

Alyce Spotted Bear and Walter Soboleff Commission on Native Children

July 28, 2020

Virtual Panel by Webinar: Youth Substance Use Prevention

Recording:

<https://hhs.webex.com/recordingservice/sites/hhs/recording/playback/cfed4768e1cf4c32aa184f0963d9d074>

Password: 22McaMQJ

Commissioners Present:

Gloria O’Neill, Chair; Dr. Tami DeCoteau, Vice-Chair; Dr. Dolores Subia BigFoot, Melody Staebner, Anita Fineday, Elizabeth Morris, Dr. Leander R. McDonald, and Don Gray.

Commissioner Absent:

Jesse Delmar and Carlyle Begay.

Detailees and Staff:

Moushumi Beltangady, Department of Health and Human Services
Ronald Lessard, Department of Education
Eileen Garry, Department of Justice
Regina Gilbert, Department of the Interior
Tiffany Taylor, Department of the Interior
Lisa Rieger, Cook Inlet Tribal Council
Joshua Franks, Cook Inlet Tribal Council

I. Introductions and Welcome

Chair Gloria O’Neill opened the meeting at 4:02 p.m. ET, 12:02 p.m. AKT. She stated she was excited to begin the first virtual panel on Youth Substance Use Prevention. This will begin the work the Commission started a few years ago, among disruptions and interruption. She stated that we are all grateful we are at this place so we can move forward.

Mr. Franks conduct a roll call of all Commissioners, and the detailees/staff introduced themselves.

II. Overview of Commission and Goals of Meeting

Chair O’Neill welcomed the three experts and asked for correction to the names.

[Transcript]

[Chair O’Neill] I’m really excited to hear your expert testimony today. As I said when we, as I kick off the meeting this has been a journey to get to this place today. The Commission actually was formed and legislation passed around the transition of the last Presidential election. So we’re three-and-a-half to almost four-years out. It took some time for the Commission to just actually be formed because of the, just the delay in appointing Commissioners. In addition to that, it also took some time to receive our first appropriation allocation in setting up the system. It seems like it’s very seldom that the U.S. Government has a Commission that is independent and looks at the entire system. You heard we have an incredible detailees, staff members of the Federal government that represent: Health and Human Services, Labor [sic], Education, and the Interior. And when we were ready to kick off our first in-person hearing, it was latterly the week that COVID was called as a pandemic and our Native communities began to rightfully close, shut-down. And so, it’s been, it seems like it’s been one thing after another. But it’s been extremely important that we move forward in the most appropriate manner, especially in light of COVID and what’s going on in our Native communities to take up the work of really understanding the health and well-being of our kids, and also looking forward to the future of where can we make really positive impact in the lives of our Native children. And so we start these virtual hearings as a way of gathering expert information and I appreciate the experts that are here today, so they can really deeply inform the work that we’re going to do and give us a understanding from your perspective of what our young people are facing as it relates to substance use. And what are programs and investments that we can make in our communities, and what are working, what programs are working? Our goal, of course, is to ensure that at the end of our time together as a Commission we will have a product in which will be in the form of a report that we will submit back to both the Legislative and Executive Branch that hopefully will give us some priorities to the Federal government where they can actually make some changes that will have great impact and benefit in our children’s lives. So with that I am just really excited about hearing from you today. We do have a hard stop at 1:30 p.m. (Alaska Time), and I was hoping Dr. McDonald could join us today because he’s the one who, oh there he is, he has joined us, I see you. So Dr. McDonald, before we get started I would like to turn it over to you. You and the hearing subcommittee, you’ve done all your work in setting up these virtual hearings and so please tell us about your vision around process and the way that you feel that the hearings should commence. In an hour-in-a-half, what would you like to get out of this so that we can move the information forward into our report?

[Commissioner McDonald] Thank you madam Chair. We had a little bit of difficulty with my IT here. I apologize for joining the call late. As far as the vision was concerned we, and many of the things you brought up madam Chair in regards to the challenges and stuff, COVID pandemic occurring, has kind of been driving these virtual hearings. Initially when we first start taking a look at this, a lot of us were saying we didn’t want to have these hearings in a virtual format because of the sensitivity of the topic and the need

for child protection. So then, a lot of us as we became more familiar with virtual hearings, virtual meetings, and Zoom became a new norm for us, we start seeing how this might be used and how we could possibly help inform us of some of what was occurring out there as Commissioners, help us inform the Commission on Native Children in regards to what was happening out there in regards to best practices, in regards to challenges, in regards to the collaborative that were needed and jurisdictional issues that might occur. And how we might get a jump start in regards to some of this information and have testimony that helps us along those lines and start helping us to field this information infrastructure to help guide us into the future. Because we are unable to have face-to-face hearings, we thought this was really important. So that kind of captures our discussion as a hearing subcommittee. We're really glad to see this come to light. We are appreciative of the detailees and the physical work that they have in order to pull this together. We thank, we're very grateful for our presenters today, the panelists that we have and allowing them to come and share some of their work and share some of their insights that they have. With that madam Chair, that concludes my remarks. Thank you.

[Chair O'Neill] Thank you Mr. McDonald. So we'll go ahead and get started and I'd like to ask Mo; I haven't received any details on the communications you have had with the experts. I'm just wondering have you set a time of 20 minutes of presentation and then questions.

[Moushumi Beltangady] Hi. Dr. Mousseau will be speaking for about 25 minutes because she will be providing both overview of the issue, as well as specific activity happening in her community. And then Mac Hall and Robin Sigo will speak for about 15 minutes, and then that will be followed with discussion with the whole group.

[Chair O'Neill] Thank you. So with that, I want to make sure that we leave plenty of time for questions. I would like to kick it off with Dr. Mousseau. Thank you.

III. Panelist: Dr. Alicia Mousseau, National Native Children's Trauma Center

Thank you. So my name is Alicia Mousseau, I'm the daughter of the late John Bear Mousseau and the granddaughter of late James Mousseau. We're from Porcupine South Dakota on the Pine Ridge Reservation. My hunka parents are Howard and Karen Spoonhunter Brown from Arapahoe, Wyoming, on the Wind River Reservation. I'm honored to be on this panel today so thank you for inviting me.

