

Alyce Spotted Bear and Walter Soboleff Commission on Native Children

August 20, 2021

Alaska Regional Hearing

Panel 1 – Health, Mental Health, and Behavioral Health

Recording:

<https://commissiononnativechildren.org/media/video/panel-1-health-mental-health-and-behavioral-health-recording-august-20-2021/>

Commissioners Present In-person:

Gloria O’Neill (Chair); Dr. Tami DeCoteau (Vice-Chair); Melody Staebner; Carlyle Begay; and Donald Gray.

Commissioners Present Virtually:

Dr. Dolores (Dee) Subia BigFoot; Anita Fineday; and Dr. Leander R. McDonald.

Commissioners Absent:

Elizabeth Morris, Jesse Delmar, and Stephanie Bryan.

Detailees, Staff, and Contractors:

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
Miriam Jorgensen, Native Nations Institute, University of Arizona
Kyra James, Native Nations Institute, University of Arizona
Stacy Leeds, Leeds Consulting
Briana Moseley, Kearns & West
Chelsea Cullen, Kearns & West
Caisey Hoffman, Kearns & West

Agenda: 10:30 AM – 12:00 PM AKT - Panel 1: Health, Mental Health, and Behavioral Health

[Transcript]

Chair O’Neill
00:01 Good day. Again, my name is Gloria O’Neill and I have the privilege and honor of serving as chair of the Native Children’s Commission. For the Alaska Regional Hearing we have a co-chair and that is Commissioner Donald Gray. So I’m going to ask Commissioner Gray to chair this panel. Commissioner Gray.

Commissioner Gray
00:02 Good morning, and thank you for accepting our invitation to be here today. As Madam Chair introduced, my name is Donald Ahkuksoak Kious

Gray. And I'm a Commissioner from Ukpeagvik Iñupiat Corporation and I greatly appreciate your presence today. I think that you've heard this before, for continuity, I'd like to kind of review it again, and that the Commission is an 11-member Commission established by Congress to conduct a comprehensive study of all issues affecting American Indian, Alaskan Native, and Native Hawaiian children from prenatal to age 24. Quite the scope. The bill that created us was co-sponsored by former Senator Heidi Heitkamp from North Dakota and Senator Lisa Murkowski from here in Alaska. We know that Native children and youth experience severe and social economic disparities compared to other racial ethnic groups in the US. The federal government has a trust responsibility to provide for the education, health, and safety of Native children. Complex programs and limited resources have not been successful to address these disparities. We know that historical trauma and intergenerational cycles of poverty contribute to the disproportionate health and well-being challenges faced by Native children and families today. We were created to address these challenges and build on its strengths to find creative ways to change the trajectory of all Native children for the better. We're looking at issues affecting Native children and youth including health, mental health, education, early childhood development, child welfare, and juvenile justice. We cannot begin to tell you how appreciative we are that you're here today, specifically on the panel of health, mental health, and behavioral health. At that, I will ask the other Commissioners to introduce themselves.

Commissioner DeCoteau Good morning, I'm Tami DeCoteau, Vice-Chair to the Commission.

Dr. Matt Hirschfeld
02:29 Thanks. Thanks for having me.

Commissioner Begay
02:32 Good morning. Good to see you again. Carlyle Begay.

Dr. Matt Hirschfeld
02:36 Thanks.

Commissioner Gray
02:37 May I have the Commissioners online to introduce themselves?
Dr. BigFoot.

Commissioner BigFoot
02:54 Hello. This is Dee BigFoot. I'm from Oklahoma. I'm from the Caddo Nation of Oklahoma. I serve as faculty at the University of Oklahoma Health Sciences Center. And I direct the Indian Country Child Trauma Center, and the Suicide Prevention Resource Center funded by Substance Abuse and Mental Health Services Administration (SAMHSA). Thank you for being here for all the ones that are testifying. I look forward to listening and learning from you.

Commissioner Gray 03:35	My eye sight is blurry. Can you say it again?
Chair O’Neill 03:40	Dr. McDonald.
Commissioner McDonald 03:46	Good morning. My name is Russ McDonald. I'm President of United Tribes Technical College located in Bismarck, North Dakota. I'm an enrolled member of the Spirit Lake Dakota Nation and a proud descendant of the Sahnish, Hidatsa, and Hunkpapa peoples. Thank you for being with us today and sharing what's happening in your communities. [Closing remark in Native language].
Chair O'Neill 04:09	Commissioner Fineday.
Commissioner Fineday 04:19	Good afternoon. My name is Anita Fineday and I am in Minnesota right now and from the White Earth Tribal Nation and Northwest Minnesota. I work for Casey Family Programs and I'm in charge of the Indian Child Welfare Program at Casey. Thank you very much for joining us today and sharing your work. Thank you.
Commissioner Gray 04:45	Thank you. Dr. Matt, would you be willing to introduce yourself?
Dr. Matt Hirschfeld 04:52	Sure. Thank you to the Commission and thanks to everybody for having me for day two here. My name is Matt Hirschfeld. I'm a pediatrician here at Alaska Native Medical Center. And I also run maternal child health services for the Alaska Native Medical Center as well. And what that means is I do a lot of strategic planning and program development for women and kids health services across the state for the tribal system. And I very much appreciate being here and talking to the Commission. You guys are doing amazing work, so I appreciate it.
Commissioner Gray 05:24	Thank you. And do we have Dana Diehl on online as well? Did I pronounce that or did that butcher that horribly? Dana, you're online?
Dana Diehl 05:53	Good morning, thank you. Had to unmute myself for a second. So Good morning. My name is Dana Diehl. My Yupik name is Aan’gilaq and my Cupik name is Qinavyuq. I'm originally from Aniak in Western Alaska. My parents are Dave and Esther Diehl also of Aniak. On my mother's side, Yupik and Dena'ina Athabaskan. And on my father's side [inaudible] with roots in the Bellingham area. I'm an enrolled tribal member of the Aniak Tribe and a shareholder of Kuskokwim Corporation. And I work for the Alaska Native Tribal Consortium as the Director of Wellness and Prevention. So I'm glad to be here today to talk a little bit more about the services that we deliver. Thanks for having me.

I. Panelist: Dr. Matt Hirschfeld, Medical Director of Maternal Child Health Services at Alaska Native Medical Center

Commissioner Gray
06:37

Thank you. At that, we'll turn it over to Dr. Matt.

