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Written Testimony of Jo Ann Kauffman, President  
Kauffman & Associates, Inc.  
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#### Introduction

Chairman McCain, Vice-Chairman Dorgan, and members of the Committee, thank you for inviting me to testify before the committee today. I deeply appreciate your continuing interest in the troubling topic of youth suicide among American Indian and Alaskan Native youth.

My name is Jo Ann Kauffman. I am the President of Kauffman & Associates, Inc. which provides policy analysis, planning, research and organizational development support to Indian tribes, intertribal consortia, nonprofit clinics and numerous agencies of the federal government.

Our offices are located in Spokane, WA, Sacramento, CA, and Washington, DC. I am an enrolled member of the Nez Perce Tribe and earned a Masters of Public Health Administration from the University of California at Berkeley. I have worked in the field of Indian health for over 30 years, from tribal communities, to urban Indian health centers to national health advocacy and representation.

Currently, my company manages contracts with the U.S. Indian Health Service, the U.S. Office of Indian Education, the Substance Abuse & Mental Health Services Administration (SAMHSA), the U.S. Administration on Aging, and others.

#### The Impact of Suicide in Indian Country

In 2002, the suicide rate of Native American males between the ages of 15 and 19 were the highest of any ethnic group in the U.S. and three times higher than the national average for the comparative age group. The violent crime rate for Native Americans in every age group below age 35, including between 15 and 19 years was significantly higher than the general population of the U.S. Similarly higher rates of illicit drug, marijuana, alcohol, smokeless tobacco, and tobacco use of Native Americans was higher than Whites in any age group throughout the U.S. In addition, 22.1% of Native students reported being threatened or injured with a weapon on school property; the highest rate of violence experienced by any ethnic student group.

As you are aware, on March 21st, 2005, a school shooting by a student occurred on the reservation of the Red Lake Band of Chippewa Indians in northern Minnesota. Ten deaths and seven injuries were caused and widespread psychological consequences resulted for the survivors and community members of the Red Lake reservation.

These escalating increases of suicide, violent crimes, substance abuse, and school violence among Native youth are accompanied by excessive rates of poverty, domestic violence, child abuse and neglect, and historical trauma throughout Indian Country. To respond to this rising crisis on American Indian reservations and in Alaska Native villages, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services has responded with an emergency contract. The purpose is to build the pro-social and helping behaviors of Native youth and children and their families. By improving the protective factors linked to the safe and healthy development of Native youth and children, risk factors contributing to school violence, suicide, and social aggression will also be reduced.

Unfortunately, too many tragedies like these occur in American Indian and Alaska Native communities across the country. Our challenge is how to prevent them. In September 2005, Kauffman & Associates, Inc. (KAI) was retained through an emergency contract from SAMHSA to develop a strategy that would prevent similar occurrences in other communities at risk for youth violence. The resulting 18-month project, currently underway, has been named Native Aspirations and is funded through March 2007. KAI worked in consultation with One Sky Center in the development and planning of this emergency prevention initiative.

My testimony today will provide information about the Native Aspirations project.

#### Native Aspirations

Because of the complex historical, cultural, familial, economic, and legal context of Native youth, their families, and communities, providing behavioral health services to reduce high-risk behaviors is equally challenging. Consequently, the Native Aspirations Project, has developed a culturally tailored and community specific approach combined with evidence-based behavioral health best practices to meet the objectives, tasks, and requirements of the contract.

The approach of Native Aspirations Project includes a four-step community-based protocol including: (1) Community Selection; (2) Community Assessment and Planning; (3) Indigenous Workforce Training; and (4) Community Implementation.

The Native Aspirations philosophy is based on recognizing the unique strengths and barriers to suicide and violence prevention planning of each of the participating tribal communities. KAI staff is providing individualized technical assistance to increase community collaboration and build capacity for suicide and violence prevention planning and implementation of evidence/practice

based interventions. Native Aspirations creates a platform for networking and coordination of services in a community, and helps reduce barriers, that inhibit a community's ability to tackle its problems, building upon the positive assets from each community.

The following nine communities have agreed to participate in the Native Aspirations project.

Aberdeen IHS Area  
Cheyenne River Reservation, SD  
Crow Creek Reservation, SD  
Pine Ridge Indian Reservation, SD  
Alaska IHS Area  
Native Village of Alakanuk, AK  
Noorvik Native Community, AK  
Native Village of Savoonga, AK  
Billings Area  
Ft. Belknap Indian Reservation, MT  
Ft Peck Indian Reservation, MT  
Wind River Indian Reservation, WY

#### Community Selection

The Community Selection process enabled our team to identify approximately 9 high risk Native communities through the use of both quantitative and qualitative data gathered through multiple sources.

