

**STATEMENT  
OF  
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BUREAU OF INDIAN AFFAIRS  
U. S. DEPARTMENT OF THE INTERIOR  
BEFORE THE  
COMMITTEE ON INDIAN AFFAIRS  
UNITED STATES SENATE  
OVERSIGHT FIELD HEARING ON  
"EMPOWERING NATIVE YOUTH TO RECLAIM THEIR FUTURE"**

**August 9, 2011**

Good Afternoon Mr. Chairman, Mr. Vice Chairman and Members of the Committee, my name is Edward Parisian and I am the Regional Director for the Bureau of Indian Affairs (BIA) Rocky Mountain Regional Office in Billings, Montana. I have served in this capacity since April 1, 2008. I am pleased to be here today to provide the Department's statement on the topic of "Empowering Native Youth to Reclaim Their Future," which relates to American Indian and Alaska Native youth suicide prevention.

American Indian and Alaska Native youth suicide is a serious problem in Indian Country. Data and research have shown that social factors such as poverty, alcoholism, gangs, and violence contribute in the manifestation of suicide ideation, suicidal behavior and suicide attempts by American Indian youth in Indian Country. See *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults*, 2010 Publication by Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

According to the Centers for Disease Control (CDC) data on "Leading Causes of Death by Age Group, American Indian or Alaska Native Males-United States, 2006," suicide was the second leading cause of death for ages 10-34. The same 2006 data from the CDC for American Indian or Alaska Native females showed that suicide was the first leading cause of death for ages 10-14, the second leading cause of death for ages 15-24, and the third leading cause of death for ages 25-34. Additionally, SAMHSA in its 2010 publication, *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults*, states that young people account for forty percent (40%) of all suicides in Indian Country.

As the members of this Committee are aware, BIA programs assist tribal communities in developing their natural and social-economic infrastructures (i.e., tribal governments, tribal courts, cultural vitalization, community capabilities, etc.) or provide services to fill infrastructure gaps (i.e., education, law enforcement, social services, housing improvement, transportation, etc.). For the BIA, suicidal events significantly impact law enforcement personnel since they are the most likely first responders to suicidal events. There is also a significant impact on students,

teachers, administrators and other school staff when handling suicide ideation, gestures, attempts and completions within the Bureau of Indian Education (BIE) school system. The BIE has developed a Suicide Prevention, Early Intervention and Postvention Policy to promote suicide prevention in BIE schools. The policy mandates specific actions in all schools, dormitories and the two post-secondary institutions; and encourages tribally-operated schools to develop similar policies. These actions create a safety net for students at risk of suicide and promotes proactive involvement of school personnel and communities in intervention, prevention and postvention activities. There are also ongoing efforts to address these issues through partnerships with behavioral health and social services organizations at both the tribal and national level with SAMSHA and the Indian Health Service (IHS).

Within Indian Affairs, the BIA's Law Enforcement and Tribal Services programs, along with the BIE, continually seek ways to collaborate and to support activities directed at suicide prevention and services coordination. The BIE utilizes the Youth Risk Behavior Survey, Native American Student Information System (NASIS), local BIA Law Enforcement and IHS data to develop interventions and track trends for program implementation and is committed to seeking out and enacting prevention strategies while ensuring a safe and secure environment for our students.

The Office of Justice Services (OJS) in the BIA has partnered with numerous health and social service programs to assist in educating and presenting at schools, seminars, workshops and community events to the youth and the community on suicide prevention. Corroborated by statistics from the Resource Patient Management System (RPMS), BIA Law Enforcement has seen a history of high rates of suicide completions in the Great Plains Region alone. The statistics show that, in this region, there were 24 American Indian suicide completions in 2008, 36 in 2009, 15 in 2010 and 6 so far in 2011. The majority of these suicide completions were for individuals in the age range of 15 to 24. In the Great Plains Region, OJS has signed a Memorandum of Understanding (MOU) with the "Circles of Care" program. The Circles of Care program provides youth prevention activities for families, which are held in their tribal communities. During these events BIA Law Enforcement participates by setting up an educational booth designed to interact with families and other service agencies and provide information on suicide prevention. The OJS will continue to gather statistical data and identify youth suicide trends within Indian Country, as well as look for ways to expand suicide prevention training with other stakeholders in the future.

Indian Affairs' most direct action in youth suicide prevention is through the BIE. The BIE's Division of Performance and Accountability (DPA) has been providing suicide prevention activities through funds provided by the U.S. Department of Education's Title IV Part-A Safe and Drug-Free Schools and Communities Program (SDFS). Serving in a similar capacity as a State educational agency, the BIE is required to use these funds to provide technical assistance to the schools to reduce drug and alcohol use and violence incidence by two percent, annually. The BIE's DPA has provided technical assistance in the development and implementation of data driven programs and evidence-based curriculum.

While the SDFS program has been discontinued, ongoing technical assistance and monitoring is provided by regional School Safety Specialists to ensure schools are compliant with intervention strategies and reporting protocols to further ensure student safety. BIE's partnering with other federal agencies, including SAMHSA and IHS and ED, has enabled BIE to address the unique needs of students within these schools in the areas of behavioral health and suicide prevention efforts.

Additionally, BIE schools and dormitories use NASIS to track and identify specific behavior trends to develop interventions to address school specific behavior issues. BIE has developed two technical assistance training sessions that include both a basic and coaching level course. The basic course covers initial program development, policy development, best practices, and implementation, and the coaching level course focuses on adult wellness issues and youth development. The framework of the session is based on Native resiliency and cultural practices that support a positive school climate.

On November 12, 2010, Larry Echo Hawk, Assistant Secretary – Indian Affairs, Yvette Roubideaux, Director, Indian Health Service, and Pamela Hyde, Administrator, SAMHSA, announced to Tribal Leaders that BIA, IHS and SAMHSA would sponsor listening sessions to hear the needs and concerns regarding youth suicide in Indian Country. The purpose of the listening sessions were to gather Tribal input on how we can best support the goals and programs of tribes for preventing suicide in Tribal communities. The listening sessions began on November 15, 2010 in Window Rock, Arizona on the Navajo Nation and concluded on February 10, 2011 in Arlington, Virginia at the United South Eastern Tribes (USET) Annual Conference. Over this four month period, the BIA, IHS and SAMHSA met with several Tribes from all of the BIA Regions. We held these listening sessions in Indian Country to gain first-hand knowledge from the American Indian and Alaska Native communities to see how best we can all, as partners, prevent youth suicide; and to identify specific needs expressed by tribal community leaders, clinicians, practitioners, and youth.

The information gathered from these listening sessions was used at the Action Summit for Suicide Prevention held in Scottsdale, Arizona last week from August 1-4. I attended the Action Summit, along with other Indian Affairs staff and key leadership in the office of the Assistant Secretary for Indian Affairs. The Action Summit was jointly sponsored and attended by BIA, BIE, IHS and SAMHSA to discuss what we heard during our joint listening sessions with Tribes, their members, and especially the tribal youth. One of the goals of the Action Summit on Youth Suicide was to develop policy and future action items to address youth suicide and prevent youth suicide in Tribal communities.

In summary, the BIA, BIE, IHS, SAMHSA, other Federal agencies, and Indian tribes must continue to work together to address all aspects of suicide prevention and response. I want to thank this Committee for its continued concern for the wellbeing of Indian children, teens and young adults, especially on the subject of suicide prevention. I am happy to answer any questions you may have.