Dr. Matt Hirschfeld
06:44

Sure. Any specific things you just talked about the programs that we're doing? Okay, sounds great. So I think the way I like to think about pediatric care in Alaska, is one of the things that we're really trying to do up here is we're really trying to do wraparound services for kids, which very much aligns with what the Commission is doing. We have traditionally been a healthcare system that was more similar to things in the lower 48, where we had a clinic and you came in and got health care. Behavioral health was somewhat separate, physical health was separate from mental health. And then social determinants of health was separate from everything and not really thought about very much. What we have tried to do in tribal health over the past 10 years is really change all that so it's all in one place. Yesterday, we talked about the Indigenous Project Launch, which is a new program that we have started calling New Generations, we renamed it. And basically what that program is trying to do is it's trying to combine all of the services that we have at our disposal at South Central Foundation and at ANTHC, combining with the state and other programs to really wraparound services to early childhood, which is one of the biggest areas that I think we can do improvement here in Alaska. Early childhood is when you set the groundwork for all families to have success later in life. If you have a healthy pregnancy, if you're healthy pre-pregnancy, if you're healthy for those first two years of life, that sets you up to basically maximize your development, maximize your ability to develop properly, and your ability to be the most functional member of society that you can be if you do well in those first two years of life. And so that New Generations Project is really looking at trying to do that. So we're going to take across our system at ANMC, we're going to look at trying to provide great physical health, which we already do. We already have great pediatricians and great family medicine docs. We're going to bring in to their training, how do you teach parents to be better parents. That's something that is not part of pediatric training. It's not part of family medicine training. I didn't learn anything about it. But we have a program called Parents as Teachers all across the State of Alaska, where we really are looking to combine with the state and other programs where we use parents as teachers as the backbone for trying to teach our parents how to be great parents, at all different levels of kids, from early childhood to teenagers all the way out and everything in between. We're going to look at Strengthening Families, which is a program that the State of Alaska launched a few years ago and we're taking Strengthening Families and

we're combining it into something that is much more ANMCized. So it's not just the Strengthening Families that was developed all throughout the lower 48, but we're changing it into a tribal program. And so we're using Strengthening Families to teach the five different resilience factors so that families know how to respond to stressful events, and have ways to reach out to other people to get through those stressful events in a healthy way.

We're doing home visiting. So rather than just doing home visiting, as we do now, with the new Nutaqsiviik program, to the highest risk moms, we are going to do home visiting for all moms. And maybe not everybody needs two years of home visiting to really get their kids off on the right foot. Maybe they just need a couple of visits, where they learn that the crib should be set up like this or the car seat needs to be installed like this. And we're building this program at ANMC. But we're building it with thoughts of "anybody can copy it" throughout the state or throughout tribal areas all throughout the US. And we certainly would, you know, we're going to make all the mistakes, we're going to be the people that do it first. So we'll get to do all the trial and error. But as this rolls out, we will learn lots of different things and we can help other programs launch to make their program successful, so that their kids can also be started off on the right foot. And I think this is, you know, this is the biggest change that I've seen in tribal health is, you know, when we, as we talked about it yesterday, when we changed from an Indian Health Service (IHS) system in the late 90s to a tribally owned system. When we first changed from IHS to a tribal system, we basically just copied the IHS system. And over the past 20 to 30 years we have changed such that we are no longer an IHS system, we are not just a provider of services and healthcare services. We are looking to do complete wraparound services for families so that their kids will really reach their maximum potential as they get older. And that's kind of where my program set is. Everything that I'm trying to do and everything that all of our partners are trying to do is really look at that and try and make that be the goal of our system. And it all fits within exactly how, you know, we're not doing this by ourselves. We're using lots of families from our area to tell us what they needed, and this is exactly what they wanted. So it's been a very rewarding journey so far. And if you guys can come back in five years and see how it all turned out. I think that would be really exciting. Hopefully.

Chair O'Neill
12:32

Mr. Co-chair. I know that I have several questions. I think what we're trying to do, depending on how we want to engage with questions, would we want to save the questions to hear the panelists?

Commissioner Gray
12:54

Good question. And I think that I'd be open to some feedback as to whether or not you want us to save our questions 'till the very end and the other panelists might answer those questions, or would you prefer that the Commissioners ask the questions as they as they come to them?

Dr. Matt Hirschfeld 13:16	But I would say it doesn't matter necessarily to me. Dana, do you have a preference? You can give your thoughts and then you can ask either one of us questions.
Chair O'Neill 13:26	And I also want to acknowledge that we have a third panelist online. Ms. Roberta Moto is she is with Maniilaq Association. So Mr. Co-Chair, I don't know if you'd like her to introduce herself, then listen to the panelists, and then we'll engage in questions?
Commissioner Gray 13:46	Roberta, would you introduce yourself?
Roberta Moto 13:52	Good morning, I'm Roberta Moto. I live and work in Deering, Alaska. I work for the Maniilaq Association Wellness Program. It's a community-based suicide and substance abuse program. And I'm an enrolled member of the Native Village of Deering.
Commissioner Gray 14:14	Welcome, thank you for being here today. Greatly appreciate it. Going back to Dr. Matt. We had an opportunity to, some of the Commissioners had an opportunity to meet with you a couple of times yesterday. And really insightful and I have to keep in mind that not all of the Commissioners had an opportunity to hear what we heard yesterday. So at that I'll turn it over to any Commissioners that may have questions of Dr. Matt? Madam Chair.
Chair O'Neill 14:54	Yes, thank you. So I'm really interested in how you are thinking of creating a baseline for data as it relates to what I hear you say is an integrated approach to care as it relates to kids, both from the physical and mental health perspective. Are you working off a specific model? Or are you creating a new baseline model? And is that something that you can share with us in writing as it relates to the model itself and the way you're thinking of collecting the data?
Dr. Matt Hirschfeld 15:37	I would say it's a combination of the two. So I think with specifically with this New Generations Project that's coming out, it's a Health Resources Services Administration (HRSA) grant that was called Indigenous Project Launch that we rebranded. There are some data elements from Indigenous Project Launch that have to be a part of that grant. But we are also collecting data for our own selves to make sure that our outcomes are excellent. And I'm more than happy to supply how we're doing this data in writing to the Commission after today. We have a project lead on this, who is Lindsay Earnest, who is Alaska Native woman, who is organizing all of the projects and all of the data and I'm happy to take what she's doing and send it to you guys and let you know what we're thinking about. We are doing, we are gathering the space, and as Commissioner O'Neill said, we are doing our baseline data. But we also want to see in 5, 10 to 20

years, have we actually had an impact by changing the way we structured our entire health system to focus on early childhood and pregnancy. So, I'm happy to do that.

