Testimony
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Activities of the Substance Abuse and Mental Health Services Administration to Prevent Suicides Among American Indians

Statement of

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Mr. Chairman and Members of the Committee, good morning. I am Dr. Eric Broderick, Acting Administrator of the Substance Abuse And Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS) and Assistant Surgeon General. I am pleased to have this time to share with you a few highlights of SAMHSA's efforts and the Agency's important role in improving behavioral health throughout American Indian/Alaska Native (AI/AN) communities.

In my prior position as SAMHSA's Deputy Administrator and twice now as the steward of the Agency as Acting Administrator, I have worked hard to raise the critical issues facing our tribal nations surrounding behavioral healthcare and its direct relationship to overall health to a priority level within SAMHSA and among our federal partners. I have made it a priority to take SAMHSA and its resources directly to AI/AN communities where much-needed training and dialogue can and has taken place to further the process of breaking down the barriers to quality assistance and services.

By participating annually in the HHS Budget Consultation and Regional Consultation Sessions with Tribal leaders and representatives, SAMHSA hears first-hand about the top priorities in Indian Country. Additionally, SAMHSA requires active engagement of our Senior Leaders in these meetings and has made this a part of all of our performance plans.

I continue to believe one of my most important responsibilities is to leave each site visit, training session, consultation session or other gathering knowing more about what needs

to be done in AI/AN communities than when SAMHSA staff and I arrived. The need for those at the federal level to continue engaging tribal leaders, organizations and communities is clear and the response should be held at a high level of importance.

In particular, over the past two years SAMHSA has gained ground on a number of accomplishments with our tribal partners including our partners within the IHS Regional Health Boards. For instance, in 2006 the Department of Justice and SAMHSA began a collaboration to respond to the call of tribal leaders to improve tribal capacity and infrastructure through training and technical assistance to tribal communities. With more federal agencies committing to developing strategic solutions for American Indians and Alaska Natives, the collaboration is now a multi-agency endeavor entitled *Tribal Justice, Safety and Wellness Government-to-Government Consultation, Training and Technical Assistance Sessions.* In 2006 about 200 people attended the first session. By the seventh session, there were over 1,000 people, which demonstrates that a collaborative approach is working – no one agency can solve the problems alone.

These Tribal Training and Technical Assistance Sessions provided many opportunities for tribal leaders to learn about SAMHSA's grant programs as well as important information regarding grants administration and financial management, tips for successful grant writing, overviews of various Federal funding sources and information on Tribal Drug Courts. There are many federal partners including: the Department of Health and Human Services through SAMHSA, the Indian Health Service and the Office of Minority Health; the Department of Justice through its Office of Justice Programs,

Community Orienting Policing Services, Executive Office of U.S. Attorneys Native American Issues Subcommittee, Office of Tribal Justice, and Office on Violence Against Women; the Department of the Interior through its Bureau of Indian Affairs; the Department of Housing and Urban Development through its Office of Native American Programs; the Small Business Administration's Office of Native American Affairs; and our newest federal partner, the Corporation for National and Community Service.

Many of these and other steps forward taken by SAMHSA are a result of the agency's dedication to improve services in Indian Country beginning with the revision of SAMHSA's Tribal Consultation Policy in 2007. SAMHSA has established a Tribal Technical Advisory Committee comprised of Tribal Leaders who provide guidance and input on critical issues impacting Indian Country. As we continue to move forward and continue to make progress, we will stay closely involved in the critical issues, such as suicide, which continue to face our tribal partners.

SAMHSA is working to address suicide among American Indians and Alaska Natives. SAMHSA's efforts correspond with the efforts identified in the National Strategy for Suicide Prevention (NSSP). The NSSP represents the combined work of advocates, clinicians, researchers and survivors around the nation. The NSSP provides a framework for action to prevent suicide and guides development of an array of services and programs that must be developed. It is designed to be a catalyst for social change with the power to transform attitudes, policies, and services. SAMHSA's agency-wide efforts to

address and prevent suicide continue to be developed around the recommendations of the NSSP.

Suicide – Correlation with Substance Use and Mental Health Disorders

SAMHSA is responsible for improving the accountability, capacity and effectiveness of the nation's substance abuse prevention, addictions treatment, and mental health service delivery systems. Suicide prevention is among our agency priorities.