The first task was to identify nine American Indian tribal communities and Alaska Native villages that were most in need of assistance for youth violence, bullying, and suicide prevention. This was a difficult task. Reliable data was available only at the IHS Area levels, and not community specific. By examining and analyzing national data sets regarding poverty (U.S. Census), suicide, homicide, and motor vehicle accident rates (U.S. Indian Health Service; IHS), and behavioral health funding from IHS, we determined that the three highest-risk IHS Areas for these factors were: Aberdeen, Alaska, and Billings.

Following the identification of these IHS Areas, we contacted key regional administrative stakeholders to identify communities "most at risk" for youth violence, of project services in their respective Areas. Key regional stakeholders were comprised of IHS Area directors, IHS directors of behavioral health, representatives of Native health boards, Bureau of Indian Affairs directors, state Indian education coordinators, and other regional social service and educational stakeholders. The Aberdeen Area included nominations from 14 stakeholders; the Billings Area, 13 stakeholders; and the Alaska Area, 11 stakeholders. Based on these nominations, the responses were computed and a ranking of communities was determined for each Area.

Evidence-Based Interventions (EBI's) The contract required that Native Aspirations conduct an inventory of existing interventions that are evidenced based, practice based or commonly used in Native communities. In conducting this part of our work, we discovered that there are very few officially sanctioned 'Evidenced Based Interventions' that have been designed specifically for Native American communities.

SAMHSA maintains the National Registry of Evidence-based Programs and Practices (or NREPP). Programs included in this registry have been tested in communities, schools, social service organizations, and workplaces, and show evidence that they have prevented or reduced substance abuse and other related high-risk behaviors, including violence.

Native Aspirations examined those programs identified as "evidence based" interventions, as well as those selected by First Nations Behavioral Health Association (FNBHA) as "effective practice". Additional native specific interventions were identified, the North Dakota Suicide Prevention Program, One Sky's Community Assessment and Native HOPE. The intent of Native Aspirations was to provide a menu of "evidence based", "practice based" and "culture based" interventions to the nine communities participating in Native Aspirations.

In addition to formal programs that are developed and tested, SAMHSA anticipated that traditional tribal practices or interventions may emerge from within the community in response to youth violence, bullying and suicide risks. The Native Aspirations project is not limited to only supporting EBI's or PBI's within the 9 communities, but may also support indigenous models for preventing youth suicide. This opportunity for communities to tap into a menu of existing, tested interventions, or to develop their own community based response is one of the key elements for the Native Aspirations model of community mobilization to address youth violence.

Culture based interventions include methods that have been historically utilized in Indian Country and are grounded in cultural values, spiritual healing practices, and ceremonies. These are practices that may have been utilized by the tribal community members for centuries, or may be reinstated by a community in a more modern environment. Additionally, tribal communities may also incorporate the culture & values of the community into a more formal practice based or evidence based intervention.

The question of bringing more intervention types that are effective, practiced or culturally appropriate for Native communities into NREPP standing is important, as more and more federal funding to support youth services is tied to the NREPP status.

The decision to seek NREPP status of a culture based intervention is ultimately a local effort. First of all, it must be noted that there are inherent ethical questions which surface when tribal communities consider developing evaluations of these interventions –

notably the protection and preservation of tribal spiritual/cultural ceremonies. Secondly, many tribal communities do not have the resources or expertise to design and conduct evaluations that would establish the efficacy of the intervention.

The current NREPP criteria, with the focus on outcome based quantitative data and the publication of that data, may close the door to many promising culture based and practice based interventions seeking this status. Clearly, more technical support will be needed to secure NREPP status for practice based and culture based interventions in Indian country.

#### Community Workforce Development

One of the most important aspects of the Native Aspirations project is capacity building in the form of transfer of skills and knowledge to a motivated, local workforce. In April, Native Aspirations held a 5-day Training-of-Trainers (TOT) workshop in Seattle, Washington with 26 representatives from the participating communities in attendance. The goal of the TOT was to introduce the Native Aspirations project to the members of participant communities who were selected to play a major role in carrying out the subsequent planning work.

Each of the participants from the 9 communities was provided an intensive training on a small selection of evidence based and practice based interventions. Second, the participant began to understand the Native Aspirations process for developing comprehensive youth violence, bullying, and suicide community prevention plans, and to begin planning to engage their local communities at home.