Commissioner Gray
16:44

Any other Commissioner questions?

Vice-Chair DeCoteau
16:53

Thank you for your testimony, Doctor. Excuse me. I'm just wondering, at this point in the project, if there's been any thoughts about dissemination of the model?

Dr. Matt Hirschfeld
17:03

I think we're still building the model. So we are in year two to three of this [inaudible]. With COVID, it's often difficult to figure out what year of grant you're in, because we got so many extensions. So yeah, we are going, the plan is to certainly make this model available to anybody who wants it. And we have worked very closely with the State of Alaska, Providence Hospital, and other health organizations to come up with this model. For instance, Strengthening Families is a program that is present throughout Alaska and it has been integrated in many areas of state government. And so we went with that program to try and align ourselves with other areas in the state, so we weren't doing something completely different. And, you know, potentially contrary to other places, so we will make that disseminated. If you can give me another year, I think the model is going to be a lot better set.

Vice-Chair DeCoteau
17:53

Did you say it's a three or five-year grant?

Dr. Matt Hirschfeld
17:55

It's a five-year grant.

Vice-Chair DeCoteau
17:56

Okay, so potentially, another couple, you said you're in year two, so in three years you'd have it completed?

Dr. Matt Hirschfeld
18:03

Yep. I think our, you know, one of the questions we're wrestling with a little bit right now is a lot of these programs, for instance, training our entire staff on Strengthening Families, and Parents as Teachers, and those areas. How do we continue that financially after the grant has done? So you know, we have questions about how that's going to happen. But for the most part, because we are so committed to this, we will make that happen and we'll figure out how to do that in the future. But that's the one financial part of this that's a little hard to see in the future, if it's going to be sustainable, but we're doing our best to make that happen.

Vice-Chair DeCoteau
18:42

Thank you.

Commissioner Gray

Dr. BigFoot? Commissioner BigFoot. Did you have a question?

18:45

Commissioner BigFoot
18:57

Yes. Thank you. I'm sorry. This unmuting and video and all that stuff, this is almost beyond my capability. I'm excited to hear about this effort. I was part of Prevent Child Abuse America curriculum that came to Alaska and was a dismal failure. So you know, there just wasn't the thoughtful input of local efforts. And, you know, parenting, early childhood, zero to three, all of that is certainly a passion of mine. So I really want it to be very successful. As you develop your curriculum, do you have, you really should probably have your local input, but are you, you know, creating advisory boards and how's that feedback loop? And, you know, how are you testing things out? And in terms of the traditional teachings that are here and there, they're just absolutely amazing traditional teachings, that are being incorporated into this curriculum. As wonderful as Parents as Teacher curriculum is, it still needs a lot of adjustment. So I'm just curious how all of that is happening. Thank you.

Dr. Matt Hirschfeld
20:25

Sure. So I mentioned Lindsay Earnest before as the project lead for this New Generations Project. She has, I can't remember the number, it's somewhere between six to seven potentially, different groups that meet on a regular basis, in order to get feedback on how this program is being rolled out. And what can be changed, what is working, what is doing well. Those groups include customer owners, which is what we call the families that use the Southcentral Foundation services. So we've got families involved with this. We have medical providers, we've got behavioral health providers, we've got health educators. She's got multiple groups that she presents these. As this program is being developed as this program is being rolled out, these groups provide near constant feedback on how things are going, what they like about it, are the marketing materials good, do the marketing materials need to be changed, does the wording need to be changed? So she's getting a ton of feedback. I think one of the biggest jobs is organizing all these groups in order to get the feedback so that this program will be successful, because it's not just a top down program, but it's more of a grassroots program coming up from below, with all these different groups weighing in on how things should proceed forward. Does that answer your question?

Commissioner Gray
22:08

Commissioner BigFoot, did that answer the question?

Commissioner BigFoot
22:09

That was absolutely wonderful. And I wish you much success. How exciting. I'm sorry, again, the unmute and mute, is problematic for me. All right. Thank you. I'm looking forward to hearing the rest of the testimony from everyone.

II. Panelist: Dana Diehl, Director of the Wellness and Prevention Department for the Alaska Native Tribal Health Consortium (ANTHC)

Commissioner Gray
22:25

Thank you. At this time, I'd like to move on to Dana. She did a phenomenal presentation a couple of times yesterday. And I'm really excited to have her back. So thank you for being here. And do you have a presentation today as well? Or are you going to be speaking from notes?

Dana Diehl
22:44

I don't have a formal presentation. But I did want to just kind of review some of the things I talked about yesterday. I understand some of the Commissioners were not in person yesterday. So one of the things you were asked to speak about on this panel are things that were working well in relation to Alaska Native children, and health and wellness. And one of the things I wanted to just kind of focus on was that what we've identified across the state, in terms of what's working well is a greater focus on, again, that shared risk and protective factor framework. And I think most of you are probably aware of what that model is. But it recognizes that certain conditions at the individual and community level, such as having supportive trusted adults that youth can turn to, and connection to culture and healthy coping skills, can help to prevent multiple risk behaviors, not just one. So we feel like that particular model, and it's based on research, really does help us better align the resources to have a greater impact in our communities. So the wellness and prevention department and ANTHC has really started shifting the way that we work to focus more on that shared risk and protective factor framework. And we have multiple state and federal grants. And one of the things that we've appreciated about a lot of those grants is that they're allowing us to be a bit more flexible in the way that we approach prevention. For instance, for grants that focus on things like suicide prevention, there is flexibility in focusing on protective factors, which means that not only are we addressing suicide, but we're addressing substance misuse at the same time. So that has been working really well for us and we feel like we can have greater impact by continuing to do that and continued investment in the shared risk and protective factor approach. Another thing that's been working really well is just cross-sector partnerships across the community. We have engaged in a partnership, I mentioned this yesterday, with a school district in Western Alaska where we are partnering with the school community providers, like the health aides and behavioral health aides, parents, elders, a cohort of individuals, that all play a key part in the wellness of our children in that particular region. And this particular project is using technology. It's called the ECHO, Extension for Community Healthcare Outcomes model to create just some learning opportunities for those caregivers to talk about how to integrate cultural approaches with evidence-based approaches for youth mental health treatment. So we're using that ECHO model alongside what's called [inaudible] traditional Yup'ik approach to individual and community well-being, and the ARC model, which is attachment, self-regulation, and the competency framework, which is another evidence-

based approach to trauma treatment. And we're combining all of those into one system of care for the district. And the hope is that by doing that, we'll be able to deliver wraparound services to address the mental health of youth in that particular area. So this is only in year two of the grant that's funded through SAMHSA. And we're hoping that it's an innovative model that can be adapted in other places across Alaska, because it's not only using the evidence-base to treat mental health conditions among youth, but it's integrating Alaska Native values, and [inaudible, same as above] a Yup'ik-based curriculum, which translates to healthy living, to deliver those values and pass them down to our youth.

