

**STATEMENT OF
MRS. MYRNA WARRINGTON
TRIBAL SECRETARY - MENOMINEE TRIBAL LEGISLATURE
MENOMINEE INDIAN TRIBE OF WISCONSIN
BEFORE THE
UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS
ON
OVERSIGHT FIELD HEARING ON
“ADDRESSING TRAUMA AND MENTAL HEALTH CHALLENGES IN INDIAN COUNTRY”**

AUGUST 17, 2016

**UNITED TRIBES TECHNICAL COLLEGE
3315 UNIVERSITY DRIVE
BISMARCK, ND 58504**

I. Introduction

Posoh (Hello in my Menominee Language) Senator Heitkamp, Senator Hoeven, and members of the Committee, my name is Myrna Warrington. This is my 8th year serving as on the Menominee Tribal Legislature and at this time I serve on the Menominee Indian Tribe’s Executive Team as the Secretary. Thank you for the opportunity to provide the Committee with the Menominee statement that addresses the trauma and mental health challenges experienced in Indian Country.

The Menominee Indian Tribe is located in northeast Wisconsin, within our ancestral territory. Our Reservation is comprised of 234,000 acres of land; bountiful in rivers, lakes, streams, wildlife, and forest land. Roughly 90% of the land held in trust for the Tribe is held in sustained yield for the Tribe’s long-standing practice in Sustainable Forest Management. The Tribal membership includes over 9,000 enrolled members.

The Tribes history is mired in trauma due to the loss of Tribal status, identity, language and culture that was forced on our people by the Federal Government through overarching assimilation objectives, enactments of federal Indian policy, treaties, and judicial rulings. The negative remnants of trauma experienced from the treaty era, Boarding School Era, Menominee Termination Act of 1954, Federal Relocation Act of 1956, and finally the Restoration of the Menominee Indian Tribe to Federal Recognition in 1973, remain visible in the lives of our Tribal members. Throughout the last two centuries, the Menominee endured the large loss of ancestral territory, near extinction of Menominee language, and the loss of many critical cultural and religious beliefs, practices and communal values that guided the traditional Menominee society. Our oral history and the historical record remain to help guide the Tribe in the right direction to address the impacts from these experiences.

In 2006, the Menominee Tribal Government, Menominee Indian School District, and Menominee Tribal Clinic, who, because of limited resources with narrow guidelines, broke down the silos to form the

community collaboration. The Menominee Community Collaboration committed to creating data-driven solutions. The purpose was aimed at addressing the cumulative impacts that historical and intergenerational trauma were presenting upon the families of the Menominee Community. The initial identification process began with defining the negative behavioral, health, and educational problems that were manifesting in the lives of the Menominee youth. The community collaboration research led to the premise that the symptoms of poverty, low academic achievement, and poor health outcomes and factors were interconnected. Through this process, the Tribe was forced to confront the reality that the negative changes occurring within the youth population were a direct result of the changing family dynamic and community structure that were symptoms of a larger problem. These issues had not manifested overnight and were not isolated to just one event, but rather were symptoms resulting from trauma experienced throughout the course of the Tribes history.

What is trauma informed care? Trauma Informed Care is defined as “an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma informed care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment” (Trauma Informed Care Project, 2016). For the Menominee, the definitional scope of trauma was lacking any recognition of self-worth and cultural competency and had to be expanded to include the loss of Menominee language, values, and beliefs in order to accurately examine the collective impacts that historical and intergenerational trauma had on the community as a whole. By doing so, the Tribe was able to identify the symptoms of trauma which included suicide, poverty, substance abuse/addiction, identity loss, loss of societal/cultural norms, and many others and identify the impacts that these had on the individual, family unit, and community.

II. Statistics

To accurately assess the magnitude of traumatic experiences and the impact these had on Menominee youth and within the family dynamic, the Community Collaboration examined the statistics identifying child victimization rates in Menominee County which included neglect, abuse, suicide attempts, and alcohol and drug use/abuse. In 2013, 1,423 children resided on the Menominee Indian Reservation. According to the 2013 Wisconsin Department of Children & Families Annual Report to the Governor and Legislature, approximately 10 children in 1,000 were victimized by either neglect, physical, sexual or emotional abuse (p. 71). Equally alarming was the high incidence of youth hospitalizations for AODA and self-harm. For example, in 2015, there were 10 youth hospitalizations for emergency detention alone. From January through June 2016, there have already been a total of 14 emergency detention hospitalizations, 11 youth hospitalized, and 8 out of 11 youth hospitalized reported substance abuse and/or tested positive for alcohol or drugs at the time of admission. Statistics such as these are what initiated what is now known as the Menominee Fostering Futures Pilot Project that began in 2013.