Today I will be providing you all an overview of the issue of substance use among American Indian youth and I will also be talking about the adaptation and implementation of the Thiwahe Gluwas'akapi Program, which is a family based substance use prevention program for Northern Plains youth ages 10-14 and their families. I will be presenting this information from an academic and service provider perspective. I first started my career working with Dr. Nancy Whitesell, University of Colorado for the Centers for American Indian and Alaska Native Health, and that's where I worked on the Thiwahe Gluwas'akapi Program which I'll be talking about later. I currently work for Dr. Marilyn Zimmerman and Dr. Meagan Rise At The Door at the National Native Children's Trauma Center, out of the University of Montana where we

provide trauma-informed training and technical assistance to tribes across the nation. With that I bring those two different perspectives. I've had the academic perspective in implementing academic and research in tribal communities, and also the service perspective providing that training and technical assistance to a variety of tribes across the nation. That is really shaped the way I look at data and research. I know we always use power point presentations for these types of things and that's very helpful in some cases. But I do see this as a story that has been unfolding and evolving as we can see today with the; we're living through a pandemic which is going to change a lot of things as well.

I want to start with talking about research in general. Community Based Participatory Research (CBPR) has become a norm in tribal communities. It stems from participatory research which been noted to come from Pablo Freire's pedagogy of the oppressed, where he really emphasizes education being something subjects and individuals participate in and engage in, rather than just getting information and getting things. Active participants in their needs, in defining their needs and understanding and defining their as well and what's going on in their lives. So that's really where participatory research has come from and have been noted to come from and that's really important because that has really been, really shaped research. You can see some of the earlier research in tribal communities is really kind of helicopter research, coming in and just getting numbers. So we do have some of those earlier research that really is just more detailed baseline information. And now we have a lot of different funding mechanisms and also this Community Based Participatory Research which has spawned out of participatory research and started in the 80's. The CDC built up and it's really become a big part of research on how research is conducted in tribal communities. And with that we have seen a lot of changes in measurement, looking at different pieces of risk and resiliency factors, looking at different substances to examine. And so that has really shaped that approach, has really shaped how we look at research and the outcomes. Especially because we do know that CBPR in involving communities in their health, and in their understanding of research and the outcomes, pre-existing ability, pre-capacity, really empowers communities to utilize data in ways that can enhance a community and build from within. So we do know that some of those earlier epidemiological studies, we've known throughout decades that our youth have greater rates of substance use. There's been little progress made to reduce that and some reasons either have been the lack of evidence on effective interventions, which I know we have panelists today who are going to be talking about that. Like I said it's been a process, a story unfolding. We need baseline information first so we can see some of those risk and resiliency factors are, where we're starting at, and how to combat that or intervene in that process. So it is unfolding and we are getting more information about that. Another reason why we've had these decades of higher use, and we know that, is because that of the uniqueness of our population. We know we have a variety of different populations within tribal communities, within American Indians in general with over 560 Federally recognized tribes, different regions, urban versus rural versus reservation-based. There's a lot of different unique factors in our communities that influence how we approach substance use. And finally, there just has been this overall lack of attention for our population, being one of the smallest populations; less than 2% of the national population, we've

been overlooked in a lot of areas. So this panel, this Commission is very important to move this along.

I'm going to talk about some other key factors that have helped move this along as well. But I want to start first talking about some of those similar studies, some of those studies that really show how this is a story and how it's changing. So the Great Smoky Mountains Study, which was with the Eastern Band of Cherokee and was from 1992 to 2003, was a longitudinal study that was looking at the health and substance use and all these pieces in the Southeastern Community of Eastern Band Cherokee in North Carolina. What happened during that study was in 1996 they had an increase in funding; monies because of a casino which drastically changed the projection of that study, some real life things that came into play to change the study. So it's really important the longitudinal study look at, how did that really influence their outcomes with substance use? That's a really interesting study to look at.

We also know that the Centers for American Indian and Alaska Native Health have been doing studies in tribal communities for very long time and they all started with the AI Super [inaudible] study which was an epidemiological study, one of the first ones that looked at Southwestern tribes and Northern Plains tribes and comparing the two. In the previous diagnostic measurement to look at mental health and substance use pieces. That really kind of laid a baseline foundation.

We also have the Colorado State University folks who also have been doing a lot of research on tribal youth in American Indian substance use. And also, there's a lot of different centers across the nation, and we all know each other, right, so when you're in this research, you all know each other, you all learn from each other, and we all have trials and tribulations on how we got to this point. What measurements were used? Looking even at how do you; how do you look at use, is it life long, is it 30-days, is it binge? What substances are looked at? So it's a lot of the earlier studies always look at alcohol and marijuana. Colorado State University folks were looking at inhalant use, because this work does take community involvement. Coming into communities and getting this data, is one thing. But creating these trajectories where you can actually start offering intervention to these communities is a relationship that needs to be built. So the change at looking at different substances has even changed from, like I said they are looking at inhalants earlier on, and now it's like changed. They started looking at recreational peyote use and prescription drug use. So that's just maintain that communication with the community and that relationship and building that trust so that Community Based Participatory Research can really produce the most robust outcomes and understanding of what's really going on in the communities. And we know with youth, a lot of times the way to reach them is at schools. So that's really where a lot of research comes from, and how you reach youth is at schools, and the different regions that have been looked at is just very interesting. And it's come a very long way. And I know we want to talk about some of those risk and resiliency factors. And I would really like to talk about them as influencing factors. Because I do think that some of them we've found in research is that it's a factor. You can fall to one side or the other. In addition to knowing that we have some of the highest use in our communities, we also

know we have highest abstinence rates as well. We have this spectrum and we can end up on one side or the other. So I would like to look at these risk and resiliency factors like that as well. Like culture, we've had a number of studies that have looked at the cultural impact and influence on substance use in tribal communities and there has been mixed results. With ethnic identity, there are many different pieces of that culture; how do you measure that? What does that look like? So in addition to understanding outcomes of substance use and contributing factors, we also realize that some of these factors are very hard to measure and are hard to understand scientifically with a quantitative measurement. So qualitative and quantitative studies are starting to become the norm in understanding and having those conversations and pulling in from those quantitative measurements as well.