So I think one of the other things we wanted to mention today is just that flexibility from funders to be able to integrate what we call community-informed strategies with evidence-based strategies for youth wellness has been really impactful for us. And we hope that those investments continue, because I think it really shows that there's support of self-governance and tribal sovereignty by allowing us to use what we call community-informed strategies.

The other initiative I spoke a little bit about yesterday was called Healthy Alaskans 2030. And this is a framework that allows a state and tribal partnership to identify priority health objectives for the state of Alaska. And this has been working well. And it's an effective partnership for Alaska, because it ensures that tribal voices at the table when we talk about youth wellness, including Alaska Native youth wellness. So we have 30 shared objectives that we've prioritized within the State of Alaska that include tribal voice. So again, that was just another example of something that's been working well is that state-tribal partnership. So I think I'll just stop there and see if there are any questions, I also want to make sure that we have time for Roberta.

Commissioner Gray
28:06

Thank you. So yesterday, you spoke a little bit about Family Wellness Warriors, and being able to share that program with some of the Tribes in the lower 48. And we heard from Julia Kitka earlier today about the need for sharing what works and I know a number of us were pretty excited about that, would you speak to that a little bit.

Dana Diehl
28:34

Family wellness work is, I think, within the scope of Southcentral Foundation, so I can't specifically speak to that particular program. One of the initiatives that we're implementing at ANTHC is called the Alaska Blanket Exercise, which I think is very similar. So I can describe that and then maybe Dr. Hirschfeld has a little bit more information that you can provide about Family Wellness Warriors. But the Alaska blanket exercise is an experiential learning activity that we adapted from KAIROS in Canada, and we developed it in collaboration with Alaska Native elders, knowledge keepers, and then educators. And it helps to foster truth, understanding, respect, and reconciliation among both Indigenous and

non-Indigenous peoples. Since we've started that initiative, more than 1,000 people have walked through the guided program, and it helps re-live true stories of Alaska Native people, and demonstrates how Alaska's lands and cultures were colonized first by Europeans and then by Americans. And so it really gives people a sense of where we came from and how we can continue forward, knowing that all of this has happened within our history, and it helps with intergenerational healing. Because we're trying to look even further upstream and help our families heal from the traumas that have occurred in past generations. One of our elders that's been contributing to that exercise, Liz Sunny Boy, she says that it helps people to start talking, and not be ashamed of what happened to them, but to use that strength moving forward for our people. So the Alaska Blanket Exercise, it's been, I think, going for at least three years, and we plan to continue it and expand it as part of more of a holistic approach to wellness. So that's the Alaska Blanket Exercise. I wonder if Dr. Hirschfeld you have anything to add about Family Wellness Warriors Initiative?

Dr. Matt Hirschfeld
30:38

Thanks, Dana. I have a little bit to add. But I think the person who really has a lot to add, because I actually talked to him yesterday about this, is Dr. Eby who's presenting from 4:30 to 6:00 tonight. That's well within his area of expertise at the Southcentral Foundation. I have my areas, it doesn't overlap much with FWWI. So I could just give a very brief overview, that it's very similar to what Dana said, and it's all about building resilience and trying to heal historical trauma that's happened in the Southcentral Foundation adult population. And I think Dr. Eby would certainly have a lot better things to say than I would. So if you can hold that question until then.

Commissioner Gray
31:19

Absolutely, thank you very much. And this time, I'd like to turn it over to...

Chair O'Neill
31:24

I have a quick question for both Matt and Dana. Thank you, again. I really appreciate all the work that you do on behalf of our people. My question is kind of twofold. One is, I know SAMSHA several years ago made a push of creating tribal plans so that we can move away from competitive grants, in some cases, to really focus on the unique needs of your specific areas. So for example, as you have programs that you demonstrate, and they have good outcomes, how do we continue to fund those programs? And I'm just wondering, I'm not sure if you've heard anything as of late from SAMHSA in this Administration. I know this is something that was talked about a lot in the Obama Administration and wondering if it's something that we push forward within this Administration. I do think that it aligns with self-determination. And what we heard from Julie Kitka, this morning, that we're starting to see really good outcomes in certain areas. What's so helpful for us is if we can determine what success looks like, right, and how do we align those funding sources? So that's one question. And then the second question is around historical trauma. As we have

heard that our Secretary of the Interior has really focused and will prioritize the history of boarding schools in our country. Really looking at what's going on in Canada right now. And I'm wondering, and maybe this is a question more for you, Dana, as you think about historical trauma and reconciliation, how do we as a Commission, bring this issue up and put focus on it? And do you think that it should be a priority in our conversations?

Dana Diehl
33:42

Thank you for that question. I absolutely believe that it should be part of the conversations around investment in not just grants, but like within the way that organizations operate. If there could be more focus on having that dialogue around how history has impacted the health disparities that we see today, among Alaska Native and American Indian people, I think that will create collective understanding and more empathy for you know, why certain health conditions have persisted for so many years. So, I guess I would, from what we've observed that works, is creating not only opportunities for dialogue for Alaska Native and American Indian people, but for non-Native people to really understand that true history. And that might mean policies and procedures that integrate that into organizations, like operationalize that dialogue into policies and procedures. So that there is a shared understanding of how that history has impacted us today and how it contributes to persistent health disparities within the Alaska Native and American Indian communities. And I think one of the other things is that when we think about prevention, we think about this evidence-based model of prevention, we don't typically think of looking further upstream. And when I say upstream, I mean, looking at intergenerational traumas that have impacted our grandparents and our parents. And so kind of being flexible with the definition of prevention as it relates to public health, and allowing for us to implement strategies around historical trauma. So people have that space to talk about how it really has impacted the health of us today. So I don't know if that fully answered your question. But I think there are certain things we could do both with funding to make it more available to address historical trauma, but then at the organizational level, to implement policies and procedures that allow for a shared understanding, not just among Alaska Native and American Indian people, but non-Native people.