SAMHSA has a clear role to play in addressing and preventing suicide, as both substance abuse and mental health disorders can increase the risk of and contribute to suicidal behavior in several ways. Two of the leading risk factors for suicide are a history of depression or other mental illness and alcohol or drug abuse. For particular groups at risk, such as American Indians and Alaska Natives, depression and alcohol use and abuse are the most common risk factors for suicide.

Suicide – A Public Health Issue

Suicide is a serious public health challenge that is only now receiving the attention and degree of national priority it deserves. Many Americans are unaware of suicide's toll and its global impact. Suicides account for up 49.1 percent of all violent deaths worldwide, making suicide the leading cause of violent deaths, outnumbering homicide. In the United States, suicide claims approximately 32,000 lives each year. When faced with the fact that the annual number of suicides in our country now outnumbers homicides by three to two, the relevance and urgency of our work becomes clear. Additionally, when

we know, based on SAMHSA's National Survey on Drug Use and Health (NSDUH) in 2003, that approximately 900,000 youth had made a plan to commit suicide during their worst or most recent episode of major depression and an estimated 712,000 attempted suicide during such an episode of depression, it is time to intensify activity to prevent further suicides. The NSDUH data and the countless personal stories of loss and tragedy are proof that suicide prevention must remain a priority at SAMHSA.

Suicide Among American Indian and Alaska Native Youth

Suicide is now the second-leading cause of death (behind unintentional injury and accidents) for American Indian and Alaska Native youth aged 10-34. HHS's Centers for Disease Control and Prevention (CDC) reports that from 1999 to 2004, the suicide rate for American Indians/Alaska Natives was 10.84 per 100,000, higher than the overall U.S. rate of 10.75. Adults aged 25-29 had the highest rate of suicide in the American Indian/Alaska Native population, 20.67 per 100,000. Suicide ranked as the eighth-leading cause of death for American Indians/Alaska Natives of all ages.

Of significant concern is that in the two most recent years for which we have data, 2004 and 2005, the suicide rate among American Indians/Alaska Natives increased. According to CDC's National Vital Statistics Report, in 2005 American Indian and Alaska Native youth aged 15-24 had a rate of suicide twice as high as youth of that age nationally. We do not yet know if the 2006 data will show a continuation of the same tragic trend, but the stories we have heard lead us to have great concern. What in and of itself is a tragedy to report is more than one-half of all persons who die by suicide in the United States, and

an even higher number in Tribal communities, have never received treatment from mental health providers.

SAMHSA's Role in Better Serving American Indian and Alaska Native Populations

SAMHSA focuses attention, programs, and funding on improving the lives of people with or at risk for mental or substance use disorders. SAMHSA's vision is "a life in the community for everyone." The agency is achieving that vision through its mission of "building resilience and facilitating recovery." SAMHSA's direction in policy, program, and budget is guided by a matrix of priority programs and crosscutting principles that include the related issues of cultural competency and eliminating disparities. To achieve the agency's vision and mission for all Americans, SAMHSA-supported services are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. SAMHSA has put this understanding into action for the American Indian and Alaska Native communities it serves. SAMHSA has worked to ensure Tribal entities are eligible for all competitive grants for which States are eligible.

SAMHSA's activity in suicide prevention has increased dramatically in recent years. For example, at the start of 2005, there were two competitive grant awards for suicide prevention. At the end of 2005, there were 46. Currently, there are over 110 suicide prevention grants going to states, tribes/tribal organizations, territories, and colleges and universities, and crisis centers across the country. SAMHSA supports four major suicide prevention initiatives that I will highlight briefly today. These initiatives are: the Garrett

Lee Smith Youth Suicide Prevention Grant Program; SAMHSA's the Native Aspirations Project; the Suicide Prevention LifeLine; and the Suicide Prevention Resource Center.

Garrett Lee Smith Youth Suicide Prevention Grant Program

As a result of the Garrett Lee Smith Memorial Act (P.L. 108-355), SAMHSA has been working with State and local governments and community providers to stem the number of youth suicides in our country. In 2005, we awarded the first cohort of grants, 14 in all, under the Garrett Lee Smith Memorial Act State/Tribal Suicide Prevention program. These funds are available to help States/Tribes implement a State-wide/Tribe-wide suicide prevention network. One of those first set of grants went to the Native American Rehabilitation Association in Oregon. In addition, through an Interagency Agreement between the CDC and SAMHSA, the Native American Rehabilitation Association was one of three Garrett Lee Smith grantees awarded additional funding to enhance their evaluations to maximize what we can learn from these important suicide prevention efforts.