We've also looked at a third factor that hasn't been looked at are peer groups, looking at peer group influence. We do know in our communities we have kinship that is extended and over time in tribal communities we all know each other and we're related in some way, or it's a small community. So those relationships have really been looked at is prevention. And also we found from studies in indigenous communities specifically in Hawaii that those relationships can also be risk factors in increasing substance use and different types of substances used. So, that's why I talk about as a factor, you can fall on one side or the other and it can be a risk or a resiliency depending on the other factors. It's very complex. Looking at substance use it begs where you're looking at, what groups are you looking at, the region, the heterogeneity of the community. But you also have some research out of Oklahoma that is very different than the Northern Plains. So all that being said, it's very unique. We have this new mechanism that has come out of NIH called the IRINAH. And that program has funding; it stands for the Intervention Research to Improve Native American Health (IRINAH). If you look up that website you can see all the research and they have funded research from I believe they started in 2011. And so they have been funding research specifically for Native American and now Alaska Native and Native Hawaiians and Indigenous Americans. That has been, that has really enhanced the research in tribal communities, especially in intervention in substance use. I would definitely encourage you guys to go to the website and check out all the research that has been funded under there. Because that's how we started to, we got to adapt the, I would say Strengthening Families Program for 10 to 14 year olds and their families with Dr. Whitesell at the Centers for American Indian Alaska Native Youth.

I want to transition into that because that piece is the community based intervention that we developed out of the years of research. I guess for the Community Based Participatory Research takes a long time, it takes relationships, and Dr. Whitesell and her team have been in tribal communities for a long time and they had the data to show those baselines; numbers of, what they found was girls were starting to use before boys, were nationally we know boys use before girls. They also found out that girls are using marijuana as their first substance; where nationally it's alcohol. And they also found that trauma was a big part of the trajectory of problems related to substance use in youth, in American Indian youth. And so they took this data to the community advisory board and said, what next. And the community advisory board included elders and other community members involved in youth and substance use, and they said we need an

intervention that includes families. Because you have youth and you have parents, sometimes you just target the youth, sometimes you just target the parents, but we need something that targets both of them together so that they have the same teachings and understanding.

So Dr. Whitesell went back and looked at different programs and that's how she came up with the Iowa State Strengthening Families Program for 10 to 14 year olds as a model, took it back to the group. So it was a collaborative relationship with our community advisory board and we started to adapt it with our community advisory board and with Iowa State Strengthening Families Program for 10 to 14 year olds. We had both of them in a room together and our community advisory board would tell the Iowa State folks, no we need this here. And that's really an interesting dynamic because a lot of the [inaudible] support and treatment centers that are out there, those are people's babies, those are things they worked on for such a long time and done so much research that we've talked about. You know research takes a long time, we started in 2013 and it's 2020 and Dr. Whitesell is currently getting ready to do an RCT [randomized controlled trial] on that study. So it takes a long time to do studies, so we understood that this was their baby and we wanted to bring in our advisory board to let them know, no these things are relevant to us, these things are important to us and we need them in here or we need things moved. And we did a lot of work to that curriculum and we even re-did the videos because there was videos for each adult sessions so there was adult, youth, and family sessions. And the adult sessions were heavily video-led. So we re-shot all those videos because there was no one in those videos that looks like; there were no Native folks in those videos, there was no Native environment in those videos, and we also changed some of the scenes, some of the examples in those videos that were more relevant to our communities. We re-did the whole thing in collaboration with our community advisory board and with Iowa State. We had three main components, although there was components throughout the whole curriculum. One of the components was using tribal language for the kinship terms. We used them specifically for the kinship terms because to try to infuse a lot of tribal language into a curriculum would have been very difficult. It was challenging enough just for kinship terms. The second piece was the social media piece. We added that because we know that's the way to connect people well and keep them connected. And the third piece we wanted to look at if the substance use resiliency skills, resistance skills were important, and needed to it to stay in there. We took those out and added up a nine piece to see if that was important because we also know theirs were not effective necessarily in teaching those resistance skills.

What we ended up with, we learned a lot along the way, like I said those who know research, have been in it, you know when you say hey we're going to do this it takes a lot. It takes a lot of work in our communities because you have to build capacity in a way, you have to build capacity in that community and that's what we found during this. There's a lot of research that comes into our communities, a lot of programs. But a lot of times they struggle because that capacity isn't there. So you're building as you're implementing, you're building that research program and also the research field and capacity in your community as you do it. And that was something that we learned along the way too, especially of program that includes youth and parents. We had to do it after

school, there are so many components of it that we had to figure out along the way. And we did, and we got enough data, we got enough families, and what we found is that we wanted to keep, so we ran a research design that looked at those three components and we found out local language was important, so we kept that in there. The social networks, the social media wasn't necessarily that robust because it was an extra thing that families had to do outside of session in addition to practical use on those skills that we taught them. So we dropped the social media piece. We found that they really did like the resistance skills, even though other research shows that those skills may not be that helpful. Our parents, our families really enjoyed those, our youth really enjoyed those, so we kept that in that curriculum. And so that's what we ended up with, with this program that is now going into a randomized controlled trial. I actually stepped away from that program when we finally got a solid team. Because the other part of intervention and research in our communities is in any program, is building capacity so that it can carry on and it can live in our communities and have the same effects as those research studies. We find that across intervention studies is that not even just in tribal communities, if you find an effective intervention placing it in a community and saying, oh this is the answer, it sometimes doesn't become that. Because you don't have that infrastructure to support that or the original person who developed it was a champion and they really brought it through. How do you develop those things in tribal communities to really bring these interventions and prevention programs to life and so you can have those outcomes you know they can have? And so that's why I went to the National Native Children's Trauma Center because I wanted to see what other programs are out there. Like, what else is going? We also know in our communities in addition to needing data and research and understanding if we're being effective, we also need services now and that is important. That is something that we need to find a balance with and that's something I struggled with when I was on the research project. Because we have a lot of these programs coming top-down like with funding mechanisms and I, usually it's a specific funding mechanism which has expanded the research. We also have more [inaudible], in those programs funded by the NIH mechanism in academia really challenging those academic institutions to look at CBPR and look at how long it takes to do a study in tribal communities and understand those components as important pieces to their professional development and the institution. What we don't necessarily have is this bottom-down community capacity that could build. Because we do, we send our kids to school and we get them into STEAM programs, like Science Technology Engineering Arts and Math. And we say go to school, get your education but there isn't that infrastructure in our communities where they can come back and have those jobs and build from the bottom up. So we can meet those academics and those funding mechanisms right in the middle and have the best outcomes through this research, through studies and through service, like providing services in our communities. So that is something that I have seen in my short enough career that I think is very important, building in our communities, building in that capacity so that we can build from the bottom up and that research can be for us and by us, and we can be the ones initiating those calls for proposals and also being the PIs and also meeting the research and services in our communities. So with that thank you all for the time, I appreciate it and I look forward to your questions.