III. Menominee Problem Identification & Solutions

Based on the statistics identifying the high incidence of traumatic experiences for tribal children, the Community Collaboration identified that existing policies, procedures, and mandates were not working. Menominee children and families were continuing to suffer. The County/Tribe was continually ranked 72 out of 72 for health outcomes and factors by the University of Wisconsin Population Health Institute. Educational Attainment was at an all-time low among high school students. The Menominee Indian School District was in fact, coined a “drop-out factory” due to the extremely low percentage of students graduating. Finally, crime, victimization, and death rates remained high.

IV. Menominee Model making the difference

The Community Collaborative Workgroup started by building a Menominee Model using the “Bridges Out of Poverty” framework – which was a model for economic and social change, sustainability and stability. The simple premise of the Community Collaboration Workgroup identified that the causes of poverty, low academic achievement and poor health are inter-connected and formulated that the resources and responses the Community Collaboration would develop to combat them must also be inter-connected. This Community Collaborative workgroup vision of the Menominee Model evolved over time, which included the introduction and development of the Menominee Fostering Futures Initiative.

The goal of Fostering Futures was designed to improve the lives of children and families by translating the knowledge gained from the Adverse Childhood Experience Study, neuroscientific information, and mental health literature on the long-term effects of chronic adversity and trauma in childhood. As a part of our Fostering Futures work, we had to pick 2 areas of concentration for our community. We chose the following:

1. Providing Adverse Childhood Experience Study and Trauma Informed Care education; and
2. Evaluating and modifying policies and procedures to be congruent with the Adverse Childhood Experience study and Trauma Informed Care.

From the first goal, our Introduction to Trauma Informed Care training was developed. Initiatives of the Community Collaboration have included:

- Education Summits focused on Historical Trauma due to boarding schools and termination;
- The implementation of the Fostering Futures Program reservation wide promoting community awareness of Adverse Childhood Experiences (ACEs) and Trauma Informed Care (TIC).

Trauma Informed Service Delivery is a key component and focus of the Community Engagement Workgroup. The Community Engagement meetings focus on the development, execution and completion of 90-day plans developed and reported quarterly on issues established by the workgroup that now involve all community service providers. The Tribe’s programs are implementing Trauma Informed Services by:

- Reviewing internal policies and practices with an awareness of Trauma Informed Care; Continuing the Fostering Future Initiatives aimed at awareness of Trauma Informed Care, Adverse Childhood Experiences and sustainability;
- Development of an AODA specific strategic plan to focus community efforts in areas of most critical need;
- Using the Community Engagement Initiative to re-design the service delivery systems of government to ensure they are client focused and Trauma Informed;
- Working to develop functions that: document processes being employed so that they can be cataloged and replicated; establishing a sustainable community-wide data collection and analysis function to measure results and guide decision-making; and
- Requiring continuous collaboration among service providers when new grants or other initiatives are begun to eliminate duplication and stretch limited resources.

Through diligence, outreach, community education and involvement of elected leaders from the various governmental entities, the workgroup now includes all 41 departments of the Menominee Tribal Government, Menominee County Human Services; the Menominee Indian School District and the College of Menominee Nation.

The expansion of Trauma Informed Service Delivery across Menominee Community had led to extensive organizational and institutional changes that are showing growing success for our people. Some of these changes are evidenced by the following:

1. Menominee Indian School District

The Menominee Indian School District has made many organizational changes aimed at increasing the student's ability to self-identify and obtain assistance to regulate emotions in order to increase function and learning ability. Staff at all learning facilities have been trained in Adverse Childhood Experiences, Trauma and Regulation. Beginning with the youngest learners, the District has removed the stigma of disciplinary action and created the morning mood check, the "Sakom Room" and Calm down boxes that allow the student who is dysregulated the opportunity to restore balance in a safe setting before returning to the learning environment. The District also provides for student physical and mental health at each facility and instituted the Screening, Brief Intervention, Referral Treatment (SBIRT) program for students with substance concerns. Finally, the District provides graduation coaches for all High School seniors. These interventions have led to a dramatic increase in high school graduation rates from 60 % person in 2007 to nearly 99 % percent in 2014.

