ASU School of Social Work
ARIZONA STATE UNIVERSITY
School of Social Work | Watts College of Public Service & Community Solutions
411 N. Central Avenue, Suite 800 | Phoenix, AZ 85004-0689 | p 602.496.0800 | f 602.496.0960 | ssw.asu.edu

Testimony on the Issues of Health, Mental Health, and Behavioral Health
Christopher Sharp, M.S.W., M.P.A., Citizen of the Colorado River Indian Tribes.
Director of the Office of American Indian Projects and Clinical Assistant Professor within the School of Social Work, Watts College of Public Service and Community Solutions at Arizona State University.
Date submitted: February 22, 2022

Honorable Committee Chairperson O'Neill, committee members, and staff:

My name is Christopher Sharp, I am a Clinical Assistant Professor and Director of the Office of American Indian Projects within the Arizona State University (ASU) School of Social Work. I would like to thank the Committee for allowing me to share my perspectives today and welcome you to the Southwest, specifically within the ancestral homelands of the Akimel O'odham and Pee-Posh peoples.

I am from the Mohave tribe, descendant of the Frog Clan (Bouh'th) and a citizen of the Colorado River Indian Tribes. My career experience has been working for and with American Indian and Alaska Native (AI/AN) Tribes and Tribal populations in Arizona and throughout the United States. OAIP projects are primarily focused on AI/AN communities and programs in areas of research, evaluation, and technical assistance. In addition, I teach and serve as a field instructor, a field liaison for students in Tribal field placements, and a mentor to American Indian students and other students interested in working with AI/AN populations.

The Office of American Indian Projects was established in 1977 with the purpose to develop the capacity of American Indian Communities and programs. The Mission of OAIP includes the development of a site where American Indian research and grant projects can be conducted, coordinated and monitored to ensure a focus that is beneficial to the tribes and one that reinforces a government-to-government approach. The Mission also includes recruiting American Indian social work students and faculty, mentoring students, and providing American Indian people with a friendly reception within Arizona State University. The Vision of the OAIP is to develop strengths in both individuals and systems within the social work arenas of American Indian communities, in conjunction with the ongoing federal mandate for tribes to assume responsibility for the delivery of social services to American Indian people.

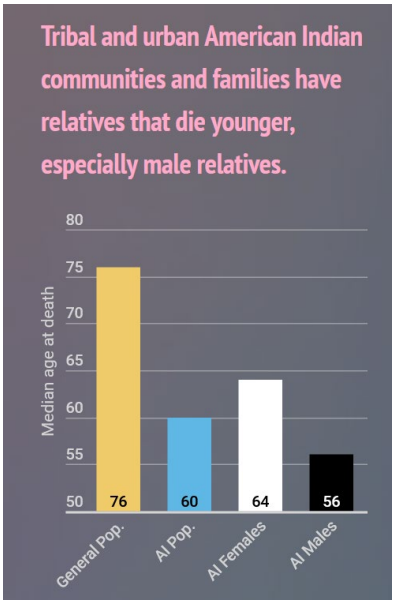
While Arizona State University has had its challenges in partnering with Tribal communities, specifically in the area of research, we have learned from lessons of the past and have grown as an institution dedicated to mutually beneficial partnerships and providing spaces for learning, growth and innovation for the 3,571 AI/AN students that attend ASU.[1] In keeping with our design aspirations, we are committed to supporting Tribal nations in achieving futures of their

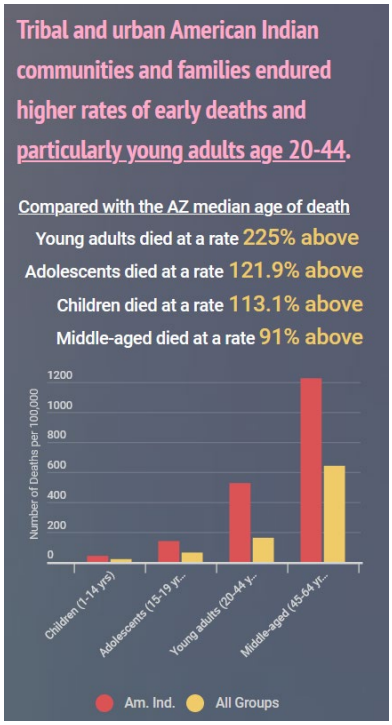
[1] American Indian Student Support Services data for Spring 2022. Students self-identify as AI/AN. Numbers include students identified under other racial categories, but who identify their Tribe or Indigenous, AI/AN background.

own making and enhancing and fostering an environment of success and possibility for American Indians at ASU.[2]

The Indigenous Health Gap in Arizona

Research has shown that Indigenous groups experience shorter life expectancy compared to general populations in all countries regardless if the country is lesser developed countries or modernized/industrial countries.[3] In Arizona the median age of death is 16 years lower than the general population and 80% of Indigenous people die a premature death.[4] The Indigenous peoples are similar to other underserved and marginalized communities in that socioeconomic factors and marginalization have a determining effect on their health. With that being said, determinants that uniquely impact Indigenous populations are colonization, globalization, forced migration, loss of language and culture, disconnection from their traditional lands and waters.[5] These distal factors that, "are important for conceptualizing how historic processes of environmental dispossession, including colonization, has shaped both the systems Indigenous people live in and their consequent health realities".