[Commissioner Gray] Madam Chair, this is Commissioner Gray. Can I ask questions? Or were you going to; did I jump start it?

[Chair O'Neill] I'm just told by Mr. Franks that the original thought with the panel was to hold questions until the end. But I'm willing to be flexible with the Commissioners. I would entertain your question, Mr. Gray, but I want to make sure that we have enough time for our other panelists and further questions. So I'll be mindful but please ask your question.

[Commissioner Gray] Thank you madam Chair. You mentioned that the girls, you found in your data that girls were using before boys and that trauma was a big factor in that. Was there any type of specific trauma that was, something that communities can kind of take a look at and put their efforts towards focusing, or is it just trauma in general.

[Dr. Alicia Mousseau] That's a great question because I work with the National Native Children's Trauma Center now and that literature isn't necessarily out there specifically. So those are more like adverse early life experiences. Dr. [Teresa] Brockie is, does have a current NIH grant through that area mechanism that a component that is looking at some of those pieces. I don't know exactly what measurement she is using to look at specific trauma. But I think she was funded in 2018 and I'm really excited to see what she comes up with, with her data, her research that should be coming out. But that is a great question cause we do know trauma has a huge impact on substance use in our communities and we need to know more about it and talk more about it.

[Commissioner Gray] Thank you.

[Commissioner Morris] Thank you for asking that question Commissioner. Because my question, next question was going to be the percentage that were found to have been sexually abused. That was the reason why I started using [inaudible]. I'll wait till I hear that answer.

[Chair O'Neill] Commissioner Morris, since you've already posed your question I'll have, we'll move forward and answer that question and move to our other panelist.

[Dr. Alicia Mousseau] I'll have to look at the specific data. I do know there's some data out there that looks at, I don't know it's in relation to substance use necessarily. But there are probably about four studies that have looked at ACEs [Adverse Childhood Experiences], early adverse experiences in tribal communities. Not necessarily related to substance use because that one study I referenced initially didn't have that. But it is broken into different, the percentages of actual, like a baseline of those traumas. Like I said not in relation to substance use so I would have to look that up and I can look that up now.

[Chair O'Neill] Thank you. I really appreciate your testimony Dr. Mousseau. Let's move on to Mr. Hall.

IV. Panelist: McClellan (Mac) Hall, National Indian Youth Leadership Project

Thank you. I just wanted to express my appreciation for being included in this group and I have some, I think you will find interesting information to share on what we've been doing. My name is McClellan Hall, I'm the founder of the National Indian Youth Leadership Project. It's a non-profit, it's based in New Mexico but we work all over the U.S., Canada and Hawaii. I'm a, I refer to myself as a recovering teacher and principal of tribal schools. I developed the Project Venture Program over the last 30 years and I went through the Native Teacher Education Program at the University of Washington years ago. And in my student teaching on the Navajo Nation at the very first BIE contract school. Got a Master's in Education in American Indian Studies. I've directed the alternative school for Cherokee Nation in Oklahoma and also the Tacoma Indian Center School with the Puyallup Tribe which became the Chief Leschi School later on after I moved out, from one extreme to the other. From a condemned building to a college campus.

Project Venture came about as a result of a dream that I had back in the 70s. I didn't really understand what it was about, I filed it away but I never forgot about it. In 1980, I was hired to direct the Alternative School for Cherokee Nation in Oklahoma and I meet an older Cherokee man who is a healer and medicine man, spiritual leader. As I got to know him better I told him about this dream that I had and he interpreted what the dream was about and explained it to me. Basically said, this is what you're being asked to do. He's 90 years old now and he's been an incredible inspiration and influence on our work. So along with the Cherokee Nation was the beginnings of Project Venture came together, an outdoor adventure program was my background. We began a camp program in 1982 and 1983, we were doing service learning projects and we had an expeditionary learning focus. Later in the 80s I took the camp model apart and redesigned it into a year round program and that really became Project Venture eventually. We formed the National Indian Youth Leadership Project in the mid-80s, late 80s. In 1990 we got one of the SAMHSA high risk youth demonstration grants. These were 5-year grants and we focused on four communities in New Mexico; three pueblo communities and one Navajo community. Our data was so good that it caught the attention of SAMHSA and we were included in, Project Venture was included in the National High Risk Youth Study which began to come together about that time. As a result of the involvement in the high risk youth study we were recognized as the most effective program for Native youth. The study had all eight characteristics of the most effective programs as identified by Dr. Fred Springer, who was the Director of that study. I believe that we're the only program that knows the original grantees that continued uninterrupted for over 30 years now. Currently we have over 60 programs in the U.S., Canada and in Hawaii. Our evaluation results pre- and post- in the study were some of the best. We had really positive results at 6-months, 12-months, and 18-months follow up with the kids that were in our program. So basically we have about 25-years of data from the work that we've done. We have a curriculum with lessons plans for an entire year. We've done trainings of replication sites for 20 years now and have received numerous awards and recognitions, including the Model Program Status, which is the highest level that SAMHSA has to offer. And

we're the only Native program that's ever received that. And then we were also adopted by the Canadian government and worked up there for 12 years now.