Dr. Matt Hirschfeld
36:10

Dana, I couldn't agree with you more. Until we address it, the historical trauma issues, I think it's going to be hard to have a, until we interrupt the historical trauma issues with next generations. And to interrupt them, you have to address them. I think it's very hard, it's going to be hard to change the health disparities that are out there. And I think your program and Family Wellness Warriors and all these different programs that allow people to tell story, I think that is that's the way to get at this issue, and institutionalizing that, and making that funded and part of organizations is a great way to do that. You know, we now have good scientific evidence for why historical trauma happens at a molecular level with epigenetics and

you know, changes in the way genes are regulated. And so there's no reason not to address this at this point. It's not just a theory, it's a fact. And it's, you know, we've got good science backing it up. So, that was a fantastic answer. And, you know, I think, from the non-competitive grants and funding these things, that goes perfectly with what President Davidson said yesterday at ANTHC. That is part of how we can move forward as a healthcare entity, if we don't have to compete for these grants, and they're just part of funding and it's part of our makeup. We can continue to find great programs like Dana's and you know, the programs that we're doing after the five-year grant cycle. And it's difficult to do that without non-competitive funding. I would fully support that.

Commissioner Gray
37:51

Thank you. I really appreciate hearing someone articulate why have certain health conditions persisted, and the recommendation that we continue to kind of look at that. So, Commissioner BigFoot you have a question?

Commissioner BigFoot
38:08

Well, more of a. thank you. More of a statement. As I said, I'm the Director of the SAMHSA-funded Suicide Prevention Resource Center. So we're actually expanding the definition of prevention, and moving it more upstream. But I also want to inform, and this is a, you know, I think this Administration is really looking at things that will have a long-term impact in a positive way. And so, SAMHSA is working on initiatives for more inclusion, more equity, more, you know, fairness, recognizing the adverse childhood experience, recognizing intergenerational trauma. So I think that, especially with SAMHSA, and probably the Department of the Interior, but I hope the Department of Justice, as we think of, you know, all the things in terms of jurisdiction within Indian country. Certainly SAMHSA is expanding the definition and looking at this in terms of a more public health model. And so the efforts are certainly reaching a lot of different ears as it moves up the channel. So please note and continue to advocate, continue to be vocal. Thank you.

Commissioner Gray
39:45

Thank you, Commissioner BigFoot. Do any other Commissioners have any questions for Dana before we move on to Roberta?

Commissioner Begay
39:53

Commissioner Gray? Quick, quick question. I think what you're doing a lot of the programs that we've seen this week, as I've stressed before, are doing a phenomenal job. Just a quick question related to residential treatment. And there was a lot of discussion the last couple days about youth in particular who may be disconnected from services. But a part of that that are also experiencing homelessness. Do you have any programs that are focused on residential treatment, as a part of the holistic treatment of the youth in the State of Alaska and the communities that you serve? A subset of that question is, I know working with a lot of other Tribes around the country, there's always been that concern of recidivism, of you know, when communities or individuals come in for treatment and recovery, part of maintaining the recovery path is not putting them back

into an environment that put them there in the first place, especially as it relates to substance abuse, or physical abuse, etc. How do you combat that recidivism, and not simply putting them back into that same environment and get the same result? And then my last question, I noticed there's many questions here. But the last question is, I know with SAMHSA grants in particular, and those that are focused on substance abuse and wellness, there's a strong push, and a lot of the funding, as you move to recovery, there's a stress for programs to focus on treatment for individuals to live independently, and more importantly, to participate in a workforce or giving them workforce development and job skills to empower them as part of their treatment recovery. So is that part of the programs are part of the wraparound treatment and services that you provide?

Dr. Matt Hirschfeld
42:11

Dana, so you want to go first?

Dana Diehl
42:15

You know, the services that we provide are not direct services for youth because we're focused primarily on prevention. I would have to defer that question probably to our tribal health organizations that provide those direct services to youth. But certainly every point that you brought up is part of overall youth wellness. And there are certainly gaps in behavioral health for our youth. But I will say one thing that I think we mentioned briefly yesterday, was that ANTHC recently did open a behavioral health wellness clinic. It's completely tele-health based and there are services available to youth. There's a certain cutoff. I can't recall what the ages, I think it's 12. But tele-health services for behavioral health are helping fill some of those gaps. And that's a recent innovation that ANTHC has just offered in terms of our behavioral health services. But I don't think I can honestly answer all of those questions because I do not provide direct services to youth. So maybe I'll see if Dr. Hirschfeld, do you have anything to add?

Dr. Matt Hirschfeld
43:30

Yeah, you bring up awesome points. And we do have at Southcentral Foundation, we do have a home for women who are experiencing substance abuse. And but needless to say, it's not enough and it's good for women in the local area. But once they get sent home, there's not a lot of services out there. In fact, we have focused over the past four or five years on. We're having, like a lot of places, we're having an opiate epidemic here in Alaska. And we pulled together a group of tribal leaders, probably four years ago, to talk about how to address this across the state. And one of the things we heard loudest was, women will come into Anchorage to deliver their baby. And they're here for a few weeks before and after that, but as soon as they go back home, they go back to that exact environment and start using again, and how can we provide those services that we provide here? How can we extend those out to the regions and out to the village level? And how can we involve elders in that and how can we involve all the different people? So those questions are actively going

on. And in fact, there's a there's a recent coalition of people who are looking at how do you provide services to women who are in the corrections programs? How do you provide wraparound services for when they go in, when they come out, and for their kids and all that kind of stuff? So these conversations are happening here in Alaska. We have services here in Anchorage that aren't adequate. And we have services that are not present in a lot of the rural areas. But those questions are being asked, and we really need to address them quickly. Because without that the wraparound services that both Dana and I have talked about are not possible.