An important outcome of the Seattle meeting was the synergy and networking created among the otherwise disparate participant communities. These community members are tied together because of their unfortunate common bond: the high rates of youth violence, bullying, and suicide in their community. But they also share a dedication and desire to protect their children from further harm. The participants of the TOT are members of the communities and tribes, and many have lost children or family members themselves to violence or suicide.

We believe the meeting in and of itself is an effective intervention. It not only increased the capacity of those people who are designated or who take it upon themselves to deal with the difficult issues of violence, bullying, and suicide in their communities, but it helped to promote and further individual healing. An important aspect of community prevention is healing the healers. Through a healthy cadre of community workers, trained in proven and effective interventions, working through a network of supportive and interdependent systems, communities can begin to change the environment for Native youth.

#### Community Mobilization

The next critical step in the project is to gain community ownership of this effort. This is no a project that provides 'top down' solutions. Instead, Native Aspirations facilitates a grassroots, community-based planning and mobilization process to engage the community and to support them in their identification of strategies and solutions.

Community Mobilization events are currently planned in each of the 9 communities. The Community Planning process that will be conducted through a Gathering Of Native Americans (GONA) forum utilizing the Community Readiness Model allowing each community's stakeholders to formulate a plan that will direct it toward improving the behavioral health of Native youth, their families, and the overall community.

In most of our tribal communities, community violence and suicide prevention plans are either non-existent or out-of-date. State plans and resources often do not specifically target tribes or tribal people. Native Aspirations will assist each community to carry out a community mobilization planning event that brings together community members and social, health, and educational service providers to collaboratively develop a comprehensive violence, bullying, and suicide prevention plan. Additionally, communities will learn about effective intervention models, some of which have been utilized in or developed with the help of Native communities. Following the development of this Community Mobilization Plan, Native Aspirations will support each community's implementation of planned strategies by providing technical assistance through March 2007.

Native Aspirations utilizes the Community Readiness Assessment Model as a tool to begin initial community inquiry. Community Readiness involves interviewing key community stakeholders to assess their community's knowledge, understanding, and engagement in a particular issue, in our case, Native youth bullying, violence, and suicide issues and prevention. It seeks information about existing programs and any planning processes that may be in place to deal with the issue. Once interviews are conducted, the community receives a Community Readiness score that places them within a particular stage on a Community Readiness scale for various dimensions within the community. For example, it might be determined that community members are quite aware and ready to participate in prevention efforts, but that community leadership has other priorities or may not be as aware of the problem. When the score is presented to the community itself, planning participants discuss their particular score and planning takes place accordingly.

A process is undertaken to contact and conduct these interviews with the community key stakeholders prior to the community event. These interviews include tribal, school, and health administrators, elected officials, social service, health, youth and other program directors, juvenile and police officers, and child protective services.

Through the work of the community facilitators, the CMP event is scheduled and preparation begins both at the community level and at KAI. Native Aspirations developed a sample CMP agenda with enough flexibility for important cultural aspects from the tribe and community to be included. We utilized the Gathering of Native Americans (GONA) model and GONA trainers to assist us in these community planning events. GONA is an effective model developed in the mid-90s by Native people with funding from the

Center for Substance Abuse Prevention. Since its inception GONA has been utilized by hundreds of tribal communities and organizations to promote community healing and planning.

Last week, two such planning events took place, one on the Cheyenne River Reservation and the other on the Pine Ridge Indian Reservation in South Dakota. One important aspect of these planning events was the infusion of Lakota cultural elements, key community healers, and cultural experts into the planning process. Their intervention planning focused on identified readiness scores, memorandum of understanding between all stakeholders, annual renewal of the MOA to promote sustainability & collaboration. A shared vision for a healthy future for community youth emerged from these events, and a commitment to work toward this next year's plan.

Four more CMPs are scheduled in May and June, and the CMP events in Alaska are scheduled for July, August, and September, to accommodate the subsistence season beginning in tribal villages with many tribal members participating in fish camps, hunting, and gathering for the coming winter.

