Outreach & Engagement with California’s Native American Communities: Summary of Two Regional California 988 Tribal Summits

Executive Summary

In February and March 2023, the California Department of Health Care Services (DHCS), Didi Hirsch Mental Health Services (Didi Hirsch), and California Assemblymember James C. Ramos hosted two regional 988 Tribal Summits, bringing Native American partners, legislators and mental health service providers together to expand the implementation efforts to ensure a statewide approach to strengthening suicide prevention resources for American Indian communities. According to the Suicide Prevention Resource Center, the suicide death rate for American Indian and Alaska Native populations is higher than that of the overall U.S. population for males and females. The 988 Suicide and Crisis Lifeline (988 Lifeline) is the new, three-digit national and statewide 24/7 call, chat, and text help line that was launched in July 2022. The 988 Lifeline builds upon, and effectively replaces the National Suicide Prevention Lifeline and its 1-800-273-8255 number.

The 988 Tribal Summits highlighted 988 as a resource available to Native American communities for individuals in crisis. Between both events, 219 attendees participated including all twelve 988 crisis centers in California. The summits created a space for listening among tribal communities and the agencies that offer services to them, including DHCS and Didi Hirsch with whom DHCS contracts to help administer the 988 service in California. Up to 70% of the attendees noted their tribal affiliation or the Tribal/Urban Indian organization for which they worked.

Important outcomes from the summits included participants recommending the creation of culturally competent training led by tribal members for 988 crisis center counselors; exploration of a Native American-specific 988 line embedded within the broader state 988 line; including Native American leadership and voices in key 988 Lifeline decision making; and increasing the visibility of 988 in California’s Native American communities.

Background

California Native American communities are resilient, possess deep historical wisdom, and utilize healing traditions and practices that support well-being and community health. The 988 Suicide and Crisis Lifeline (988 Lifeline) is a resource for Native American communities in California, but it was created by non-native, governmental agencies. Its utilization in Indian Country significantly depends upon its ability to be culturally relevant and responsive to Native American populations.

The 3-digit national 988 Lifeline launched across the United States in July 2022. The 988 Lifeline was built upon the existing structure of the National Suicide Prevention Lifeline that preceded it. While varying from state to state, 988 is primarily funded through county and/or state mental health agencies and
through Substance Abuse and Mental Health Services Administration (SAMHSA) special funding opportunities and block grants. The 988 Lifeline is also beginning to see new funding sources identified through state legislatures via a telecommunications surcharge (or other dedicated fee) in a limited, but growing, number of states. For example, as of August 2023, according to the National Association on Mental Illness, 18 states have passed 988 Lifeline-related legislation. Of these, only 7, including California, approved a dedicated, ongoing funding source (i.e. telecommunications surcharge) for its network of 988 crisis centers. In California this funding comes through the AB-988: 988 Suicide and Crisis Lifeline, which was signed into law in September 2022.

Goals
The California 988 network is in a continuous state of evolution as it strives to effectively serve and meet the needs of all individuals and populations who reach out to the 988 Lifeline for support. In this spirit, DHCS and Didi Hirsh convened the two tribal summits as a starting point to seek out California’s Native American perspective and expertise to help inform 988 implementation throughout the state.

The summits were created to engage California’s tribal leaders, tribal health/urban Indian health agencies and other partners to learn how the 988 Lifeline services can support tribal communities through integrated and culturally relevant care. A primary goal for the tribal summits was to create a safe space for tribal members and their local community partners to come together, to share their cultural experiences and needs in relation to crisis services and suicide prevention. The hope was to receive candid feedback on how 988 crisis center counselors can best support Native American individuals who utilize the service. California’s 988 crisis centers seek to listen and learn how they can specifically address the unique needs and/or considerations of Native Americans when providing mental health support for those in crisis. California’s 988 crisis centers are unanimous in their desire to provide 988 services in a manner that is trauma-informed, culturally relevant, and responsive to tribal members’ cultural practices/traditions.

Outreach & Engagement Efforts with California Tribal Partners
Tribal summit related community outreach efforts included reaching out to the following organizations:

- California Consortium for Urban Indian Health (CCUIH)
- California Department of Health Care Services, Medi-Cal Behavioral Health Policy Division
- California Department of Health Care Services, Office of Tribal Affairs
- California Health and Human Services Agency
- The California Governor’s Office of Tribal Affairs
- California Native American Legislative Caucus
- California Rural Indian Health Board (CRIHB)
- California Select Committee on Native American Affairs
- California Tribal Chairpersons Association (CTCA)
- California Tribal Families Coalition (CTFC)
- Morongo Band of Mission Indians
- Office of California Assemblymember James C. Ramos (45th Assembly District)
- Pala Band of Mission Indians
- Riverside San Bernardino County Indian Health, Inc. (RSBCIHI)
- Sacramento Native American Health Center (SNAHC)
- SAMHSA, 988 & Behavioral Health Crisis Coordinating Office
- Suicide Prevention Resource Center (SPRC), Education Development Center (EDC)
- Two Feathers Native American Family Services
- United American Indian Involvement, Inc. (UAII)
- Vibrant Emotional Health (National Administrator, 988 Lifeline)
• Volunteers of America (VOA), Western Washington, operator of Native & Strong Lifeline (Tribal 988)
• Wilton Rancheria

Pre-Summit Planning
Pre-summit planning, coordinated through Didi Hirsch, included consulting Native American advisors, tribal representatives and the Office of Tribal Affairs within DHCS to ensure that the summits would be intentionally inclusive and invite genuine participation and feedback from tribal partners.