This is kind of what the program looks like. We focus on 5th to 8th graders, that's developmentally kind of appropriate for the stuff that we do. The group stays together over the course of a year. The group spends at least 200 hours or more together over the course of the year. And that breaks down into meeting once a week in school. We're able to go into a classroom once a week and do work on team building, group problem solving, group decision making, and introducing some positive group values. The group meets at least once or twice a week after school for 2 hours. We have a minimum of one weekend a month or more if possible where we do a one- or two-day in more in-depth activity. Every time there's a school break we have multi-day trips going on. One of ours is an annual trip down to Havasupai in the Grand Canyon, the kids do a 12-mile hike each way; down and back up again. They have to train for that for several months to get in physical shape to be able to do it. It's an awesome experience. And then our summer camp which is what Project Venture really started out as a summer camp and we took it apart and redesigned it, that's been going for 37 years now. First camp was in 1982 and I've kept that going. We're working on including, incorporating the teachings from traditional rites of passage ceremonies, that's included. Typically at our camp we have time in the evenings for the men and boys go off together to talk about stuff. And the girls and women talk about things that are appropriate. Our whole focus has really been building resilient kids, and forming positive healthy relationships, and appropriate roles for young men and women, and respecting their genders. There's a level of physical and emotional challenge, getting out of your comfort zone. The outdoors is kind of the ideal environment for that sort of thing to happen.

And I wanted to talk a little bit about the National High Risk Youth Study. There was some characteristics of the most effective programs that were identified by Dr. Springer in his report. I can go through a couple of those real quickly. There was a focus on engagement and intensity and we came up with that notion of 200 hours on our own, but he also came up with that in the study. If you went backwards from that we get down below a 100 or so hours, you're really not going to get any impact on the evaluation and it's not going to have the effect that you want to have with the kids. Another important component was a reflection piece where we take the time after every activity to really sit down and reflect about what happened and what did we learn from this and why was that important and how do you apply that to some other situation in your life. So that's really important. There's nothing worse in doing a really awesome activity and the bell rings and you miss the opportunity to do the reflection piece. So we really have to design our work so that doesn't happen. Connection-building comes from a lot of the current suicide prevention literature but connecting kids to the group, to the program, to their culture and language, and what we feel is mostly important is connecting kids back to the natural world. The life skills component, we use the outdoors for that, and it's magical what happens in the outdoors with the challenging stuff that we do. And then Fred Springer also found that coherence was really important. There's a coherent program model, it's not just a random set of activities. The staff really needs to know and be able to articulate what the model is, what we're doing with their kids. If you run into a tribal

leader, or a school official, or a parent, you better be able to explain what you're doing in your program with their kids. Those are some of the highlights. The overarching thing I think that we've learned from the elders that we worked with was to be positive in all our interactions with kids. To stay on that positive level and not get into the "don't do this, don't do that" kind of authoritarian stuff. That really doesn't work. And that's been emphasized over and over by elders. Even the most hard-core kids that we work with in the treatment center environment respond to that really positive approach.

So, what was also, I think, learned from the High Risk Youth Study was that the information-only, didactic passive classroom style approach really didn't work very well with kids nowadays. I always try to encourage people to get kids outdoors. There's just a whole body of research on the health benefits of being outdoors and getting out in the natural world and that's where the elders that we work with can really help kids connect to the natural world. We really focused on developing an ethic of service where kids really learned that giving back to their community is a positive traditional value, and we do a lot of interesting service learning work. We incorporate culture into everything that we do. We try to get kids to be comfortable in the seen and unseen world. It's all about developing resilient kids that can make positive choices, be respectful and have healthy relationships. Our work is pretty eclectic, it comes from lots of different places, the research on positive youth development, and social/emotional learning, and several other areas have all kind of blended together with traditional and cultural practice and wisdom that we got from our elders. We had a presentation once with the former Director of the Santa Fe Mountain Center, which is an outdoor adventure program, and she commented on the fact that we've been inspired by Native elders and have been actually ahead of the research for many years on how we've integrated positive youth development and social/emotional learning, and stuff.

So the camp program is kind of like the focal point that we started with. It's typically 5- to 8-days. We get into rock climbing, ropes courses, mountain bikes, canoe, kayaking, rafting, archery, traditional ways of building a fire, all those kinds of things. We do a service project, we have the kids involved in clan groups so that's their primary identity during the camp. We do some equine therapy. We have a nutrition policy; there's no junk food, no soda, none of that kind of stuff. We also have a mentoring program within Project Venture where the kids who go through our program in mid-school, once they get into high school, they can continue as mentors. That project is operating in the Little Wound High School now and some other places on Pine Ridge. I'll talk about that if I have time.

Also, three of our full-time staff are young people who came up through our program since 6th grade and now they are working for us full-time. Two of our board members are also young people who came up, professionals now, who came up through our program since 6th grade. We've had some very successful programs in Canada since 2008 with funding from Public Safety Canada where we've worked with the police in some cases but in the communities. We just completed a 5-year project up in Northern Ontario a really remote community and had amazing evaluation outcomes and zero suicides in 5 years of running the program there. We have just finished our 5th year on Pine Ridge,

actually started with one school there and expanded to six now and have also had zero suicides in those programs in 5 years. Porcupine is one of those schools by the way and that's where we started. My old time friend Paul Iron Cloud and I came up with that vision and were still doing it. We also have projects in Hawaii, three programs on Maui that have been going for over 10 years. We do an annual training every year for replication sites and people come from all over the U.S., Canada and Hawaii for that. We've been doing the SAMHSA and NED training. NED is the Network to Eliminate Disparities in behavioral health, we've been doing the training with them the last 6 years. I've been doing this work for 40 years almost now.

I guess I would just wrap up with saying that I'm encouraged about what I've heard now about the research and kind of putting some things together. We have a program that we know really works but it needs to be combined with capacity building and the community and all those things you were talking about at the end of your presentation. That all needs to happen too. The key for us is sustainability. Typically what happens in a community is they get grant for 3 years or 5, maybe if their lucky, and who's looking on sustainability during that time. A lot of times those grants just go away at the end and they haven't been able to sustain them. It's really frustrating and disappointing to see that happen. My final thought I guess, I just wish we had more support from government agencies. The National High Risk Youth Study revealed some proven elements of successful programs, and that information doesn't seem to be out there, and there is no historical memory at SAMHSA of the high risk youth study, what we've learned from it. Programs out there just continue to keep reinventing the wheel. I just think that we can learn a lot from the results of the high risk youth study and I wish we could find a way to get that information out to more people and maybe have a checklist where people submit a grant and we can check off; well do they have this incorporated into their model, do they have this, do they have this. But that doesn't seem to be happening. That's a little bit discouraging but. Our work with kids has just been amazing and magical and it works everywhere; it works in Hawaii, it works in Pine Ridge, it works in Canada, it works on the Navajo Nation, anywhere we've done it. It's just been amazing. We need to fill in the rest of the pieces of the puzzle so we can really help communities sustain something over time. We need to have a whole generation of kids to come up through this sort of program, have the community support and all the pieces are there. That's what I've been working on for many years now. Thank you.