#### Implementation and Support of Plans

After the planning has occurred and the communities are vested and engaged in the project, an implementation plan spells out the events, activities and commitments for the remainder of the summer and into the 2006-2007 school year. Native Aspirations is designed to provide support to local community plans by providing a trained local workforce, by supporting that workforce with updates and regular communication, by funding additional expert consultants for the EBI's selected, and to fund the continued collaboration of the local service providers. Preventing violence, bullying and suicide in a tribal community, especially where these problems are an everyday occurrence, is an awesome challenge and responsibility. Each community prevention plan incorporates the unique vision of its community members and looks toward the restoration of a healthy community with all of its members supported by its leadership, programs, services, families, cultures, and other protective entities.

Each tribal or village plan includes tasks, timelines, and persons responsible for implementation of the plan. Building on the existing strengths and resources, and identifying possible barriers, the community plans will roll out over the life of the current SAMHSA contract but they will go well beyond that. Communities will set short-term and long-term goals, and identify how they sustain the efforts over the long haul. Existing plans and opportunities for collaboration are either incorporated or considered during the implementation phase. Native Aspirations offers technical assistance support in the strategic planning process and encourages the continued engagement of community prevention efforts through matched funding and resources at the local level.

It is anticipated that the new school year will see the implementation of these specific plans for the Native youth in each community. One community might select the "American Indian Life Skills Curriculum" for their local school district. This will involve considerable interagency coordination and continued training. Native Aspirations will provide added support to provide the trainers skilled in this curriculum. Another community might select a combination of practice based or culture based interventions, and amend these efforts by incorporating local ceremony. Again, Native Aspirations will provide assistance and work to match local resources to ensure successful implementation of plans.

#### Evaluation Design

This is an 18 month contract, with less than 12 months provided for actually community based implementation. Our design is not therefore an outcome evaluation approach, however we are evaluating the benefits of this project with each Indian tribal community and Alaska Native village. Native Aspirations is using a community-specific, culturally-relevant, and scientifically sound approach as we partner with the communities for the evaluation process. In addition to conducting a formal evaluation, a goal of the project is to build program evaluation capacity with the participating community members. Through the evaluation measures, we are examining what the project benefits are to each community, what activities are put in place for the project, what difference the activities make in the community, and what type of other changes are found. To do this, Native Aspirations is holding youth focus groups using community-generated questions, providing Community Readiness Assessments, recording and tracking Community Mobilization Plans and corresponding community activities, using community satisfaction surveys and debriefings, and examining any available local data regarding violence, bullying, and suicide. Although we are primarily focused on process evaluation and short-term outcomes due to the 18-month duration of the project, a longer time period would allow the communities to assess the longer-term outcomes and impact of the project on the community and region.

Native Aspirations will continue to work with our partner, One Sky Center, to assist with the evaluation process as well as the final monograph, which will include the various project reports and tracking of activities, and provide a comprehensive and holistic picture of the project and its relationship to behavioral health in Indian Country.

#### Recommendations

1. Sustained, Long Term Effort: Too often, federal efforts to address difficult problems in tribal communities, such as youth violence, bullying and suicide, are short-term, and do not make the long term investment to realize or measure sustained change. While the 9 communities identified through Native Aspirations will benefit from the initial influx of training, planning and support, it will be important for their long term success to know more assistance beyond the first 18 months is coming. American Indian and Alaska Native communities have a better likelihood of success through a longer period of support, and their opportunity to evaluate the impact of their efforts is improved.
2. Expanded Scope: The initial analysis of those American Indian and Alaska Native communities most at risk for youth violence, bullying and suicide revealed a far greater need than the 9 communities identified. More communities are in need of support and resources to address youth violence, bullying and suicide.

3. **NREPP Status for Tribal Approaches:** The potential significance of NREPP status for determining future funding of interventions should not inadvertently eliminate tribal or cultural approaches found effective in local AI/AN communities. Practice based or culture based interventions should be accessible to tribal communities without jeopardizing access to federal support or reimbursement for services. Expanded technical assistance to secure NREPP certification for these unique interventions should be provided.
4. **Workforce Development:** More people trained in behavioral health fields are needed at the local level. Expanded support for youth counselors, prevention specialists, mental health technicians, and related professionals and paraprofessionals is needed. This can be accomplished through focused support for tribal colleges and universities to develop paraprofessional training in the areas of youth suicide, violence and injury prevention within the structure of existing human service coursework.
5. **Access to Resources:** The limited dollars available through the Bureau of Indian Affairs and the Indian Health Service will never meet the needs of Indian youth today. The vast majority of youth specific resources are found outside the limited Interior Appropriations Subcommittee. Tribes and urban Indian communities should be able to access other federal programs, state resources and reimbursement revenue streams.

This concludes my testimony this morning. Thank you.