Initial lessons learned during the planning meetings included:
• Acknowledging and respecting the central importance of historical trauma, including how that can create a mistrust of the U.S. and state government as well as programs affiliated with government agencies;
• Structuring the summits around listening to the needs of Native Americans and their allies; and
• The need to provide a clear overview of the 988 Lifeline – specifically what happens when someone calls, as well as what will not happen as part of a typical call to 988.

With the above in mind, the summit organizers, inclusive of tribal partners, decided the summits would need to include two critical components:

1. A comprehensive overview of the 988 Lifeline so all attendees would leave with a shared understanding of the service, as well as dispelling any misconceptions, misinformation, or rumors online or in social media; and
2. A “listening session” to elicit direct input, feedback, suggestions, and recommendations from attendees to guide 988 crisis centers in their efforts to make 988 a trusted resource for Native American/tribal communities across the state.

With respect to the latter component noted above, a diverse group of partners developed a set of six questions guided by a SAMHSA 988 Lifeline Partner convening, to serve as the foundation to engage participants in each listening session (see Appendix A).

Overview of Tribal Summit Participation

988 Tribal Summit #1: Held in Cabazon, California on February 3, 2023. ¹
Total Registered Attendees: 130
• 14 counties within California (plus one region of Arizona - La Paz, located on the California/Arizona border) represented among attendees
• 4 (of 12) 988 crisis centers in attendance
• 70% of attendees identified as a tribal member or are affiliated with one of the following: tribal association/organization, Indian Health Clinic, tribal School/School Program, or Tribal Temporary Assistance for Needy Families (TANF)
• 15 tribes represented among attendees

988 Tribal Summit #2: Held in Sacramento, California on March 22, 2023. ²
Total Registered Attendees: 89
• 29 counties within California represented among attendees

¹ See Appendix B
² See Appendix B
• 8 (of 12) 988 crisis centers in attendance
• 46% of attendees identified as a tribal member or are affiliated with one of the following: tribal association/organization, Indian Health Clinic, tribal School/School Program, or Tribal TANF
• 15 tribes represented among attendees

Statewide, the two summits included attendees from 33 out of the 58 counties within California, including large urban counties as well as small rural counties, and generated a diverse range of issues raised unique to specific counties, as well as universal issues regardless of county size or population.

Overview of Program and Lessons Learned

The first summit included a keynote from Rochelle Amber Camille Williams, (Ehattesaht First Nation) presenting on Washington State’s pilot Native and Strong 988 Lifeline, panel discussions with four different tribal perspectives on the opportunities and challenges 988 faces in Native communities, and presentations from SAMHSA and DHCS. The second summit included perspectives from California Health and Human Services Agency and Didi Hirsch, further discussions about the state of Washington’s
Native and Strong 988 Lifeline, as well as comments from the Governor's Office of Tribal Affairs, SAMHSA, and Assemblymember Ramos. For more information about the full programs, see Appendix C.

Many of the “lessons learned” by the non-Native American participants and government related agencies came through responses to the questions posed during the listening sessions. For example, one 988 crisis center director summarized their experience by stating: “There is so much we don’t know…so much for us to learn about the cultural practices and customs of Native Americans and their history in order for us to support the indigenous communities in our state.” Additional key takeaways and recommendations are outlined below.

Specific barriers identified:

- There is significant stigma related to accessing 988 including: concern that anonymity may not be protected in small communities, that data may be collected and misused, that conventional “western” mental health systems may further pathologize the individual in crisis or their family/community, and that there may be many others within their tribe/community more in need of crisis support than themselves.
- In many Native American communities, there may be a fear that the 988 crisis centers will call police, Child Protective Services, or parents without the knowledge or consent of the individual in crisis.
- In many Native American communities, there may be a lack of trust or specific distrust of government programs.
- 988 crisis center counselors may not have the cultural competence or understanding of the historical trauma that Native American communities experience on an ongoing basis.