Commissioner Gray
45:24

Thank you for that. I would add that, I would agree with the sentiments of Commissioner Begay that, too often, it seems like the only options available for youth in crisis is the discovery unit at Providence API, Charter North, and out of state at Teton Peaks. That we have not done a good job at stepping up to the plate and providing an alternative to sending our youth out of state. So I appreciate the conversation. Commissioner Fineday, do you have a question?

Commissioner Fineday
46:07

Yes, I do, thank you. Your programs sound wonderful. I come from the child welfare world. And I'm just thinking about your programs. There is a new Federal law that goes into effect October 1, called Family First Prevention Services Act (FFPSA). And FFPSA allows 50 percent reimbursements for behavioral health services if the family is at risk of entering the foster care system. And, as we know, a lot of people who are addicted and have children are at risk. I don't know the status of Alaska's plans. So, Alaska, the State of Alaska, has to submit a prevention plan. And your services have to be included in their plan. So just you're nodding your head. So, I'm just hoping you're aware of that, thank you.

Dr. Matt Hirschfeld
47:1

I've heard of it. I don't know where it sits right now. But there are a lot of people who are very interested in and we thought OCS, Office Children's Services, which is Child Protection up here in Alaska. A lot of people are very interested in that system and how to make that better. We have one of the top epidemiologists in the country, a guy named Jared Parrish, who actually has a database where he is able to mine that to allow him to look at different risk factors for families. And if he, based on those risk factors, he can predict the percentage of kids that will end up in OCS custody if the risk factors are present or absent. And so using that kind of preventative data, I think is the best way to put it is, you know, we can target different things that are happening to families to try and minimize their risk of getting into OCS. So that will be part of any Alaska program. And the number of people who are interested in exactly what you just said is very high here in Alaska. So I'm hoping that we can do some interesting things over the next few years. It ranges all the way from our top funder in the state, Rasmussen Foundation and the State of Alaska, and all the way

to tribal health where we're working on some systems to try to improve the medical care for those kids in OCS custody.

III. **Panelist: Roberta Moto, Wellness Program Manager for Maniilaq Association**

Commissioner Gray
48:43

Thank you for that. I also want to ensure that we not forget that we have Roberta online as well. And I'd like to give her an opportunity to present to the Commission as well. I know that she has a presentation so we can pull you into the conversation as well. So I apologize if I excluded you. Roberta are you online? She's calling in from a rural community.

Roberta Moto
49:19

I'm online. Good morning. [Introduction in Native language] I'm [Native word] from Deering, Alaska. My parents were Evans Ablee Karmun from Deering and Flora Paniyak Newlin from Noorvik. I was married 35 years to Ron Moto Sr. of Candle, Alaska, and we raised our six kids in Deering. I want to let you guys know that I worked as a village-based counselor for eight years prior to taking over the wellness program and the village-based counselor position is similar to the behavioral health aide position. During my time as a behavioral health aide, I earned a RHS certificate and I went on to complete my Bachelors of Social Work. And I just wanted to let you guys know that one of my recommendations is to grow your own. While I was a village-based counselor, those eight years, I think that I went through like eight supervisors. So there was a lot of turnover in behavioral health services here at Maniilaq and that trend is still happening. I used to know all the therapists while I worked as a village-based counselor, and it seems as a wellness program manager, when I offer services, training to the behavioral health associates (BHAs), I'm always talking to a different supervisor about it. So having that pipeline, where you go from RHS to use the associate degree program to the BSW program is really awesome at UAF and I would recommend that the funding for that continues. Next slide, please.

I'm just gonna' go through this really quickly, because you guys have already talked about a lot of what I wanted to say. I'm the Maniilaq Wellness Program Manager where community-based substance and suicide prevention program, we don't have clients or provide funding for programs in Maniilaq, behavioral health services does those types of interventions. So our goal is to empower the communities in our service area. Next slide, please.

So I just want to sort of mirror what people have been saying. Unless our programs address the root of our problems with intergenerational trauma, historical trauma, unless we address those, long term and sustainable change will most likely not be happening. Next slide.

So, the Qargi model, that name was given to us by the Manor Regional Elders Council, and one of our supervisors, went to them during one of their meetings and explained what we're trying to build. And they said, Qargi name was probably the best fit. Qargi is a traditional sod Community House, serves as a tribal courthouse, tribal council meeting house, a place where dances and celebrations were held, and it was traditionally at the center of the community, and it's the embodiment of tribal sovereignty for our Maniilaq people. Next slide.

So suicide prevention happens on many levels. And my programs focus on the universal prevention side of it. And Maniilaq behavioral health services as this selective prevention, such as crisis intervention, and Maniilaq Medical Center also deals with some of the crisis situation. And Maniilaq wellness program does help with some of the post prevention happening in our region. Next slide.

We created the Qargi model around the idea of village wellness teams. Maniilaq staff cannot be everywhere at all times. So we encourage communities to form their local village wellness teams to be the boots on the ground -- frontline informal networks of support for people who may be struggling in their communities. So we want to reduce the people who are at risk by increasing the protective factors and working on education to reduce the risk factors. Next slide.

So the village wellness team model on the Qargi model, we started off with just Maniilaq wellness staff, provided retreats for communities wanting to build up wellness teams. And over the years, we've added funding for monthly stipends for recovery support leaders, and tribal youth mentors who started with the recovery support leader idea, and just give them some training on how to do talking circles. We suggest events that they could have to promote wellness. And when we built up the tribal youth program, we decided that just having weekly talking circles wasn't enough for our youth. We wanted them to work on life skills and be goal-oriented. So we moved from like just the loose support system to something more focused. And then we added the PCCARES program. We trained facilitators and gave them toolkits to host learning circles. And so instead of just winging things, events like that, we gave them like a manual to read off of, we gave them all the supplies they need. And we're really thankful that the NANA Regional Corporation allowed their village staff to become facilitators and based learning circles as part of their work ethic. Next slide.