Awards were also made in 2006 and 2007, during which six more Tribes/Tribal Organizations were awarded grants. These grants are supporting a range of suicide prevention activities in Indian Country, such as training community members to recognize the warning signs of suicide and intervening with youth seen in Emergency Departments who have attempted suicide. This past August (2008), 12 Tribes/Tribal Organizations received Garrett Lee Smith grants in addition to the 18 grants made to States, totaling 30 new awards.

Garrett Lee Smith grants to Tribes and Tribal Organizations now total one-third of the number of grant awards. This is not only a direct result of outreach and technical assistance, but a true indication of the resolve of Tribes and Tribal Organizations to proactively seek RFAs and then put forward strong, viable applications. Additionally, it is important to note that many of the states that received grant awards are partnering with and/or reaching out to include suicide prevention efforts in their local tribal communities. Among the 18 States that received a grant in 2008 is Alaska. Just last week, I was able to travel to Juneau to present to the State of Alaska, with Senator Murkowski in attendance, this $500,000 per year award for three years, totaling $1.5 million.

Within the newest cohort of grants, the Tribes/Tribal Organizations awardees are: the Gila River Behavioral Health Authority Youth Suicide Prevention Project, The Gila River Indian Community, Sacaton, Arizona; Omaha Nation Community Response Team - Project Hope, Walthill, Nebraska; Mescalero Apache School Youth Suicide Prevention and Early Intervention Initiative, Mescalero, New Mexico; Wiconi Wakan Health & Healing Center, Rosebud Sioux Tribe, Rosebud, South Dakota; Circle of Trust Youth Suicide Prevention Program, The Confederated Salish Kootenai Tribes of the Flathead Indian Nation, Pablo, Montana; Preserving Life: Nevada Tribal Youth Suicide Prevention Initiative, Inter-Tribal Council of Nevada, Sparks, Nevada; Youth Suicide Prevention, The Crow Creek Sioux Tribe, Ft. Thompson, South Dakota; Tribal Youth Suicide Prevention Program, Oglala Sioux Tribe, Pine Ridge, South Dakota; Wiconi

Ohitika Project, Cankdeska Cikana Community College, Fort Totten, North Dakota; Sault Tribe Alive Youth (STAY) Project, Sault Ste Marie Tribe Chippewa Indians, Sault Ste Marie, Michigan; Bering Strait Suicide Prevention Program, Kawerak, Inc., Nome, Alaska; and the Native Youth Suicide Prevention Project, Native American Rehabilitation Association, Portland, Oregon, which successfully recompeted for a second grant.

As of October 2, 2008, a total of 54 states, tribes, and tribal organizations, as well as 49 colleges and universities, will be receiving funding for youth suicide prevention through this program. Again, it is important to note that with the new tribal grantees, one-third of all of the Garrett Lee Smith State and Tribal grants will be going to tribes or tribal organizations.

Native Aspirations Project

SAMHSA funds the Native Aspirations project, which is a national project designed to address youth violence, bullying, and suicide prevention through evidence-based interventions and community efforts. Native Aspirations, after consultation with SAMHSA based on data from IHS, determines the 25 AI/AN communities that are the most "at risk", and the project then helps these communities develop or enhance a community-based prevention plan. After a community is selected, the initial step is a visit from Native Aspirations project staff members, who share information and help community leaders set up an oversight committee. The second step is a Gathering of Native Americans (GONA), a 4-day event designed to offer hope, encouragement, and a

positive start. GONA events are based on each community's traditional culture and honor AI/AN values. GONA events are a safe place to share, heal, and plan for action.

Within a month of a GONA, Native Aspirations staff facilitate a 2-day planning event. At this point, participants receive training about prevention plans and decide which model to follow. They outline a customized plan based on actions that have worked for others. As the community finalizes and carries out its plan, Native Aspirations provides training, consultation, technical assistance, and budget support. A number of tribes who received help through Native Aspirations were able to build on this to successfully compete for a Garrett Lee Smith Youth Suicide Prevention grant.

Suicide Prevention Resource Center

Another initiative is the Suicide Prevention Resource Center (SPRC), a national resource and technical assistance center that advances the field by working with states, territories, tribes, and grantees and by developing and disseminating suicide prevention resources. The SPRC was established in 2002. It supports suicide prevention with the best of available science, skills and practice to advance the National Strategy for Suicide Prevention (NSSP). SPRC provides prevention support, training, and resource materials to strengthen suicide prevention networks and is the first federally funded center of its kind.

The Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a network of 135 crisis centers across the United States that receives calls from the national, toll-free suicide prevention hotline number, 800-273-TALK. The network is administered through a grant from SAMHSA to Link2Health Solutions, an affiliate of the Mental Health Association of New York City. Calls to 800-273-TALK are automatically routed to the closest of 135 crisis centers across the country. Those crisis centers are independently operated and funded (both publicly and privately). They all serve their local communities in 47 states, and operate their own local suicide prevention hotline numbers. They agree to accept local, state, or regional calls from the National Suicide Prevention Lifeline and receive a small stipend for doing so.

In the three states that do not currently have a participating crisis center (Idaho, Hawaii, and Vermont), the calls are answered by a crisis center in a neighboring state. Every month, more than 44,000 people have their calls answered through the National Suicide Prevention Lifeline, an average of 1,439 people every day. When a caller dials 800-273-TALK, the call is routed to the nearest crisis center, based on the caller's area code. The crisis worker will listen to the person, assess the nature and severity of the crisis, and link or refer the caller to services, including Emergency Medical Services when necessary. If the nearest center is unable to pick up, the call automatically is routed to the next nearest center. All calls are free and confidential and are answered 24 hours a day, 7 days a week.

By utilizing a national network of crisis centers with trained staff linked through a single national, toll-free suicide prevention number, the capacity to effectively respond to all callers, even when a particular crisis center is overwhelmed with calls, is maximized. This also provides protection in the event a crisis center's ability to function is adversely impacted, for example, by a natural disaster or a blackout. Further, by utilizing the national number 800-273-TALK, national public awareness campaigns and materials can supplement local crisis centers' efforts to help as many people as possible learn about and utilize the National Suicide Prevention Lifeline. In fact, SAMHSA has consistently found that when major national efforts are made to publicize the number, the volume of callers increases and this increased call volume is maintained over time.

The National Suicide Prevention Lifeline's American Indian initiative has worked to promote access to suicide prevention hotline services in Indian Country by supporting communication and collaboration between tribes and local crisis centers as well as providing outreach materials customized for each tribe. We are pleased that we have been able to work together with the AI/AN Communities and also with the Department of Veterans Affairs to help deliver the critically important messages that suicide is preventable, and that help is available. All Americans have access to the National Suicide Prevention Lifeline during times of crisis, and we are committed to sustaining this vital, national resource.

SAMHSA Emergency Response Grants

SAMHSA is also committed to assisting communities which have faced traumatic events through our SAMHSA Emergency Response Grant (SERG) Program. SAMHSA provides SERG funding in rare emergency situations in which State and local resources are overwhelmed and no other Federal resources are available. Applicants must demonstrate that the need is greater than existing local and State resources, and must explain why other Federal funding doesn't meet their needs. The SERG is a SAMHSA-wide program. Funding can be used for emergency mental health services and disaster-related substance abuse treatment and prevention programs and can be used to address new substance abuse treatment and prevention concerns in response to an event or to replace services destroyed by a disaster.

The SERGs are available in response to those situations in which a presidential disaster declaration has not been made and are particularly helpful in cases of emergent and urgent unmet behavioral health needs of communities such as the Red Lake reservation community. The Red Lake Band of Chippewa Indians in Minnesota received a SERG in response to the school shooting there. The SERG assisted in the establishment of the Wii-doo-kaa-wii-shin (Helping Each Other) Project. This project provides mental health needs, specialized outreach, assessment, ongoing support and education, as well as treatment and services.

The Standing Rock Sioux also received a SERG in response to a suicide cluster. The grant assisted with the establishment of a behavioral health network with staffing as well

as funding to augment their suicide prevention program, crisis hotline, healing and support, as well as training and technical assistance. In addition, the Crow Creek Sioux received a SERG to assist in their efforts to protect and heal their community following a suicide cluster as well.

The SAMHSA initiatives described above are important steps to reduce the tragic burden of suicide in Indian Country. The problems confronting American Indians and Alaska Natives are taking a toll on the future of these communities.

Mr. Chairman and Members of the Committee, thank you for the opportunity to appear today. I will be pleased to answer any questions you may have.