Specific recommendations/key actions to address misperceptions and build trust/engage with the 988 Lifeline:

- Tribal elder buy-in is critical, as is endorsement of the 988 Lifeline from trusted leaders.
- The participants noted they want more culture within the 988 Lifeline, not just cultural competency. For example, they want more 988 crisis center counselors to have culturally-based experiences as Native Americans.
- Throughout the provision of 988-related services, it is important to ensure that the individual seeking help does not feel “othered” by 988 crisis counselors or mental health professionals.
- Traditional practices and culture should be respected.
- A Native American-specific 988 line should be explored, and it should be primarily or entirely staffed by Native Americans.
- The 988 Lifeline must have a presence in Native American communities; it has to be physical, visible, and consistent.
- The 988 Lifeline logo could be adapted to be more inviting for Native American audiences.
- Tribal partners need to be approached and engaged from a truly collaborative vantage and not as last-minute additions in 988 planning. Native American leadership should be represented in 988 decision-making and Native American perspectives should be incorporated every step of the way.
- It is important to have tribal organizations and Native Americans provide cultural competency training for each of California’s 988 crisis centers.

Trusted community providers who are important to support 988 implementation efforts:

- Spiritual leaders and Elders are critical because they are typically respected and trusted within the Native American community.
- Community health workers are also a valuable resource in part because they are consistent, often local, and they show up on a regular basis.
- Individuals with lived experience or peers are important to integrate throughout 988, especially if they are Native American.
- Tribal Behavioral Health Services staff can also be a valued provider.
Outreach formats most helpful in promoting 988 to Native American communities:
- Social media (hashtags/TikToks).
- Tribal council meetings.
- Youth and youth-focused organizations.
- Using diverse and culturally inclusive images when marketing 988 is important, including Native American materials/magnets, social media content, and cultural images and music specific to tribes in California.
- Consider removing “government branding” from outreach materials.
- Public messaging about the 988 Lifeline needs to be simple and clear.

Training/resource recommendations for 988 crisis center counselors to build/increase their competency to better serve tribal communities:
- Native Wellness Institute (GONA-Gathering of Native Americans)
- Information about the history of different regions and tribal sovereignty
- Native American Advisory Councils in different counties
- Training in cultural norms that is led by local Native Americans
- Cultural humility training for 988 crisis center counselors

Important considerations for enhancing California’s 988 Lifeline so it is culturally responsive for the state’s Native American population as shared by summit attendees:
- It is important to support a community-driven process within California tribal communities for enhancing 988 and/or other related suicide prevention activities. Participants noted that any planning process should ensure representation from California’s Native American populations. It was further shared that such planning should come with adequate funding to provide all the services needed.
- It must be acknowledged that many Native Americans do not feel safe calling 911. Thus, particular emphasis must be placed on ensuring that 988 is a safe service for California’s Native American population, being very purposeful in how 988 is marketed, ensuring public messaging explains how 988 is different from 911, and how/when emergency services and other referrals are incorporated.
- Tribes and urban Indian populations have many existing culturally-based, trauma-informed responses to crisis. It is important that the further enhancement of 988 recognizes and respects these traditions and practices.
- When working with Native American partners and individuals in crisis, the 988 network and federal, state, and county agencies must remember that there are ongoing cycles of crisis that both exist within and are projected upon Native American populations. Recent examples include the disproportionality of COVID loss, opioid usage, and the intergenerational trauma impacts of boarding schools and recent inquiries into child deaths at those schools.
- It is important for California’s Native American populations to feel that 988 belongs in their communities and is a welcome, accessible service they can feel safe to utilize.

Key Takeaways

The following recommendations came out of the wrap up discussion at the conclusion of the second 988 Tribal Summit in Sacramento.

1. The organizers should distribute to the attendees of both summits meeting materials and listening session notes with tribal partners, a contact list of all California 988 crisis centers, a list of California tribes by county, and any other available information.
2. Methods for ongoing communications should be established. Existing email distribution lists held by DHCS Office of Tribal Affairs, Indian Health Services, California Department of Public Health, and/or CA Native American Legislative Caucus, CA Tribal Chair Association, and their respective membership lists were all identified as possible resources for facilitating such communication and disseminating key information.

3. It is important to assess the need and readiness for California to consider developing a statewide or regional pilot of a dedicated Native American 988 line based upon Washington State’s *Native & Strong 988 Lifeline*. The funding necessary to establish such a line must also be considered.

4. A training curriculum should be developed and/or an existing curriculum identified that addresses cultural humility and cultural competency topics for California’s 988 crisis center counselors. Such training would help those counselors improve their support of tribal community members and those individuals utilizing 988 who identify as Native American.

**Conclusion**

The 988 Tribal Summits convened in February and March 2023 by the California Department of Health Care Services, Didi Hirsch Mental Health Services, and California Assemblymember James C. Ramos provided an important venue for informing how California’s 988 Suicide and Crisis Lifeline can be enhanced and become more culturally responsive to the needs of Native Americans. Although the 3-digit 988 Lifeline, which was launched July 16, 2022, builds upon the history of the National Suicide Prevention Lifeline, the summits demonstrated that there is much room for improvement if the 988 Lifeline is to be broadly recognized, trusted, and relevant to California’s Native American communities and tribes.

