



Choctaw Nation of Oklahoma

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Before the
U.S. House Committee on Veterans' Affairs

Oversight Hearing on
Veteran Suicide Prevention: Capitalizing on What Works and Increasing Innovative Approaches
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Chairman Takano, Ranking Member Bost, and distinguished members of the Veterans' Affairs Committee, thank you for holding this hearing and the opportunity to provide written and oral testimony. Preventing veteran suicide and meeting mental health needs of our veterans are top priorities of the Choctaw Nation of Oklahoma.

My name is Shauna Humphreys, and I serve as the Director of Behavioral Health for the Choctaw Nation of Oklahoma. Chief Gary Batton and Assistant Chief Jack Austin, Jr. asked me to speak today on behalf of the Choctaw Nation and share information about our Nation's mental health services that we provide to all tribal members and to our veterans.

Our Choctaw Nation Behavioral Health Services is housed within the Choctaw Nation Health Administration. We have one flagship hospital, nine medical clinics, and behavioral health staff located at seven of those clinics and the hospital across our 11,000 square mile Choctaw Nation Reservation. We serve Choctaw Nation tribal members, as well as all members of federally recognized tribes located on our rural Reservation.

I became a counselor because I wanted to help people and am privileged to help fellow tribal members. My family has a history of military service, including a great grandfather who served in WWI and gave all for our country and is buried in France. It is my honor and privilege to serve those who have served our country. I am deeply honored to be here with you today, and to discuss a matter of grave importance, suicide prevention among our veteran population.

Suicide rates among our veterans remain at an all-time high, and that is especially true in tribal communities. As many of you may know, suicide rates are higher in Native American communities, more so than anywhere else in America. On the Choctaw Reservation, suicide rates are about 23.9 per 100,000 on an annual basis, placing us within the highest rates in the country.

Suicide in Indian Country can be attributed to many issues such as alcoholism and drug abuse, just like any community. However, the issues facing Indian Country are somewhat unique. Much of the suicide and depression can be linked to generational trauma—trauma continually passed down through our tribal members from generation to generation. The root cause of this generational trauma is the United States historical failure to protect Indian people and our resources that sustain our cultural wellbeing. We thank the Committee for inviting us to this discussion and for the steps it has taken to support and fund crucial programs that uphold America's treaty and trust responsibilities to Indian people. One shining example of this is the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, known as SSG Fox SPGP, that I will speak more to in a moment.

Despite the disparities that Indian Country faces, the Choctaw Nation has made great strides in addressing suicide and depression within our Reservation communities by implementing several programs to address the issue.

The Choctaw Nation started suicide prevention programs in 2010 with a methamphetamine and suicide prevention initiative. Through this ongoing program we work to educate our community on the effects of meth use and how it correlates with suicide and depression.

We have taken a varied and proactive approach to screening for addressing mental health needs among our tribal members and all Native Americans who access our health care facilities. To address youth needs, we received a grant through the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAHMSA) called 'Tomorrow's Hope' to address suicide and depression in young (ages 10-24) Native Americans within our Reservation. We also used this grant to enact policy changes within our tribal healthcare system, including conducting the PHQ9 depression screening on a more frequent basis.

One way we have increased access to behavioral health care is through incorporating assessments into every visit. Every patient who enters any facility is screened for depression, regardless of what the patient is being seen for during the visit. We have incorporated integrated counselors to discuss with patients the options they have for mental health services while they are in one of our facilities but not being seen in a behavioral health clinic. We also introduced the Columbia Suicide Severity Risk Screen to identify patients who are at high risk for suicide that may not otherwise be accessing our behavioral health clinics within the Choctaw Nation Health System. This screening during a regular doctor's visit helps us to identify people who may be ashamed or otherwise unwilling to seek mental health services on their own. To create an even more holistic and multidisciplinary approach, we developed the Zero Suicide advisory team within our healthcare system. This team meets regularly to address issues and discuss changes that might need to be made within the healthcare system to meet our tribal members' needs to continue to address depression and suicide prevention. We also include mental health awareness training as part of our new hire orientation.

This helps all employees and providers identify signs of when someone needs additional help and treatment.

Additionally, we have added counselors to our employee health facilities to ensure that our employees who may not be Native American and have access to our health care system, can still receive mental health services as well. This has proved to be very successful. We currently have three counselors for employee patients and we are in the process of hiring a fourth.

Our approach is as well-rounded as possible. Recently, we have had 297 unduplicated patients benefit from the coordination of care and 1,598 calls were completed to arrange appointments, connect patients to services, and to generally inquire about patient well-being. We also want to make sure patients receive care, even after leaving one of our facilities. One initiative to tackle this is to assign a case manager to patients who leave our care and are suffering from a mental health crisis. Once patients are out of our care and complete an inpatient stay, they have a higher risk for suicide within the first 72 hours of discharge. We have assigned case managers--fully funded by the Nation--to be on the discharge planning for every patient we send home. The case managers make sure they see a counselor within 72 hours of leaving our facility. In recent years, we have seen the success of this preventative step. Two hundred and thirty (230) discharged patients contacted by a counselor made a follow up appointment to be seen at Choctaw Nation and of those 166 or 72% of patients actually attended the appointment. This is a huge step in the right direction to serve our patients during critical times of need.

We have a wide variety of suicide prevention and mental health services and are thrilled to add additional services to specifically address veterans' needs. The Choctaw Nation is proud and honored to recently have received the support of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program from the U. S. Department of Veterans Affairs. This will allow my team to work across programs within the Choctaw Nation to specifically address and prevent suicide among our tribal veterans. We hope to serve 200 veterans and family members through this expanded programming. With this funding, the Nation will hire one counselor and two peer recovery support specialists. This will provide jobs to people who have experienced substance use, depression and suicidal thoughts who are on their journey in recovery, as well as an opportunity for them to help others in similar situations. The counselor hired will be trained in the Columbia Screen, the Addiction Severity Index, and PHQ9 depression screening. This new approach will provide innovative services to our veterans such as gun safety training, general suicide prevention, expanded tele-health for behavioral health, group sessions, animal assisted therapy, outdoor recreational therapy, and the incorporation of Choctaw cultural activities as prevention. One exciting part of this grant is that group services for veterans' families will be established. Many times, family members can save a life if they are educated and informed on what to say and do in serious situations. We want to empower families to help their loved ones and save lives within our community. We believe mental wellness has a ripple effect, if one individual is helped, it leads to a healthier person, to healthier families, healthier communities, and ultimately, a healthier Choctaw Nation.

We are thrilled for this grant and partnership with the VA to positively impact the lives of our Choctaw veterans and their families. We know this will change lives through innovative and creative solutions to providing mental health treatment on our Reservation.

Thank you for the opportunity today to share information from the Choctaw Nation, and to your commitment to preventing suicide among our veterans. I will be pleased to try to answer any questions you may have about our Choctaw Nation efforts to take effective and innovative action to prevent suicide among veterans.

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