[Chair O'Neill] Thank you Mr. Hall and your story is so inspiring, I'm going to check this program out. I'll take one or two questions and then we will move on to our last panelist.

[Commissioner BigFoot] Yes, this is Dee BigFoot, I'd like to ask Mac a couple of things. I have to offer a disclosure because Mac is a dear friend and a longtime colleague and I was part of his Board of Directors for the National Indian Youth Leadership. I am biased, a lot. Mac, could you tell us a little bit more about how you recruit the youth that you work with? Can you tell us a little bit more about how those youth have fared? You said that some of them are on your board and I understand that. How have you followed

up with the youth that have been successful? And do you know about the youth that have not been as successful?

[Mr. Hall] We've been trying to do sort of a longitudinal study and follow up with kids that we got a series of kids that been to our camps and through our programs for many, many years. But our evaluator who was with us for over 20-years retired and so we're kind of playing catch up there and trying to, we've got a new evaluator but he doesn't have any background with our work in the past. We're trying to build in a system to track the kids and figure out who's going on to school who's doing what and that's been really difficult. We're working with almost 1,000 kids just in New Mexico right now in various communities. We really need to spend time on that, I'm glad you brought it up, because it's not a, it's not something that we've done a really good job with. But we're hoping to do a little bit better in the future with tracking kids. The mentoring program is one response to that. We have kids that go through our program and once they get into high school, if they want to stay involved we have a mentoring grant from the Office of Juvenile Justice now we can keep those kids involved and get them through their training and hopefully have them work their way to a job, and go onto college and get a professional degree in the field, so that's one way we're doing it. I wish I could tell you that we've followed up with everybody since 1982. It's tough being a non-profit and trying to manage grants and do all these things and there is never enough money to go around to do everything you want to do. We've just have amazing success. I have so many kids now that keep in touch with us, contact us all the time, and send us stuff on Facebook about what they're doing now. I have a whole batch of kids at Cherokee Nation Oklahoma that were my students that are tribal council members and stuff now and they're all keeping in touch with us. I wish we could do a little better job with that and it is one of our priorities, definitely.

[Chair O'Neill] Thank you Mr. Hall. I think probably in the interest of time were going to move to our last panelist and then we will have, I would like to have at least 10-minutes before we wrap up and ask if Commissioners have further questions as well. So Ms. Sigo, could you please give us your comments.

V. Robin Littlewing Sigo, Suquamish Tribe

Yes, hello, it's so nice to be here today. Greeting from the Suquamish Reservation, we're located across from Seattle via the Salish Sea. I'm a little star struck being here. There's a lot of people on here that I see your names on papers and see you present at other places and so I'm extra excited to be here. This is a place that I worked really hard to be because this is important information to get out there.

I always like to start this with, for non-Native people the research we're talking about is really revolutionary. When I'm working with tribal members and tribal families and tribal people in general, this isn't new to us. It's not revolutionary, this is what we've been doing since time immemorial. We have done this work, we know this, we know that the answers are within our own communities, we know that they're within our elders, we know that they're within our own kids. And taking that adaptation of going from

Community Based Participatory Research to really calling it what it is, which is Tribal Based Research. This is Tribal Participatory Research, this is indigenous. Indigenous Research works, and we're having to jump through extra hoops to prove it to funding agencies and things like that. So that's kind of where I come in. I started as a grant writer when I was 22 for the Suquamish Tribe, my tribe. My plan was to only stay here for a year and 22 years later I'm still here. And I've consistently found amazing work to do. I'm going to share a power point to help kind of keep me on target and then I'm going to share a video at the end because I feel like it kind of solidifies all the things that the presenters before me have stated. So I'm excited for that. This is available if anybody is interested in having a copy of it.

I'm working from the Healing of the Canoe Program, it's labeled as a promising practice at this point. It's a culturally grounded life skills curriculum. So a lot of our programs was based on the idea of Tribal Sovereignty and personal sovereignty. A lot of talk in Indian Country talks about Tribal Sovereignty but I always like to remember the personal aspects of sovereignty, which is that each one of us is our own sovereign being and that we reflect that there. And I also, using the term tribal sovereignty, we sometimes forget about our urban Indian counterparts and our, and the other indigenous people that are out there forming groups that are outside of federally-recognized constraints. And so I want to make sure we do that.

One of the important things is, ours is based on the canoe journey, which is something that was brought back to our community in 1989 and we participated every single year. The tribes along the along the coastal, along the Salish Sea. And this is the first year it's not happening since then, and we've all been missing it. Right now we should be celebrating, we should be doing a potlatch, but unfortunately we're not. One of the most important aspects of the Canoe Journey is the part about asking for permission to come ashore. And the way we ask for permission to come ashore, and you'll see it here in the photo, that's our cameraman Leonard Boresman and that's a canoe coming in, and what they're doing is stating their intentions, for what are their intentions for coming to Suquamish land. And in this case they're coming forward to ask permission to come ashore because they've heard and they'll say things like: "we've heard of your kindness, we've heard of your hosting ability, we've received your invitation to come here to rest, to renew our spirits and continue on this tribal canoe journey." Our Chairman, members of our elder's council and other council members, other community families will be there to welcome them in. We'll welcome them in with all they have to take care of their canoes and all those pieces.