The events’ engaging panels, speaker presentations, and small group listening sessions were centered on community and trust building. At the conclusion of the second summit, there was a consensus that these gatherings were successful in having helped participants increase awareness of the 988 Lifeline as well as further understand barriers to care to which the summit partners are dedicated to further reduce and ultimately resolve. There was significant interest to explore the feasibility of piloting statewide or regional pilot projects similar to Washington State’s Native & Strong 988 Lifeline. As such, there was a universal commitment from state and elected officials to ensure follow up meeting(s) are scheduled.
Appendix A

Questions utilized during Summits’ Listening Sessions

The following questions were borrowed from SAMHSA’s 988 Partner Convening #3, held on 12/13/22, and were subsequently modified to meet the goals of the CA 988 Tribal Summit. The questions utilized during the listening sessions were as follows:

1. When a resource/system like “988” exists, why do you think your friends/family/community members might hesitate to use it? Can you identify specific barriers?

2. What recommendations would you offer to 988 crisis centers to help them to begin to address/overcome misperceptions and/or a lack of trust and hesitancy to use 988 within Native American/tribal communities?

3. What specific recommendations/key actions would you offer that you feel would help build sustained trust with tribal communities to engage with 988—including follow-up engagement?

4. Whom do you consider a “trusted community provider”? What specific actions do you feel would most likely increase inclusion of trusted community providers (i.e., tribal health programs, community health workers, BH staff, etc.) to support/enhance California’s 988 implementation efforts?

5. We want to get the message out about 988 to tribal communities as a free, easy to access resource that is available 24/7. What do you feel would be most helpful as we collectively try to communicate about the 3-digit 988 that is available to Native Americans experiencing a crisis or wants to help/support someone who is in crisis?

6. What training/resources would you recommend for 988 crisis center counselors/staff to build/increase their competency so that they can better serve tribal communities?
Appendix B

988 Tribal Summit #1: Held in Cabazon, California on February 3, 2023.

Counties represented:
Imperial, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Shasta, Tulare, Tuolumne, Yolo

988 crisis centers represented:
Didi Hirsch, Kern Behavioral Health & Recovery Services, San Diego Optum Suicide Prevention, San Francisco Suicide Prevention/Felton Institute


Counties represented:
Alpine, Amador, Butte, Calaveras, Colusa, Fresno, Contra Costa, Glenn, Humboldt, Del Norte, Lake, Los Angeles, Marin, Mariposa, Mendocino, Monterey, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Mateo, Santa Cruz, Shasta, Tehama, Tulare, Tuolumne, Yolo

988 crisis centers represented:
Buckelew Suicide Prevention Program, Central Valley Suicide Prevention, Contra Costa Crisis Center, Didi Hirsch/Suicide Prevention Center, Family Service Agency of the Central Coast/Suicide Prevention Service Program, Star Vista’s Crisis Intervention and Suicide Prevention Center, San Francisco Suicide Prevention/Felton Institute, WellSpace Health/ Suicide Prevention & Crisis Services program
Appendix C

CA 988 TRIBAL SUMMIT
SOUTHERN CALIFORNIA CONVENING

Friday, February 3, 2023
7:30 am – 4:00 pm
Morongo Casino Resort & Spa

PROGRAM

7:30am - 8:30am  REGISTRATION
                    Coffee, light breakfast

8:30am  WELCOME
Charles Martin, Chairman, Morongo Tribal Council,
Morongo Band of Mission Indians
Assemblymember James C. Ramos (AD 45)
Chair, CA Legislative Native American Caucus
Lyn Morris, CEO, Didi Hirsch Mental Health Services

9:00am  UPDATE: The National Landscape of Crisis Care
John Palmieri, MD, Acting Director, 988 and Behavioral Health Crisis
Coordinating Office, SAMHSA

9:15am  PRESENTATION: 988 Suicide and Crisis Lifeline Overview
James Wright, Chief of Crisis Center Operations, SAMHSA
Shari Sinwelski, VP Crisis Care, Didi Hirsch Mental Health Services

10:15 – 10:30am  BREAK

10:30 - 11:30am  KEYNOTE PRESENTATION: Natives Helping Natives:
The Native and Strong Lifeline
Rochelle Amber Camille Williams (Ehattlesaht First Nation),
Tribal Operations Manager for Volunteers of America Western Washington

11:30 - 12:45am  LUNCH

PROGRAM CONTINUES (next page)
PROGRAM (Continued)

12:45 - 1:30pm  PANEL DISCUSSION: 988: Striving to Meet the Needs of Native Communities
   JoHanna Coriz (Kewa Pueblo), Wellness Navigator Lead, CalHOPE Redline
   Jackie Pierson, MSW, MA (Anishinaabe), Director of Wellness and Healing Programs, California Consortium for Urban Indian Health
   Joseph Quintana (Kewa), Interim Chief Executive Officer, United American Indian Involvement
   Tana Szoyka, MA (Choctaw Nation), Garrett Lee Smith Suicide Prevention Program Director, Riverside - San Bernardino County Indian Health Inc.

