

**Alyce Spotted Bear and Walter Soboleff Commission for Native Children
Public Hearing
Testimony of Esther Tenorio, Pueblo of San Felipe**

Good afternoon Chair O'Neill, Vice Chair DeCoteau, and Members of the Commission.

Thank you for this opportunity to provide testimony on systems development for children's mental health services in the Pueblo of San Felipe.

Ku'wats'sti' Hopah (insert Keres introduction). My name is Esther Tenorio I am the Project Director of our 12-year Systems of Care Project HOPAH (Helping Our People Advocating Hope) in the Pueblo of San Felipe.

In our Community HOPAH, in in our native language Keres, means everyone. We are taught that raising our children is everyone's responsibility. This concept has been in existence from time immemorial and in everything that we do. Our traditional systems are also built in this manner. These innate systems have worked and are exhibited in our ceremonies when 80% of our tribal members are participating in the practices that nurture all of us. In these practices we are surrounded by family and community members who know us by name and greet us as family. We have noted that when these ceremonies end we sometimes go back to confusion and feeling left without supports in today's fast moving society.

Like other Native communities, our people continue to deal with historical trauma brought on by federal policies that sanctioned the taking of our homelands, and prohibited the exercise of Native culture and religion. The most appalling and damaging policy was Assimilation, which authorized the abduction of Native children from their homes, forcing them into government-funded boarding schools. The full history of Assimilation has been written out of our history books. However, Native communities continue to suffer the repercussions to this day.
<https://boardingschoolhealing.org/education/impact-of-historical-trauma/>

Because of our history American Indian families may not always be equipped to provide nurturing supports and resources for our children. All tribes do their best to provide supports and services utilizing programs built and funded by the federal government. Many of these programs are for social/emotional, education and health services. Many tribes are now expanding services that are funded by tribal funds or other resources. Although resources are provided many tribes struggle to align services that require western approaches for service provision to tribal members.

We all know that the data that is available to all of us paints a dismal picture. Many of our children and families suffer with mental health challenges, such as depression and substance use disorders. Because these challenges are personal, resources are not specific to each and every child and family. These children and families are often isolated in rural areas far from hospitals and clinics.

These challenges shared by all of us are cumbersome yet the answers can be accessed if we worked together, listened to each other and most importantly shared resources!

The Pueblo of San Felipe is located in central New Mexico with approximately 4,000 tribal members. With 80% of our tribal members speaking our Keres language, our ceremonies are still intact and practiced throughout the year. Yet our community suffers with high rates of alcoholism and domestic violence. This is what we have learned from our initial needs assessment conducted in 2009. We also learned that we are a very resilient community proud of traditional practices including mental health practices and many strengths that are embedded in our daily practices such as prayer and affirmations.

With the information collected from our systems assessment we started to work strategically to understand our community, our leaders and especially our children.

These are some cross-system and best practice examples that we have implemented in the Pueblo of San Felipe to address tremendous gaps: In 2008 when we were awarded our Circles of Care SAMHSA grant. This grant work was supported by a Tribal Resolution to build a systems of care framework for children's mental health programming.

We started with a system-wide needs assessment asking questions: Are our program services reaching our needy families? Are they culturally appropriate? Do they embrace the values and beliefs of our People? In looking for answers we began our strategic planning process with two consecutive and instrumental planning grants: Circles of Care, a 3 year grant and Systems of Care a 4 year grant requiring a 1 third match each year with the final year a 100% match, both grants were funded by SAMHSA.

We also completed an assessment of our financial management, articulated our Serious Emotional Disturbance (SED) definition, conducted a service delivery assessment and then began the process of rebuilding our system based on the strengths and gaps that were identified. These systems assessment activities allowed us to learn to navigate 3rd party billing, understand grants management requirements and to seek funding opportunities that align with our strategic plan.

We also built a task force across all child serving programs within the community and beyond, in order to bring together all resources working on similar initiatives to eliminate silos and build innovative programming. We then began to initiate partnership agreements with the state child and adult behavioral health agencies, county partners, the University Of New Mexico (UNM) and other entities pertinent to children's mental health service provision.

Through the partnership with UNM we learned about Community Based Participatory Research (CBPR) and implemented process evaluation strategies, performance measurement and outcome evaluation to guide our work. In addition and most important, we included our youth and tribal leaders in learning about the value of evaluation and data-informed decision making.

Infrastructure development was also identified as a priority. We recruited tribal member health champions to complete the state Certified Peer Support Worker (CPSW) training and

build in-house behavioral health service provision by pairing tribal members with licensed clinicians. This initiative has greatly increased capacity and enhanced our ability to provide culturally appropriate care. Additionally, we were strategic in implementing CPSW services as these services are Medicaid billable at the OMB rate in the state on NM.

We continue to build community mental health champions by recruiting youth. We started with 3 youth in our 1st year and we have since trained over a 1,000 youth, many of whom remain health champions in the community. We are excited to report that many of our youth continue to work within our programs in various capacities, including leadership.

We also implemented an intergenerational cultural knowledge sharing project called KICKS, with youth and elders learning traditional lessons and ways of accessing natural supports to build resiliency. This knowledge sharing then provides mental health lessons to whole families with youth and elders sharing lessons learned. A manual to capture these lessons was created, and this manual is now being tested as an evidence based practice as part of a National Institute of Health funded research study.

Not only are we building sustainable traditional practices, we are also building financially sustainable mental health practices, including our Equine Therapy Program that is bringing in licensed clinicians and experiential therapies that align with our tribal ways, utilizing horses and traditional farming techniques.

We are also building financial sustainability by expanding our service array by placing licensed clinicians and CPSWs in schools, courts and primary care settings. Along with licensed clinicians and CPSW's we now have the ability to implement evidenced based practices (EBP) that are required by most federal agencies. Importantly we are very careful in choosing EBPs that align with our community. Cultural adaptations are then made using a manualized cultural adaptation process, ensuring fidelity and cultural appropriateness. Some of these practices include: Cognitive Behavioral Therapy (CBT), CBT-Suicide Prevention, Family Spirit (home visiting), EAGALA (Equine Assisted Therapy), Project Venture, Mental Health First Aid and universal mental health screening using the Patient Health Questionnaire -9, AUDIT-C, and other assessments instruments.

Our service array now includes home visiting services for new parents and infants; behavioral health services for children, adolescents, transition aged youth, adults and elders; neuropsychology; prevention; and public health. These services are provided across coordinated systems in the community, the schools, the clinics and in our homes.

Our programs operate in accordance to our tribal calendar which embraces the seasons and the travels of our father Sun. Our Tribal Administration changes annually in January with new leadership appointments. This is significant and sometimes impacts programming. As with other factors, through coordination and effective communication we have lessened these impacts.

As I reported in the beginning, raising our children is everyone's responsibility and provided collaboratively, to honor and empower our people. Our projects aim to build up our youth and families, as well as our community members and program staff. We build resiliency through working together and ensuring the safety of our community.

In San Felipe, this means acknowledging and utilizing the care practices that have long served our community and pairing them with clinically excellent western modalities to ensure that community members gain relief from internal conflicts and are equipped with the skills to address their emotions. We recognize that not all tribal communities have the mechanism to operate at such a capacity just yet, but the capability is available. The capability rests in our collective efforts to ensure that the health and education of our peoples are honored by the federal trust responsibilities and provided by federal grant distributions.

In closing, I am confident that we can and will provide a better future for our children. But it is going to take all of us working together: our work in the field, the commitment of tribal leaders, partnerships with state and local governments, and the policy recommendations of this Commission to get us there.

I want to again thank you for this opportunity to share our experiences, and for the work of the Commission.