TRIBAL LEADERS TOOLKIT

ADDITION TASK FORCE

STRENGTHENING OUR NATIONS 2018
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Key Points:
- The opioid epidemic is a complex problem of supply and demand issues in AI/AN communities
- Solutions require more local data to inform action, along with collaboration across multiple sectors

Opioids – Definitions and Data

Definitions. Opioids are generally prescribed for relief of moderate to severe pain in patients with: 1) pain related to cancer and its treatment; 2) non-cancer acute pain, such as from injuries or surgery; and 3) non-cancer chronic pain that lasts several months or more, such as from chronic joint, muscle or nerve pain.

Examples of opioid types and names are listed below.¹ ²

<table>
<thead>
<tr>
<th>Source</th>
<th>Type</th>
<th>Generic Name</th>
<th>Brand Name Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESCRIPTION OPIOIDS</td>
<td>Natural opioids</td>
<td>Morphine</td>
<td>MS Contin</td>
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<tr>
<td></td>
<td></td>
<td>Codeine</td>
<td>Tylenol with Codeine</td>
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<tr>
<td></td>
<td>Semi-synthetic opioids</td>
<td>Oxycodone</td>
<td>Percocet, Oxycontin</td>
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<td></td>
<td></td>
<td>Hydrocodone</td>
<td>Vicodin</td>
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<td></td>
<td></td>
<td>Hyromorphine</td>
<td>Dilauidid</td>
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<td></td>
<td></td>
<td>Oxyromphine</td>
<td>Opana</td>
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<td></td>
<td></td>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Buprenorphine</td>
<td>Suboxone</td>
</tr>
<tr>
<td></td>
<td>Synthetic opioids</td>
<td>Methadone</td>
<td>Dolaphine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fentanyl</td>
<td>Duragesic, Sublimaze</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tramadol</td>
<td>Ultram, Conzip</td>
</tr>
<tr>
<td>ILLEGAL OPIOIDS</td>
<td>Heroin</td>
<td>Processed from morphine, a natural opioid</td>
<td></td>
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<tr>
<td></td>
<td>Illicitly manufactured fentanyl</td>
<td>Lab-made synthetic opioid, often mixed with other products, such as heroin, cocaine</td>
<td></td>
</tr>
</tbody>
</table>

² Controlled Substance Schedules, Diversion Control Division, Drug Enforcement Administration, US Department of Justice, accessed on March 11, 2018 at: https://www.deadiversion.usdoj.gov/schedules/
U.S. Data on Opioid Overdose Deaths. The United States (U.S.) data on opioid overdose deaths show dramatic increases over time, especially in the last few years. The age adjusted rate of deaths from drug overdoses in the U.S. was three times greater in 2016 compared to 1999. The chart below reveals two important trends in overdose deaths involving opioids by type from 2000-2016: a progressive increase over time in deaths due to medications commonly prescribed for pain, including natural and semi-synthetic opioids, and a much greater increase in the last few years in deaths from heroin and other synthetic opioids such as fentanyl.

American Indian/Alaska Native (AI/AN) Data on Opioid Overdose Deaths. Data from the National Center for Health Statistics (NCHS) reveal that the opioid epidemic is increasing in AI/ANs, including deaths from drug poisoning overall and deaths due to opioid analgesics other than heroin as illustrated below, with some small differences for males vs. females.

https://www.cdc.gov/nchs.
Accessed on March 11, 2018 at: https://www.cdc.gov/drugoverdose/data/index.html

Drug Poisoning Deaths per 100,000 resident population
Opioid Analgesics other than Heroin, AI/AN by Sex, 1999 - 2015


Data Limitations. Data on death rates are often underestimates for AI/ANs due to misidentification on death certificates. Also, this national data does not reveal potential regional/local differences in impact. Some tribes indicate that opioids are a huge problem in their communities, and some point to greater problems with other abused substances. More data is needed to understand local and regional trends and to inform action.

Opioids – A Problem of Supply and Demand

The opioid epidemic in AI/ANs is a complex problem of supply and demand impacting local communities. Opioids are available for abuse due to a variety of issues and the increasing demand for opioids results from a number of challenges and conditions that are driving the epidemic.

Supply of Opioids

- Provider prescription and over-prescription
- Overuse of opioids in pain management practices
- Pharmacy supply - improper access, diversion, or security breaches
- Impaired provider access, diversion, self-prescription
- Community access through drug dealers, theft of prescribed opioids
- Pharmaceutical company distribution of large amounts of opioids in communities
- Illegal manufacturing

Demand for Opioids

- Lack of access to appropriate care for conditions requiring pain management
- Use for relief of mental health issues, trauma, chronic stress
- Cause of substance abuse/addiction, overdose, neonatal abstinence syndrome
- Usage by impaired providers
- Poverty, unemployment and economic opportunity in drug trafficking, sales, theft
- Lack of access to prevention/treatment/recovery services
- Lack of funding to address the opioid epidemic
The epidemic of opioid abuse has many causes, yet opportunities for community action are numerous, and collaboration across sectors is essential. Six areas for action steps are listed below.