1:30 - 2:15pm  SMALL GROUP LISTENING SESSIONS with Facilitator

2:15 - 2:30pm  BREAK

2:30 - 3:15pm  SMALL GROUP SESSION FEEDBACK

3:15 - 3:45pm  WRAP UP / REFLECTIONS
   Anh Thu Bui, MD, Medical Consultant, Medi-Cal Behavioral Health - Policy Division, DHCS (State reflections)
   John Palmieri, MD & James Wright, SAMHSA (Federal reflections)
   Assemblymember James C. Ramos (Community reflections)

3:45 - 4:00pm  CLOSING REMARKS
   Shari Sinwelski, VP Crisis Care, Didi Hirsch Mental Health Services
Anh Thu Bui, M.D.
*Medical Consultant, California Department of Health Care Services*

Dr. Bui has worked as a community psychiatrist in California for twenty-five years, in several county specialty mental health programs and community health centers, serving individuals of all ages. She earned her Medical Degree from the Mayo Clinic School of Medicine and holds board certifications in Psychiatry, Community and Public Psychiatry, and Addiction Medicine. Much of her work in advocating for individuals with serious mental illness and substance use disorders has been informed by witnessing trauma in her family and community as a refugee from Vietnam, and 35 years later, seeing the positive expansion of essential health services via the Affordable Care Act.

JoHanna Coriz
*California Consortium for Urban Indian Health (CCUIH)*

JoHanna Coriz, originally from Kewa Pueblo, New Mexico is a Redline Navigator Team Lead for the for the CalHOPE Redline project at the California Consortium for Urban Indian Health (CCUIH). JoHanna has lived and worked in the Bay Area for the last 10 years and has worked with the Native community in various capacities related to health care, public and behavioral health. Her current focus is helping to lead the CalHope Redline team in providing culturally relevant and supportive resources, referrals and peer-support through warmline services to Native communities living in California.

Charles Martin
*Tribal Chairman for the Morongo Band of Mission Indians*

Elected in 2021, Chairman Martin works with the Morongo Tribal Council to oversee all aspects of Tribal operations on the 36,000-acre Morongo Indian Reservation in Cabazon, CA, including management of the Tribe’s government and diverse business enterprises in gaming, hospitality, recreation, finance, manufacturing and retail. He previously served as a Morongo Tribal Council Member for 12 years.

Born and raised on the Morongo Reservation, Chairman Martin has been an active and effective advocate for Morongo and for Native American issues on the local, regional, state and national level. He is also deeply dedicated to expanding educational opportunities for Tribal youth across Indian Country and in further strengthening Morongo’s leadership position as a self-sufficient and self-determining sovereign nation.

Lyn Morris, LMFT
*CEO, Didi Hirsch Mental Health Services*

Lyn oversees all operational, clinical and administrative functions of Didi Hirsch. She is a highly accomplished Executive Leader and Licensed Therapist with 20+ years of experience and is dedicated to serving communities where poverty or stigma limits access to care. She was also a lead author on the *Survivors of Suicide Attempts* support group curriculum which has been shared with mental health professionals in all 50 states and over 36 countries.
CA 988 TRIBAL SUMMIT SPEAKERS (2/3/23)

John Palmieri, MD, MHA
Acting Director, 988 and Behavioral Health Crisis Coordinating Office

John is a Senior Medical Advisor at SAMHSA and currently serving as the Acting Director for the 988 and Behavioral Health Crisis Coordinating Office. Prior to his arrival at SAMHSA, Dr. Palmieri was the Division Chief for Behavioral Healthcare at the Arlington County, Virginia, Department of Human Services. Dr. Palmieri is a licensed physician in the Commonwealth of Virginia and is Board Certified in Adult Psychiatry. He graduated from Brown University Medical School and completed his Adult Psychiatry Residency at Massachusetts General Hospital.

Jackie Pierson, MSW, MA
Director of Wellness and Healing Programs at the California Consortium for Urban Indian Health (CCUIH)

Jackie has worked in the behavioral health field for the past 20 years focusing on trauma, community wraparound services and public health awareness. Her current focus has been developing and leading her CalHOPE Redline team to provide resource, referral, and peer-emotional support warmline services which focuses on various issues that impact the well-being of AI/AN community members living in California.

Joseph Quintana
Interim Chief Executive Officer, UAII

Mr. Quintana joined United American Indian Involvement in the fall of 2015 to lead the organization’s new development projects. During this time he has increased the visibility of the organization, developed new partnerships while maintaining existing ones, and has been involved in the diversification of funding sources. Mr. Quintana’s work has improved the health outcomes of community members, and his work on the Native American Employment and Training Council has ensured that education and training will increase the economic health of Native people in Southern California. Joseph and his family are active participants in the LA Native community, and he plans on continuing to serve their needs as a mayoral appointee to the Los Angeles City/County Native American Indian Commission.