2. Menominee Tribal Head Start Program

At the Menominee Tribal Head Start all staff has completed the Head Start Trauma Smart Training and each facility has trained trauma coaches and family coaches. This aids in early recognition and intervention strategies benefitting our youngest learners and their families. In the coming academic year, families will have the opportunity to participate in the 10 module training.

3. *Menominee Tribal Clinic*

The integration of Trauma Informed Care and Adverse Childhood Experiences (ACES) survey has redesigned and changed operations in order to better assist patients, family and service providers by completely integrating services available. Noticing a problem of the high absenteeism, the Tribal Clinic redesigned the system by deviating from traditional appointment scheduling and offered same-day appointments, which was shown a dramatic decrease in absenteeism rates. By changing policies and procedures, the clinic has increased access to medical, dental, and mental health care to many individuals. The clinic has trained all staff on Trauma Informed Care; each patient is regularly screened for trauma in both the behavioral health and medical departments. The Tribal Clinic also has 4 full-time counselors trained in trauma interventions. These counselors rotate through the student health center at the Menominee Indian High School. The Tribal Clinic has also been accepted to start a Learning Collaborative in September 2016, to begin the accreditation process for pre and post PhD Psychology Interns.

4. *Menominee County Health & Human Services*

The Menominee County Health & Human Services has trained all staff on Trauma Informed Care approaches. They have also started the Alternative Response, which focuses on providing less intimidating approaches to working with families.

5. *Community Education Initiative*

The Community Education Initiative serves to provide the foundation for the Fostering Futures Initiative by providing awareness, information, and outreach to the Community and Service Providers on the principles of Trauma Informed Care and the relationship to historical trauma, brain development, Adverse Childhood Experiences, Secondary Trauma, and Resiliency. We have 2 Master Trainers working in the Community who have completed the Wisconsin Adverse Childhood Experience Training. Educational opportunities are offered to the community on a quarterly basis and to agencies upon request. This education is also offered to our families participating in the Temporary Assistance for Needy Families Program.

V. Resilience:

What is Resilience? Resilience is the ability to adapt well over time to life-changing situations and stressful conditions. While many things contribute to resilience, studies show that caring and supportive relationships can help enhance resilience. Factors associated with resilience include, but are not limited to: (1) the ability to make and implement realistic plans; (2) A positive and confident outlook; (3) the ability to communicate and solve problems. (DS Bigfoot, 2015).

We have recognized that while it is important to understand how and why traumatic experiences influence the person over their lifetime, we also know that it is equally important to understand and provide a foundation to overcome those traumatic experiences through education, awareness and

support. The Community Collaboration has provided all agencies that work with children and families with consistent resiliency materials from the Children’s Resiliency Initiative or also known as Resilience Trumps ACES.

In October 2015, the Menominee Indian Tribe, Menominee County, and Menominee Indian School District were recognized as 1 of 8 communities to receive the Robert Wood Johnson “Culture of Health” Award for our innovative efforts to help our community lead healthier lives. The Tribe has been featured in the SAMSHA Spotlight and we continue to receive requests from other Communities for our presentation delivery of Trauma Informed Care.

VI. Tribal Ask:

Trauma Informed Care requires removal of silos created by limited resources with narrow guidelines and dated beliefs in service delivery to achieve outcomes based on mutual collaboration of resources for all community partners, providers, and individuals. To achieve that end, I am here today on behalf of the Menominee Community Collaboration to not only demonstrate the growing success of this concept, but to also ask the United States Senate Committee on Indian Affairs to assist and support Indian Country in this endeavor. We are asking that you recommend to Congress to appropriate funding for Native American need-specific interventions that include the ability for Tribes and organizations to pool goal-specific funding across federal agencies to progress our intervention goals. We are also asking that Tribes and partnering organizations have the ability to pool federal funds from any agency that were for the purpose of addressing some aspect of the problems facing that community.

Fortunately, such provisions have already been created within the 2014 Consolidated Appropriations Act, titled the “Performance Partnership for Disconnected Youth.” This piece of legislation addresses siloing of Federal Programs by authorizing ten pilot projects under which states, cities, and tribes would be permitted to pool grant funds from any agency that were for the purpose of addressing some aspect of the problems facing disconnected youth. It directs OMB to designate a lead agency to manage the pooled grants. It also empowers each Secretary to waive any statute or regulations that will increase the efficiency of the program or increase access by the target population, so long as the waiver is consistent with the overall purposes of the program.