When we first started our Healing of the Canoe Program, in one of the classes that we were doing with one of our kids, we had a new school counselor walk in. And he walked up and he walked up to my facilitator and he said "I'm here to observe. I'm so-and-so, I'm new, they told me to come in and observe." He went and sat down in the corner. The students started filing in we noticed that they weren't acting quite the same. Or the facilitator noticed that. And one of my facilitators was running a little bit late and she walked in and she goes "Oh, wait a second, what's going on here? You know what, I think it's that Shawn our counselor hasn't really joined our circle and we really need him

in here. And we need to hear what he's going to do." And after that it went really well. We met up after that class and I was asking how it went and described this and I said oh, do you know what this is, he didn't ask permission to come ashore. We didn't know what his intentions were to be there, maybe one adult in the room does but none of the students do. We really thought about how that resonated really well with us in terms of Community Based Participatory Research, the community being the experts on themselves, the tribe being the expert on itself. And we also, we really drove home to our whole thing that youth are the experts on themselves as well. That is not something that we can compromise with as facilitators, as somebody who runs this program and wants to empower communities and youth. We really have an opportunity help youth develop their own voices and their own sense of personal sovereignty. So that was a big game changer for us in a way that we started presenting this. Because it also represented a lot of cultural humility that is a really important part of all the projects that I've heard about today. That's one of the things that we share. And I just started explaining some of these things.

We worked a lot with different ways of community engagement and we have received some recognition for that. We really were looking for ways to pull together and we asked our students and some of them have never been on a canoe journey. Or their families haven't been connected to the tribe because we found that sometimes it's a barrier for families to want to send them because their parents never learned what these cultural values were. So when we did our initial needs and resources assessment, what we heard was, yes substance abuse is our biggest, our biggest concern, but we really see that as a symptom of a larger problem. And that larger problem is not feeling connected. And when asked some examples of that, we had elders who would say, well youth should, youth need to be more respectful. That's a hard one, right? It's a hard thing to imagine what does respect look like to this one person so they don't feel disrespected too. So we teased out that with several focus groups in our community; what does respect look like. And it turns out for a lot of elders it's just a youth coming to say hi to them before they run off and play with their cousins and their friends. That they check in and see if you need anything. That they're quiet so they can hear so they recognize that elders might not have as great of hearing as they do, and they might need them to be more quiet. It was really clear that those are things that we could teach to help them become, to help our whole community. That, that piece of this where we collaborate together, where we recognized what our role is at various points in our life, we can share that with them. And we did that by asking people when we got our first group of students which were, which was a middle school age group, we asked them, who do you think of as a leader in the community? Who do you think, who in your family has a special skill that we might want to learn? And we didn't limit what special skills were. It could be that somebody makes chili really well. It could be that somebody knows how to weave baskets. It could be that somebody knows how to go clam digging really well. Then we took that information and our team started making phone calls to these people. We found that personal invitations worked the best. And especially if they were referred from somebody else. So I called and I said, you know, "Hello, this is Robin, I'm working on Healing on the Canoe. I meet your granddaughter Susan and she said that you are really good at making biscuits, and she thinks that, that is part of her community experience, her

family experience that she wants to share. And that baking is really important. And we're wondering if you want to come in and talk about baking and how you learned to bake. And maybe you can bring some in or maybe we could do a cooking class together." People were so, people who we would have not thought would say yes, started saying yes. They said yes because they got that personal invitation. Because somebody referred us to them, right, that idea of proxy trust.

And even in this process of bringing in, our project was funded through the National Institute of Health, we partnered with the University of Washington. And for me it was really, it was scary. I was putting a lot on the line because I had worked my whole life to develop trust in my community, and now I was loaning that trust to these people I'm working with. I was asking them to come in and I was saying, "I trust these people, please work with us to do this." And what, what could happen, right, I mean worst case scenario is they do terrible damage here, and 50 years from then there were still going to, the community was still say, remember when Robin brought those people in from the University of Washington and they did this, and this, and this. That what I, that was the level of responsibility that I took on. So I want to make sure that people understand that when you're asking somebody from a tribal community to partner with you or to bring somebody in, that you're asking a lot of them, you're asking for them to put their reputation on the line and we need to be really careful with that.

This is a picture from one of the hosting sites on the canoe journey. You can see, its interest to see pictures with so many people gathered and so closely in our current state. But for those happier times when we were used to be able to do that, this is what gathering together looks like, this is what food looks like, sharing food together. I think most of you guys all know about Community Based Participatory Research. That process is switching over to, you know at some point we realized not everybody is doing this. That what we were doing was Indigenous Participatory Research. And when we would meet with other Indigenous people around the world, they knew what we were talking about. There was an innate sense that they knew what was going on.

So we developed a Tribal Specific Curriculum and we've done it a couple of different ways. We have looked at ways to make it so that it matches that specific community. A lot of the research that we looked at before had a very pan-Indian approach, which was helpful at the time. But what works really well for communities is really hearing their community voice in there, finding out what the community values are. One of our partners that came on after our pilot program, after 3 years of the pilot grant, we ended up with a 5-year grant to implement and we brought on the Port Gamble S'Klallam Tribe. There a really close tribe by driving, so I can drive from my reservation to their reservation in about 20 minutes. If I am pulling in a canoe of the Suquamish to Port Gamble S'Klallam, it's a 28 mile canoe pull. It's far, it's one of the furthest pulls on our journey every year. But people would assume that we're the same but we don't speak the same language, even. It was really interesting to bring them on and have them adapt the curriculum in a way that works best for them and their community, and the pieces and how they decided to format it.

So we came up with the Holding Up Our Youth Curriculum, Healing of the Canoe: Community Pulling Together. We've had numerous sessions that were there. And then we incorporated the Honoring Ceremony. We found that a lot of people didn't quite understand the different ceremonies and wanted help explaining those things. And some things we were going to explain expressly throughout the curriculum on how to do things. You're going to tell them how to make a basket, you're going to tell them how to get a salmon pit together. We had this great experience with, experience where, we brought them to help get ready for our Seattle based pow-wow and we had somebody say that we really don't have anything for them to do. And I go, "what are they doing over there?" They had guys unloading wood and sorting it. And they said, "Oh they don't want to do that, that's just sorting wood." I was like, "Oh, that's actually a perfect thing, they need to know how to do that." And they were able to learn the difference between the two types of wood. One burns fast and ambers quickly, and that one is used for clam bake. Where the other ones burns more low and slow and that's the one were going to use for a salmon bake. And the great part about that was is that they meet all the people who do that work for the community and really it's those same families that do it. And for there on they know who that person is so they can say, "Hey Jennifer, I know you know the difference between the two types of wood. Is there any way you can come and help us?"