James C. Ramos
Assemblymember, CA District 45

Ramos, as a member of the Serrano/Cahuilla tribe, is the first California Indian to be elected to the California State Assembly. He represents the residents of the 45th District in the California State Assembly which includes the cities of Fontana, Highland, Mentone, Muscoy, Redlands, Rialto, and San Bernardino.

As a successful small business entrepreneur, Ramos accumulated broad experience in many levels of community and government matters. He has served as the Third District Supervisor for the County of San Bernardino since 2012, including serving as Board Chairman from 2015-2017. In addition to his elected service, Ramos is a proven civic leader with a deep commitment to the preservation of California Indian culture. He is the co-founder of the San Manuel Band’s Cultural Awareness Program, and serves as director of the California Indian Cultural Awareness Conference held annually at California State University, San Bernardino.
CA 988 TRIBAL SUMMIT SPEAKERS (2/3/23)

Shari Sinwelski, MS/EdS, LPCC, NCC  
*Vice President of Crisis Care, Didi Hirsch*

Shari has over 25 years of experience in mental health, rape crisis, domestic violence, crisis intervention and suicide prevention. As VP of Crisis Care at the Suicide Prevention Center at Didi Hirsch, she oversees all suicide prevention programs, including the implementation of 988. She has trained thousands of individuals in crisis intervention and suicide prevention, and has provided subject matter expertise and mental health support on programming to national publications, major television networks and Broadway productions.

Tana Szoyka  
*Director of the Garrett Lee Smith Suicide Prevention Program at Riverside-San Bernardino County Indian Health (RSBCIHI)*

Tana began her journey with RSBCIHI in November 2011 as a Health Educator. She went on to earn a Master’s degree in Clinical Mental Health Counseling and is now an Associate Professional Clinical Counselor pursuing licensure. She is trained in EMDR therapy and has experience treating individuals with depression, anxiety, and trauma. Tana is a member of the Choctaw Nation of Oklahoma and is honored to serve the tribal communities that reside in the Riverside and San Bernardino counties.

Rochelle Amber Camille Williams, MS  
*Tribal Operations Manager for Volunteers of America Western Washington*

Rochelle oversees the tribal programs at VOAWW which include both the Native and Strong Lifeline (Tribal 988) and the Washington Indian Behavioral Health Hub based in Everett, Washington. Rochelle is an enrolled member of the Ehattesaht First Nation, which is located on the West side of Northern Vancouver Island, Canada. Prior to joining the Behavioral Health Team at VOAWW, Rochelle had worked with ti`ixw̱ báwbáwát? (Stillaguamish) in Indian Child Welfare and also served as the Stillaguamish Tribe Elders Program Manager. She has also worked in Indian Child Welfare at bada?chelh (Tulalip) and spent 11 years as a Montessori teacher.

James Wright, LPC  
*Chief of Crisis Center Operations, 988 and Behavioral Health Crisis Coordinating Office*

James currently oversees 988 Suicide and Crisis Lifeline Administration, the 988 State and Territory grant program, and the 988 Tribal Response program. Before returning to SAMHSA, James held both the Deputy Director and Chief of Staff positions for the Veterans Crisis Line (VCL), overseeing all clinical and business operations for VCL. He previously led psychiatric emergency services at Johns Hopkins Bayview and Austin Travis County Integral Care and is a veteran of the United States Army.
CA 988 TRIBAL SUMMIT
NORTHERN CALIFORNIA CONVENING

Wednesday, March 22, 2023
7:30 am – 4:00 pm
Kimpton Sawyer Hotel, Sacramento, CA

PROGRAM

7:30am - 8:30am  REGISTRATION
Coffee, light breakfast

8:30am  WELCOME
Mary Tarango, Tribal Elder, Wilton Rancheria
Raquel Williams, Vice Chairwoman, Wilton Rancheria
Assemblymember James C. Ramos (AD 45)
Chair, CA Legislative Native American Caucus
Christina Snider, Secretary, Tribal Affairs, Office of the Governor
Monica Johnson, Director of 988 & Behavioral Health Crisis
  Coordinating Office, SAMHSA (Video)
Lyn Morris, CEO, Didi Hirsch Mental Health Services

9:00am  PRESENTATION:
988 Suicide and Crisis Lifeline Overview & California’s Vision for 988
Shari Sinwelski, VP of Crisis Care, Didi Hirsch Mental Health Services
Stephanie Welch, Deputy Secretary of Behavioral Health,
  California Health & Human Services Agency

9:45am  BREAK

10:00am  KEYNOTE PRESENTATION:
Natives Helping Natives: The Native and Strong Lifeline
Rochelle Amber Camille Williams (Ehassesah First Nation),
Tribal Operations Manager for Volunteers of America Western Washington

11:00am  LISTENING & ENGAGEMENT SESSION facilitated by
Barbara Aragon, MSW, GTA, SAMHSA’s Tribal Training and
  Technical Assistance Center