I just wanted to go more into the Chasing Pares learning circle model. For too long research has had a bad name in Native communities, it's viewed as extractive and exploitive. And what we're trying to do with the PC model is take useful bits of research information and give it back to the communities in a user-friendly model. So this is not research, that's a little

article or booklet that's going to sit on a shelf in a tribal office. It's a tool that communities can use to promote wellness and community. And the main idea of PCCARES is taking the research knowledge and the local knowledge on the same level with the same acknowledgement that their knowledge is valuable. It's a dialog model, where we just give like a few minutes of research information and the rest of the learning circle, the bulk of your learning circle is communities discussing if this knowledge or this bit of data is useful or relevant in their community and what they want to do with that. That's sort of where the magic happens. We asked that facilitators invite service providers, they invite school counselors, they invite youth leaders, they invite elders, church leaders, just to get together on either a monthly or weekly basis to discuss the learning circles. We started out with nine learning circles. We've reduced it to five. It's been shown to be really effective. So other examples of village wellness activities, this picture is the 'back to school' gathering at Noatak. And this is pre- COVID. So their village wellness teams had a whole bunch of ideas and they really worked on the school and community connection. Like hosting community gatherings to introduce new teachers or welcome returning staff back. They've held fall camps in partnership with the school and community where kids were brought to the coastal camping site and they did a dump cleanup there and learned about environmental stewardship and impact values and traditional skills. Next slide.

One of the universal prevention activities our region host is Walk for Life. A subsidiary of the NANA AKIMA, they host annual fundraising events at their base in Virginia. And they've been donating those funds to our Walk for Life and other wellness events. So people gather in each of the villages, the village staff helps plan these events and others like it. And they just let kids know that they're there for them. And that the community cares about them. Next slide.

Noorvik is another good example of people are working together to organize wellness events. One of my staff members and one of the Republic support leaders in Noorvik has worked with the school to host monthly talking circles for middle and high school students. Other events hosted over the years are the Elliot Sampson Memorial Run. And they talk a little bit about mental health and getting help during that event. They've hosted youth culture camps and elders Memorial Day foods. Next slide.

Oh, okay. We sent you guys the wrong presentation. Okay. Um, one of my other recommendations is ACEs prevention. During my years as the behavioral health aide, I work with mainly adults dealing with substance abuse. And one of the main reasons I wanted to transition to the wellness program is it focuses on new, raising youth well, helping youth to go on the right path. I've worked with the youth leader program in our region where we train students to be the eyes and ears and to sort of lead wellness

events in their schools and their communities. And just working with those youth, those teens over the years, I've come to realize that by the time they become youth leaders they've already experienced trauma, they've already had to deal with grief and loss. And I think that I want to focus our programs even earlier than working with teens. Because we all know that ACEs leads to higher rates of substance abuse and suicide. But I think that that's where we want to focus on even farther upstream prevention. And also, I wanted to let you guys know that Maniilaq Association is partnering with Southcentral Foundation Family Wellness Warriors initiative, to bring that model to our region. I can discuss a little bit more about that partnership, if we have time.

Commissioner Gray
1:05:40

I think that it would be beneficial for some of the Commissioners that didn't have an opportunity to do the site visit yesterday to hear a little bit about the Family Wellness Warrior. I also want to recognize that we have about 15 minutes left, and I want to be respectful of the time for everybody. So if you could kind of summarize it, then I would greatly appreciate that. And I think that the other Commissioners will find it helpful.

Roberta Moto
1:06:13

All right. Southcentral Foundation Family Wellness Warriors initiative has funding from the state to partner with regional organizations. And we're left on year three of our partnership, little postponed due to COVID. They had leadership from our region attend Beauty for Ashes. It's a week-long intensive training session and it focuses on healing from childhood trauma, and how to respond to each other during that time. There's large group presentation, and then you're in a small group for that whole week. You listen to the large group presentations, which is part education and part storytelling. And when you go into your small groups, and a new sort of process, what was heard in that large group presentation, it is pretty intense, you dive deep into your own trauma, and then work on recognize that that trauma impacts how you interact with your family today. And yes, during the week you start working on recognizing the patterns that you learned in childhood and maybe discuss ways how you're going to move on and change those patterns. I really, really think that this model is well worth the investment. Some of the people from Beauty for Ashes are asked to do an additional session later on, called ALET, Advanced Leadership, Education and Training. You dive deep into those learning circles or the modules and you learn how to group lead and practice group leading during that time. A number of our regional steering committees that have been through both of those and helped group lead during the statewide Beauty for Ashes so we're learning how to group lead for our own region. Southcentral Foundation will help us in the large regional gathering, where we're focused on natural helpers, bringing in natural helpers to learn to host Beauty for Ashes in their own villages.

Commissioner Gray
1:09:37

Thank you for that.

<p>Roberta Moto 1:09:38</p>	<p>It focuses on, yeah, ACEs prevention.</p>
<p>Commissioner Gray 1:09:43</p>	<p>I really appreciate that overview and Madam Chair, you had a question.</p>
<p>Chair O'Neill 1:09:50</p>	<p>Thank you. Thank you for your presentation, Roberta. I'm really impressed with the work that you're doing in your community around suicide prevention, and I'm looking at an article from Suicide Prevention, dated March 2018. And I'd really like to submit this to the record along with your presentation. And what we're seeing here is that your region had a significant decrease in suicide from 2005-2009 to 2010-2014. And so it's, it's these types of, I guess data, that really allows us to know what to focus on. And what I really appreciate that you're doing is, like you said in your talk is, you're bringing kids out, engaging them in healthy activity, and you're saying to them, you know, we care about you. And we value you. So I just want you to know that I really appreciate the work that you're doing. And the data completely backs up that work as well. And I think this is something that the Commission really should sink its teeth into as it relates to suicide prevention, because it sounds and I know, from my role, that the Northwest region has put a lot of time and effort into figuring out how to truly connect with your young people. So they feel safe and supported in their communities.</p>

IV. Questions and Discussion

<p>Commissioner Gray 1:11:50</p>	<p>Thank you, Madam Chair. At this time, I'd like to open it up to other Commissioners if they have any questions or comments that they'd like to add before we start to wrap this up. Commissioner Staebner?</p>
<p>Commissioner Staebner 1:12:10</p>	<p>Hey, you know, I heard a lot of conversation today around trauma, intergenerational trauma. And you know, we are the orphans and descendants of the boarding schools. And so, I guess, going back to Doctor Hirschfeld, I really appreciate, you know, how aware you guys are of the barriers that families are facing. And I would like to hear more about your program on the New Generation. What was that called again, I just lost it, took a lot of notes here, the New Generations program?</p>
<p>Dr. Matt Hirschfeld 1:12:49</p>	<p>The Nutaqsiviik program, which is part of New Generations? Yeah, that's our home visiting program.</p>
<p>Commissioner Staebner 1:12:55</p>	<p>Yes, the home visiting program, because there's so many barriers that a lot of our families face, you know, and I think a lot of what I'm hearing here is some of the same struggles we have within our own community in North</p>

Dakota. And I just appreciate that, and a million things are going through my head here. Yeah, so I would like to hear more about that program in the next few years on the success of that, because that's something that we do in our community, our home visits, and it really does help a lot of families that have transportation barriers and things like that.