[Chair O'Neill] Excuse me Ms. Sigo, could you please, we're we just have a few minutes for questions and I'm really enjoying your presentation. Can you wrap it up in about a minute or so, please? We're about out of time. Thank you, I apologize for interrupting.

[Robin Sigo] That's ok. I think what I will do is, maybe I can send out the video that I was going to show because what I really want to make sure what we get to do, is we're still doing this work. The grant has ended, we ended after 12 years the National Institute of Health grant for 13 years, we are now still doing this work. We're teaching communities how to adapt this curriculum. All of our information is available on www.healingofthecanoe.org and were looking at doing a virtual training in the next couple of weeks. And I think what I like to do is be able to send out a copy of this video. I would really like it if you guys could to take a few minutes to watch at some point during your day. This is one of our former students who did this video.

[Chair O'Neill] Thank you. And we would love to see that video and, you know we're just beginning our process of developing partners with experts in our community. And since we are in this beginning phase of doing our work I would like to invite you back when we have the opportunity to meet in-person. We will be going around the country in the different regions and doing in-person hearings. So, I would like to hear a little more about your program as well. I really enjoyed the presentation, thank you, and I apologize that we are limited on time. So if you can send that out to us, we would really appreciate it.

VI. Questions and Discussion

[Chair O'Neill] Now I would like to open it up to the Commissioners and ask if you have further questions of our panelists.

[Commissioner BigFoot] Hello, this is Dee. That was a wonderful presentation Robin, I want to jump in that canoe and go with you. I would like to know how, I know you have a lot of volunteers. How did you manage the volunteers with background checks and making sure there was a safety for these youth that, were there families that were completely involved? Or was it just separate individual youth? How did you really promote the safety of the youth participants so that they were not harmed? Also, how did you work with making sure that when there was disagreements that was some of the skills they learned was about negotiating and managing conflict, conflict resolution skills?

[Robin Sigo] Do you mean with students? Or with families?

[Commissioner BigFoot] With students, or either one.

[Robin Sigo] One thing about our different sections is that they can be moved around based on what's going on in the community. We have a lot of [inaudible] skills, I was trained as a [inaudible] and I was able to a lot of those skills and process. [Inaudible] as well as research. And so we use a lot of opportunities to jump back and forth between situations. So if there's an argument that was going on, then we would use those skills. We would pull that out within the group and say, "Wow, it looks like something is going on right now, what skills do you think we could use in this situation." Or if there was an argument that we couldn't, we couldn't manage that day, we would make sure that we circle, we would touch base with them afterwards. And then the next day we would circle back and talk about what skills we could use. In terms of keeping kids safe, we would, we didn't have a background check for everybody who would come in, we worked with whatever school we were working with and their policies for visitors and the visitors were not left alone with the kids, we were with them at all times. That is the way we worked with them and it just depended on the school.

[Commissioner McDonald] Madam Chair, McDonald here. I don't really have any questions but I have some comments for, short comments for each of the speakers. I'll start off with Ms. Robin here first because you're the last. I appreciate your comments on Tribal Participatory Action Research. I think a lot of times we're developing things, developing things in regards to research, kind of on the fly. And I think that Community Based Participatory Action Research is more emphasizing, especially for those that are doing a lot of work on Indian country. The one statement that I like is that the research is not new to Indian country that it's been there for a while. And so I appreciate those comments.

Mr. Hall, I appreciated your comments on authoritarian doesn't work. I think it was picked up from the boarding school era. Culturally based. When my folks gave me hell they would sit me down and they would feed me, that's why I'm a big guy right now. I'm always getting in trouble. But they would sit down and they would, they would say

come here I'm going to feed you so then I knew what was coming and I knew I was kind of maybe messing up already. But they didn't come holler at me or say that were just concerned about you, we're worried about you, we're seeing what's going on with you and we just want to visit with you about and help me get back on the right track. That's our culture, that's how we do things.

And for Dr. Mousseau, I made a statement here and I wrote this down but I said "research based initiatives that are culturally based are critical to the development and implementation of successful intervention and outcomes." And I think all of the work that you're doing, that last statement. But started off with Dr. Mousseau in her presentation and what was shared. I appreciate everything that was shared today. Especially since being a recovery myself I see, I see the importance of getting the message out to our youth. Nobody told that to us when we were young. So it's good, I'm really proud of the work that you're doing and appreciate your presentations today. Thank you.

[Commissioner Fineday] This is Anita Fineday, I would like to add to that and to say thank you and I know that were out of time. And I would ask Robin to please send us the video and the power point. And if the other presenters have materials that you would like to send to us, that would be great. Thank you so much for taking the time to be with us.

[Chair O'Neill] Thank you. And before we wrap up, I am wondering Dr. Mousseau, if you have the answer to the question that Commissioner Morris asked? You said you would do some quick checking for us?

[Dr. Mousseau] Yes I did and I do. So I need to correct myself in that Dr. Brockie's research study, which I can send out to you guys, the article which was conducted in, or it was published in 2015. She did find a link between the different abuse questions which is emotional abuse, physical abuse, sexual abuse, and there's a number of other things. But the major of the abuse ones were related to poly-substance use, so I can send to you guys. And she also found significant differences in females and males; females having higher rates of sexual abuse. So I can send you guys that article which is very interesting, it's very new. Like I said, Dr. Brockie does have a research project coming up through the IRINAH mechanism, so she should be getting more data and inform us more on the aces in early childhood experiences and trauma in relation and interrelation to substance use.

VII. Wrap Up

[Chair O'Neill] Great, thank you. As Dr. McDonald stated, we're very, very grateful for the work that you're doing, your commitment to our community and we look forward as we are early on in our process as I stated before. We look forward to working with you in partnership as we ensure that we are connecting to experts in our communities to really understand what makes a positive impact in our young people's lives. And how do we put that information forward which would hopefully influence programs at the Federal

Government level. And so thank you to all of you and to the Commissioners for the first virtual hearing that we held. And I look forward to many more of these. And I look forward to meeting each one of you in person in the future. Just want to say stay safe in these crazy times and thank you again for your time.

I'll close the meeting.

[END OF TRANSCRIPT]

[Transcript completed in-house by R. Gilbert, Department of the Interior]