12:00pm - 1:30pm  LUNCH

PROGRAM CONTINUES (next page)
PROGRAM (Continued)

1:30pm  PRESENTATION:
Sali To'a'u' Ko'cham - Building a Foundation for the Next Generation (Community-Engaged Youth Services in an Urban Indian Setting)
Britta Guerrero, Chief Executive Officer, Sacramento Native American Health Center (SNAHC)
Maureen Wimsatt, Chief Program and Development Officer, Sacramento Native American Health Center (SNAHC)
Marina Valle, Evaluation Assistant, Sacramento Native American Health Center (SNAHC)
Luna Valle, Native Youth Ambassador, Sacramento Native American Health Center (SNAHC)

2:30pm  CONVERSATION ABOUT NATURAL HELPERS
Barbara Aragon, MSW, GTA, SAMHSA

3:30pm - 4:00pm  REFLECTIONS & NEXT STEPS
Virginia Hedrick, Executive Director, Consortium for Urban Indian Health
Barbara Aragon, MSW, GTA, SAMHSA
Shari Sinwelski, VP of Crisis Care, Didi Hirsch Mental Health Services
# CA 988 TRIBAL SUMMIT SPEAKERS (3/22/23)

**Barbara Aragon, MSW**  
*Grant Technical Assistant, SAMHSA*

Ms. Aragon serves with SAMHSA’s Tribal Training and Technical Assistance Center, drawing on over 40 years of experience working in Native communities. She has administered trainings and technical assistance, taught cultural competency and social work practice, and worked with tribes, universities, federal agencies, and organizations on developing ways to improve community-based programs. She has facilitated well over 50 Gathering of Native American (GONA) events and is one of a team of developers of a guide for Native communities to address grief and loss combining traditional cultural practices and evidence-based research. Her passion is teaching story telling as a culturally appropriate approach to healing and empowerment within Native communities.

**Britta Guerrero**  
*Chief Executive Officer, SNAHC*

Britta currently serves as the CEO of the Sacramento Native American Health Center, Inc (SNAHC), a AAAHC accredited, Patient-Centered Medical Home certified (PCMH), non-profit urban Indian health center. She has extensive experience working within non-profit hospital systems and comprehensive knowledge of quality improvement systems. She has made it her personal and professional mission to ensure Native Americans have access to healthcare in urban areas such as Sacramento, a population that is often overlooked, underserved, and is still suffering from disproportionate health disparities. Ms. Guerrero is a founding member of the California Consortium of Urban Indian Health (CCUIH) and continues to serve on Board of Directors.

**Virginia Hedrick**  
*Executive Director, Consortium for Urban Indian Health*

Virginia is an enrolled member of the Yurok Tribe of California and is also of Karuk descent. Her prior work includes chronic disease prevention, implementation and policy impacts of the Affordable Care Act for California tribes, as well health research. In addition she serves on the Board of Directors for The California Wellness Foundation as well as the California Pan Ethnic Health Network. Virginia holds bachelor of arts degrees in Sociology and American Indian Studies from the University of California, Los Angeles, a Graduate Certificate in Maternal Child Health Epidemiology from the University of Arizona and a Master of Public Health Degree from Drexel University.

**Lyn Morris, LMFT**  
*CEO, Didi Hirsch Mental Health Services*

Lyn oversees all operational, clinical and administrative functions of Didi Hirsch. She is a highly accomplished Executive Leader and Licensed Therapist with 20+ years of experience and is dedicated to serving communities where poverty or stigma limits access to care. She was also a lead author on the *Survivors of Suicide Attempts* support group curriculum which has been shared with mental health professionals in all 50 states and over 36 countries.
CA 988 TRIBAL SUMMIT SPEAKERS (3/22/23)

James C. Ramos
Assemblymember, CA District 45

Ramos, as a member of the Serrano/Cahuilla tribe, is the first California Indian to be elected to the California State Assembly. He represents the residents of the 45th District in the California State Assembly which includes the cities of Fontana, Highland, Mentone, Muscoy, Redlands, Rialto, and San Bernardino. He has served as the Third District Supervisor for the County of San Bernardino since 2012, including serving as Board Chairman from 2015-2017. In addition to his elected service, Ramos is a proven civic leader with a deep commitment to the preservation of California Indian culture. He is the co-founder of the San Manuel Band’s Cultural Awareness Program, and serves as director of the California Indian Cultural Awareness Conference held annually at California State University, San Bernardino.

Shari Sinwelski, MS/EdS, LPCC, NCC
Vice President of Crisis Care, Didi Hirsch

Shari has over 25 years of experience in mental health, rape crisis, domestic violence, crisis intervention and suicide prevention. As VP of Crisis Care at the Suicide Prevention Center at Didi Hirsch, she oversees all suicide prevention programs, including the implementation of 988. She has trained thousands of individuals in crisis intervention and suicide prevention, and has provided subject matter expertise and mental health support on programming to national publications, major television networks and Broadway productions.