Dr. Matt Hirschfeld
1:13:36

Happy to come to North Dakota.

Commissioner Gray
1:13:41

Any other Commissioners? Roberta, you had mentioned that, you'd spoken a little bit about the village-based counselors and I am kind of curious and it may not be the same across the state, but are the village-based counselors employed by either ANTHC or Southcentral or are they historically employed by the village corporation? Can you speak a little bit more to that?

Roberta Moto
1:14:29

In our region, Maniilaq Association employs the village-based counselors and they're based in the village clinics.

Commissioner Gray
1:14:45

I'm sorry, and I don't think I quite heard that response. Can you repeat that?

Roberta Moto
1:14:53

In our region, Maniilaq Association employs the village-based counselors and they're based in the village clinics.

Commissioner Gray
1:15:02

Okay, thank you. Madam Chair.

Chair O'Neill
1:15:10

I have a follow up. Roberta, when you began your presentation you talked about growing your own and talked a little bit about the churn. And I'm curious, as it relates to the career pathway for developing, you know, the village-based workers. Do you work with the rural Human Services program out of UAF? And has that proved to be useful? And if it has, is it difficult to find people who enroll in the program, and what can we do on a statewide basis to support you?

Roberta Moto
1:15:55

I earned my RHS certificate in 2008. And each region has funding for that-- to send their staff to Rural Human Services courses. I was really lucky that during most of my time, they were based in Kotzebue. So it's a week-long trip to Kotzebue every month during the fall and spring semesters, and they don't have it in our region right now. People are sent to Anchorage and Fairbanks. But I was really happy that I was able to get my way through Chukchi campus in Kotzebue.

Commissioner Gray
1:16:58

So as we begin to wrap this up, do any of the panelists have any final thoughts that they'd like to share with the Commission?

Dana Diehl
1:17:08

I just want to echo what Roberta had shared about growing our own. I too, grew up in a community where I only had one Alaska Native teacher in elementary and high school. And that teacher was our, the late elder Nancy Morgan, who was actually our Yup'ik teacher. So we didn't have any Alaska Native grown teachers at that time. But I think it's a strategy for prevention is to have people that know you, know where you come from, be providing services, not only in education, but in health care, behavioral health, and in public health. So I think one recommendation is just to continue intentional investment in workforce development of Alaska Native and American Indian people in all of those sectors.

The other thing that Val mentioned yesterday during our visit was funneling funds through compacts, rather than just competitive grants. And I just want to echo how important I think that would be to continue delivering services that meet the needs of our communities. I manage a lot of grants, and it does tend to be in an administrative burden to manage competitive grants. Because like she said, yesterday, we spend a lot of time writing reports, tracking budgets, asking for approval to do budget revisions for things that may not be evidence-based. So I think the recommendation that Val had to invest more in compact funding, and then even tribal set asides for prevention, there's something that we would definitely support when it comes to overall wellness of our youth. And then just again, that connection that intergenerational trauma is connected to overall youth wellness, we need more investment in not only preventing adverse childhood experience, but greater investment and commitment to programs that allow for that dialogue around the true history of colonization. And like we talked about earlier, institutionalizing that dialogue, also at the federal level. So people who are providing funding to us know exactly why we see the health disparities that we see today. So I just again, want to thank you all for allowing us time to be on this panel and share some of the programs and recommendations that we have the funding that we do receive, especially through agencies like SAMHSA, and the Centers for Disease Control. We very much appreciate and look forward to continuing those partnerships. So thank you for having me.

Commissioner Gray

Thank you, sincerely.

Dr. Matt Hirschfeld
1:19:43

I think a lot of the subjects we discussed today really hit on most of my passions as specifically early childhood and kids in OCS custody and things like that. One of the things we didn't talk as much about today but we hit yesterday a little bit was the how schools can participate in this. Certainly healthcare is important, but kids spend way more time in schools than they do in health care situations. So, you know, how do we break down the barriers between school and healthcare, especially in rural places and in Alaska, where schools and health care often, you know, the two biggest entities that live out there, and how can we bring more healthcare,

especially behavioral health to schools? And how can tribal health help with that? I think one of the things President Davidson talked about yesterday was APU and our strategic partnership through ANTHC with the Alaska Pacific University. And you know, both Dana and Roberta talked about growing our own. I think that is a very unique opportunity to be able to train Alaska Native people to become teachers, to become physical therapists, occupational therapists. As this strategic partnership goes forward, I see that as a great boon to getting Alaska Native people into the healthcare workforce in the school workforce and, you know, the more we can partner with schools, the better kids are going to be over the long term. So that thank you very much for having this is a fantastic Commission, really appreciate meeting all of you.

Commissioner Gray
1:21:16

So yesterday, we kind of ended it with the President of ANTHC on you know, if she were to have, to make two or three or four recommendations, what would be the recommendations be from ANTHC? I'd actually like to extend that same offer to each of the panelists, very specifically on the health and mental health side of behavioral health. If you were to sum up just one or two recommendations in written form, would you be willing to provide that back to the Commission as to what specifically your recommendation would be.

Dr. Matt Hirschfeld
1:21:58

I already submitted to Caleb. So, you've got mine.

V. Wrap Up

Commissioner Gray
1:22:04

Well, I can't tell you how much I appreciate your time yesterday, on multiple visits that we had yesterday and your time today. I greatly appreciate your efforts and your guidance and just a wealth of knowledge that you bring to the Commission. So thank you, any other Commissioners have any closing thoughts or comments?

Vice-Chair DeCoteau
1:22:28

Thank you all so much for your wonderful presentations today and very much appreciated.

Commissioner Gray
1:22:38

Right, at that, we'll go ahead and close it. And again, thank you very much.

Dana Diehl
1:22:44

Thank you, everyone.

Dr. Matt Hirschfeld
1:22:45

Thanks, Dana. Thanks, Roberta.

[END OF TRANSCRIPT]

[Transcript completed by Kearns & West]