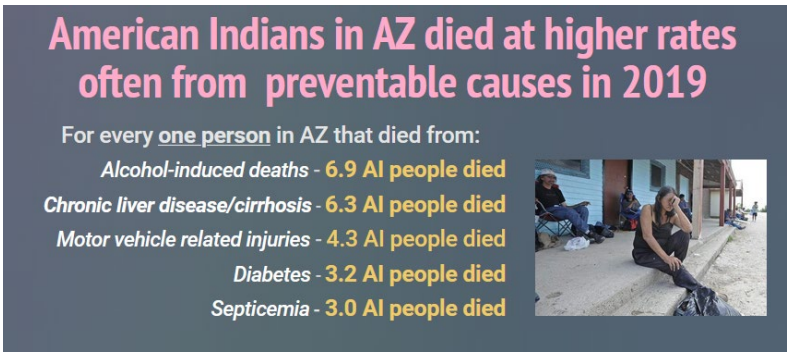


Imagine going to a family reunion and one of your family members comes up to you and says, "You made it to 40… you made it…". At first you might think that she is poking fun at you for being the "Big 4-0", becoming middle aged, or just plain being old. This was not the case. This happened to me at a family reunion in my community of origin, Colorado River Indian Tribes. My cousin that pointed out the recent milestone because many of our close relatives passed away before reaching 40 years of age. This included her son, who was around my age and had passed away several years prior. Relatives in our communities have experienced the loss of our young ones and with this happening we lose a part of our futures. In some communities, the median age at death has dipped lower than the statewide median age of 60 for American Indians, especially impacting our young males. This was happening prior to the pandemic and has continued since then. I imagine that anyone who is from a Tribal or urban community can think of specific examples of the loss of our young ones. We are in agreement about the issue, we must agree to work together to address

[2] ASU President Michal Crow, 2015 Statement on ASU's Commitment to American Indian Tribes.
[3] Stoner, L., Page, R., Matheson, A., Tarrant, M., Stoner, K., Rubin, D., & Perry, L. (2015). The Indigenous health gap: raising awareness and changing attitudes. *Perspectives in public health, 135*(2), 68-70.
[4] Arizona Department of Health Services. (2020). *Health status profile of American Indians in Arizona: 2018 data book*. https://pub.azdhs.gov/health-stats/report/hspam/2017/indian2017.pdf
[5] Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. *The Lancet, 374*(9683), 65-75.

them.

I recently read an article that stated that health disparities are the number one issue or problem that AI/AN health systems face. I'm going to respectfully disagree. Health disparities are not the problem, they are the outcome of a broader problem and the reality is that sometimes the health systems themselves contribute to the problem. In Arizona, the health disparities indicate that more needs to be done to improve behavioral health and mental health of our people. I would say that the biggest problem is systemic, chronic underfunding of our health systems by Congress. Secondly, intergenerational impacts of trauma have not been addressed due the lack of resources and funding and lack of focus on prevention within the medical model of care. Thirdly, the disconnect between Western and Indigenous approaches to wellness and health.



Tribal MIECHV

During my career I have had the honor of being an educator at a reservation elementary school and now at the university level. I have served in an advocacy role for polices that benefit Native children and families. I have also served as a technical assistance provider for home visiting programs in Tribal and urban AI/AN communities. Through these experiences I came to realize that issues of health, behavioral health, and mental health can be prevented in the home at the earliest stages of life. The first caretakers are the parents, family members, and elders that care for their children, instill cultural values, and provide nurturing environments. This nurturing system fosters a cohesion, resilience, connectedness, and positive identity development of Native Children.