Christina Snider
Tribal Affairs Secretary, Office of the Governor

Secretary Snider serves as the Governor’s Tribal Advisor and oversees effective government-to-government consultation between the Governor’s Administration and California tribes, informs, develops and implements policy directives related to tribal governments and Native American communities, leads the California Truth & Healing Council and California Indian Heritage Center Task Force, and oversees the Tribal Nation Grant Fund Program. She received her law degree from the University of California, Los Angeles in 2013.

Mary Tarango
Elder, Leader, Traditional Dancer and Singer

Mary is a former Spokesperson and first Chairperson of the Wilton Rancheria of Miwok Indians of Wilton, California. She was the driving force in the historic federal restoration of the Wilton Rancheria in 2009, having led a selfless fight and dedication for over 22 years to secure restoration of federal recognition for her tribe. Her tireless commitment to mentoring the next generation of tribal leaders and tribal community at large is constant. She currently serves as Chairperson for the Sacramento Native American Health Center (SNAHC) and Peacemaker for the Tribe’s Traditional Court. She provides blessings & prayers for various community programs, schools and professional functions/events.
CA 988 TRIBAL SUMMIT SPEAKERS (3/22/23)

Luna Valle
Native Youth Ambassador
Luna is a 14 year old teenager interested in changing the world for the better by using her voice to help others who aren’t being heard. Luna is involved in the Sacramento Native American Health Center’s Native Youth Ambassador program, and is an active participant in the Youth Communications Team at SNAHC. She’s helped create multiple campaigns on mental health stigma reduction, tobacco cessation, and a Covid-19 vaccination and safety campaign. She hopes to attend UC Davis on a volleyball scholarship and study medicine.

Marina Valle
Evaluation Assistant, SNAHC
Marina’s work is focused on health equity and improving the lives of Sacramento’s Urban Indian Peoples; however, she recently began research on the impact of environmental health hazards and chronic diseases among South Sacramento residents. Before joining SNAHC, Marina worked for the California Tribal Epidemiology Center (CTEC), supporting data collection efforts on various projects across California Indian Country. Marina is a second-year Master of Public Health student at the University of Michigan. She received her Bachelor of Arts in Sociology with a minor in Education from the University of California, Berkeley, in 2004.

Stephanie Welch
Deputy Secretary of Behavioral Health for the California Health and Human Services Agency
Stephanie acts as a senior advisor to the Secretary of CalHHS and other state departments on behavioral health policy in addition to building bridges across various government sectors and with stakeholders from diverse perspectives. She has over two decades of experience in mental health policy, program administration, evaluation and advocacy at both the state and county level. Stephanie approaches her work improving systems by examining the impact to individuals and communities, always striving for better-quality experiences and outcomes. She holds an MSW from the University of Southern California and a BA in Sociology from the University of California, Davis.

Raquel Williams
Vice Chairwoman, Wilton Rancheria
Vice-Chairwoman Williams’ political career took hold in 2020 when elected to Wilton Rancheria’s Tribal Council which followed in being elected as Vice-Chairwoman in 2022. She has been involved in her culture, ceremonies and celebrations from a young age. Her love for her family, people and culture is evident in all aspects of her life. Raquel believes “We are people of language, ceremony, traditional arts, and hard work. It is crucial that as Tribal people we honor where we come from, so ultimately we have a clear vision of where we are going!” Mi’welul’ takmu’
CA 988 TRIBAL SUMMIT SPEAKERS (3/22/23)

Rochelle Amber Camille Williams, MS
Tribal Operations Manager for Volunteers of America Western Washington

Rochelle oversees the tribal programs at VOA WW which include both the Native and Strong Lifeline (Tribal 988) and the Washington Indian Behavioral Health Hub based in Everett, Washington. Rochelle is an enrolled member of the Ehattesaht First Nation, which is located on the West side of Northern Vancouver Island, Canada. Prior to joining the Behavioral Health Team at VOA WW, Rochelle had worked with li?xw b?c?xw (Stillaguamish) in Indian Child Welfare and also served as the Stillaguamish Tribe Elders Program Manager. She has also worked in Indian Child Welfare at b?chel (Tulalip) and spent 11 years as a Montessori teacher.

Maureen Wimsatt, PhD, MSW
Chief Program and Development Officer, SNAHC

Dr. Wimsatt has nearly 20 years of experience in research, evaluation, community-based programming and development. Her work has supported improvements in public health practice and systems-level change. She also has extensive experience implementing initiatives and programs with tribal communities, urban Indian health organizations, and Alaska Native villages. In 2016-17, she served the co-chair of the National Tribal Epidemiology Center Consortium. Dr. Wimsatt has a PhD from the University of Maryland, a Master of Social Work degree with focus on rural populations from Eastern Washington University, and a Bachelor of Arts degree in Psychology and Applied Statistics from the University of Michigan.