prevention Technology.

The One Sky Center's reach is extended by consultants and subcontractors located throughout the country including the Alaska Native Tribal Health Consortium, the National Indian Youth Leadership Project in New Mexico, and United American Indian Involvement in California. In addition to conferences, workshops, and coalitions, distance learning technology is used to facilitate technology transfer, technical assistance, and consultation. The Center continues the University's linkages with tribal colleges and universities to facilitate entry of American Indian and Alaska Native youth into education and health careers focused on substance abuse prevention and treatment. Feel free to visit One Sky Center's website at [www.oneskycenter.org](http://www.oneskycenter.org) for more information.