Maintaining a nurturing environment from birth to adulthood requires adequate and safe housing, community safety, economic security, healthy food, and effective school systems. These are known to the medical field as the social determinants of health and medical professions have begun to accept that these environmental factors are the primary cause health disparities in the United States.[6] The field of social work has been somewhat ahead of the curve through the "ecological approach" or "person-in-environment approach" to services, both which recognize the influences of family, community, and systems on the individual and

[6] Daniel, H., Bornstein, S. S., & Kane, G. C. (2018). Addressing social determinants to improve patient care and promote health equity: an American College of Physicians position paper. *Annals of internal medicine, 168*(8), 577-578.

client system's health and well-being. In all honesty, policymakers and medical professions are coming to understand that we can't simply write a prescription to address the social determinants. Those determinants are where prevention services, social services, human services, and community services can play a vital role.

I would like to highlight the Tribal Maternal Infant and Early Childhood Home Visiting program (Tribal MIECHV). Grantees within the area of the Southwest include Tribes such as Pueblo of San Felipe, Taos Pueblo, Navajo Nation, as well as urban programs such as Native Health (Phoenix) and Native American Professional Parenting Resources, Inc. (Albuquerque). I had the privilege to serve as a technical assistance provider to the many of these programs. The funding for these programs was established through the Affordable Care Act to deliver evidence-based, prevention-focused services to parents and children from prenatal to 5 years of age. MIECHV and Tribal MIECHV have garnered support from members of Congress on both sides of the aisle although funding has been reauthorized for relatively short implementation periods.

The strength of the programs is that they are community-based. At the time of the program's inception the service models did not meet the required level of evidence for AI/AN populations and grantees could choose an evidence-based model tested for other populations.[7] In order to select a service model, grantees engaged stakeholders and community members in a process to understand the strengths and needs of their communities and gauge the grantee organizational readiness to meet the needs and to deliver evidence-based programs. The results of these community-engaged processes are culturally enhanced and adapted services and increased engagement from both Tribal and organizational leadership and parent participants. Over time the programs have adapted and evolved to become essential to the communities they serve.

Specific activities that impact the health and wellbeing of families includes parenting education, providing direct resources, developmental screening of children to support early detection, screening for post-natal depression in mothers, substance use issues, economic strain, etc., and referrals to other supportive systems. The home visitors are the first responders to wellness within family nurturing systems. I always would tell home visitors that they are the "heart of home visiting" and it's not easy work. In conversations with parent participants during site visits, we would consistently hear that the parents felt supported and less isolated. Simply having this relationship with the home visitor fostered connections to the systems of care. Indigenous people know about the importance of relations and connectedness to health and wellbeing.

During COVID Tribal MIECHV grantees have proven that they are both essential and contribute to fostering resilient families. A recent issue brief highlighted how three of the grantees responded to the needs of both families and staff within the programs. The home visitors took on the role of connector for the families in terms of connecting them with resources at the individual service level and connecting parents with their peers by continuing virtual groups.[8] A

[7] Administration for Children and Families. (n.d.). *About Tribal Home Visiting. Office of Early Childhood Development*. About Tribal Home Visiting | The Administration for Children and Families (hhs.gov)

[8] Stark, D.R. (2021). *Sustaining a light of hope for families: How Tribal Home Visiting programs persevere despite COVID-19 challenges*. Administration for Children and Families, Office of Early Childhood Development. Sustaining a Light of Hope for Families (hhs.gov)

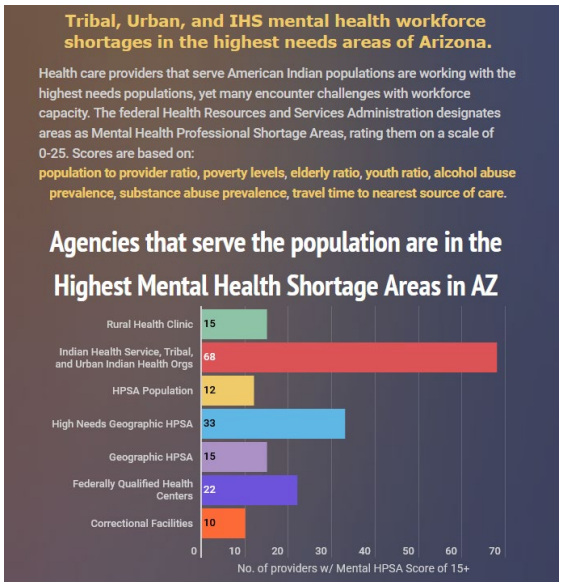
At the same time, the organizations provided staff support to maintain their own wellbeing. In conversations with former colleagues, it was no surprise to hear that the pandemic has taken its toll on families and program staff. The services should continue and resources should be dedicated within the funding stream to establish support for staff at all levels to support them in their continued professional development, self-care, and innovative work.

Funding for all MIECHV programs, both state and tribal, was reauthorized in 2018 for an additional amount of $400 million dollars per year through September 30, 2022.[9] Reauthorization of this program is critical at this point in time since we are only 7 months away. The 2018 amount has not nearly been enough to meet the needs of children and families of all communities, however the MIECHV programs have demonstrated their worth by targeting their efforts to those in greatest need. The recommendation would be to reauthorize a larger amount and increase the set-aside percentage for Tribal MIECHV, which currently stands at 3%. I echo the recommendations of the National Home Visiting Coalition as follows:

- Increase MIECHV funding by $200 million each year over five years, to a total of $1.4 billion annually, to reach more families and better support the workforce over the next five years
- Double the Tribal set-aside
- Continue to allow virtual home visiting with model fidelity as an approved option for service delivery.[10]

Connecting and Aligning with Tribal Needs and Priorities

There is a clear need for mental health professionals in our communities. For social work, there needs to be more development around services and support for licensure of our BSW and MSW graduates. Once licensure is obtained then services can be reimbursed. My doctoral research has focused on how we can do better as a school of social work to support the transition of our graduates to work within Tribal and urban AI/AN communities, with a focus on returning to their home communities.



The health of Native children and youth should focus and align with Tribal strategic priorities around self-determination and opportunities to advance Tribal services. We cannot do this without human capital. Tribal and non-Tribal schools alike should think long-term about this when it comes to the next generation of community members, health and behavioral health providers, and leaders. Their vision of their futures should include the possibility of remaining in or returning to their communities and advancing their Tribes, communities and nations.

[9] First Five Years Fund. (2022). *Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).* Maternal, Infant and Early Childhood Home Visiting Program (ffyf.org)

[10] National Home Visiting Coalition. (2022). *MIECHV Reauthorization*. MIECHV Reauthorization 1-pager (nationalhomevisitingcoalition.org)

Tribal workforce programs should also be included in these efforts since the reality is that not every community member wants to go to college for a four-year degree. One local Tribe, Gila River Indian Community (GRIC), received funds through 2015 from the Department of Labor to develop an innovative system of workforce development using the Career Pathways model. The program was delivered through the GRIC Education and Training department. The approach of this model is to engage industry partners in the development education and credentialing programs. Partners included local community colleges, the local Tribal health organization Gila River Health Care, Tribal departments, and private sector employers.

Participants that completed the program had the option to gain employment in their respective industry sectors or to advance further along the pathway, which might then include a bachelor degree. The career pathways require partnership, commitment, and resources to be sustained. Continuous funding for these types of innovative partnerships are needed and they should specifically be directed toward Tribal health and behavioral health workforce. Two or three-year grants won't be enough, we need longer term funding commitments to support these efforts. Support for career pathways might involve funding through federal agencies such as the Bureau of Indian Affairs, Department of Labor, Health Resources and Services Administration, Children's Bureau, and Indian Health Service.

Universities have an opportunity to partner with Tribes and Tribal Colleges to support education and workforce development that will benefit Tribal communities. Mechanisms and partnerships need to be created to facilitate seamless transitions from graduation with a health-related degree to entry into the Tribal workforce. COVID has impacted our communities deeply, especially with traumatic loss of our elders and relatives. There will be long-term mental health and behavioral health consequences as a result. I believe that the field of social work will be instrumental to addressing many of the impacts of the pandemic.

Native social work students should be equipped to work within their communities in the health care, mental health, and social service arenas. This will require the ability to work with clients to address complex issues impacting their mental health and substance misuse. Advanced direct practice skills to address complex issues include both Western-based clinical skills and cultural competence to integrate Indigenous strengths and healing principles into their work. I believe that three specific recommendations can make a huge difference:

- Programs funded by the Health Resources and Services Administration, including the Behavioral Health Workforce Education and Training programs for professionals and paraprofessionals, should include a set-aside of 6% for university and college training programs that partner with Tribal, IHS, and Urban Indian Health Organizations.
- Indian Health Service should review hiring policies and policy barriers to hiring recent graduates and utilize existing federal traineeship programs to increase the workforce capacity of behavioral health, mental health, and substance abuse treatment programs. This would include infrastructure, incentives, and support for trainees to obtain professional licensure, which often includes clinical hours.
- Establish legislation authorizing programs and funding streams to develop and implement Career Pathways or other innovative strategies to address Tribal health and

behavioral health care shortages and prioritize grantees that include partnerships between Tribes, universities, and Tribal or local colleges.

Efforts need to intentionally focus on Tribes and organizations in workforce shortage areas. This won't happen overnight, they are long-term strategies that require long-term commitment and funding. The federal trust responsibility toward American Indian/Alaska Natives is a long-term commitment as well. I believe that we can effect change and we have an obligation to do so throughout the lives of our Native Children and future leaders. Thank you for this opportunity to share my perspective.