**Health provider/system education, training, monitoring, security**
- Providers – pain management education, drug prescribing guidelines, drug monitoring programs
- Pharmacy – education/counseling patients on proper use, potential for abuse, security measures to prevent diversion, double signatures for dispensing
- Identification and treatment for impaired providers
- Increased access to specialty care, referral funding for conditions requiring pain management

**Opioid addiction prevention, treatment, recovery strategies**
- Better diagnosis of addiction, access to treatment/recovery services, inpatient/outpatient treatment, medication assisted therapy, naloxone use
- Strategies to address root causes: trauma, chronic stress, mental health counseling/treatment
- Additional funding for grants to communities for interventions
- Education and treatment guidelines for neonatal abstinence syndrome

**Law enforcement strategies**
- Enhanced arrest/convention of drug trafficking, diversion, theft, illegal manufacturing
- Drug court options for addicts instead of jail/prison time
- Increased access to treatment/recovery services for the incarcerated

**Community strategies**
- Community opioid emergency declaration
- Community needs assessment, strategic planning, collaboration with other stakeholders
- Community awareness, education, wellness and prevention activities
- Naloxone distribution
- Community economic development strategies
- Implementation of the recommendations of the Tribal Behavioral Health Agenda

**Litigation Strategy**
- Pharmaceutical company oversupply - seek economic and injunctive relief to prevent future abuses

**Federal/State/Local government efforts**
- Education and awareness of opioid crisis, available resources, collaboration with tribes
- More data/research on needs, solutions, sharing of best and promising practices
- Increased resources for provider, treatment/recovery, law enforcement and community strategies

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**Questions:** NCAI Policy Research Center – email: research@ncai.org; website: http://www.ncai.org/prc
Opioid Package and Indian Country

Communities across the United States have been devastated by the opioid epidemic, and this is especially true in Indian Country. A 2017 CDC report found that American Indians and Alaska Natives (AI/ANs) saw the highest drug overdose rates from 2008 to 2015, and the highest percentage increase in overdose deaths from 1999 to 2015 at 519 percent. AI/ANs also saw the second highest opioid-related overdose death rate in 2016, at 13.9 deaths per 100,000, as well as the second highest heroin-related overdose death rate at five deaths per 100,000. In addition to these stark findings, AI/AN overdose deaths are consistently undercounted. In the same 2017 report, the CDC indicated the rate for AI/ANs could be underestimated by up to 35 percent. These statistics illuminate the critical need for more concerted attention on curbing the opioid epidemic in tribal communities.

The House and Senate have agreed to a final opioids package. In June 2018, Representative Walden introduced H.R. 6, the SUPPORT for Patients and Communities Act, which combined dozens of House bills into a broad package. The House passed H.R. 6 on June 22, 2018. Senators Alexander and Murray, the Chair and Ranking Member of the Health, Education, Labor, and Pensions (HELP) Committee, introduced the Opioid Crisis Response Act in April 2018. This bill provided the basis for the Senate opioids package and was combined with provisions from several other committees. The Senate passed its opioid package by amending H.R. 6 and sending it back to the House. After brief conference negotiations, the House and Senate agreed to final legislation that addresses the opioid epidemic nationally, and expressly includes tribal nations in various provisions, including:

- reauthorizes the 21st Century Cures Act, State Opioid Response Grant program at $500 million through 2021 with a five percent set-aside for tribal nations;
- reauthorizes the Child Abuse Prevention and Treatment Act at $60 million through 2023 with a three percent set-aside for tribal nations to address the needs of infants born with, and identified as being affected by, substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder;
- includes eligibility for tribal nations to establish or operate comprehensive opioid recovery centers;
- makes tribal nations eligible to receive funding for support services for children, adolescents, and young adults in the prevention of, treatment of, and recovery from, substance use disorders;
- includes tribal nations as eligible for funding related to improving enhanced controlled substance overdose data collection, analysis and dissemination efforts, as well as preventing overdoses; and
- includes tribal nations as eligible to receive funds for the purpose of increasing student access to evidence-based trauma support services and mental health care programs including those under the Indian Health Service.
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Section 2: Prevention

Section 3: Clinical and Academic Collaborations

Section 4: County Collaborations

Section 5: State Collaborations
Section 1:

Seneca Strong (Peer Recovery Services) & Behavioral Healthcare Resources
Number of Patients with a related Opioid Use Disorder Dx

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
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<tr>
<td>2016</td>
<td>72</td>
</tr>
<tr>
<td>2017</td>
<td>128</td>
</tr>
<tr>
<td>2018</td>
<td>160</td>
</tr>
</tbody>
</table>
Red Road To Wellbriety Group

When: Every Thursday Starting Oct. 4th
10 am - 12 pm
Where: Seneca Strong Office at the Community Health & Wellness Center
Room 126
All are Welcome!

For more information, call 532-8456.

Seneca Nation Health System
Seneca Strong Participant Co-Agreement with Closeout Section

This participant co-agreement is entered into as of ____________ (date) between __________________________________________ (participant) and Seneca Strong Outreach and Recovery Center. This agreement is being entered into with the purpose of defining the expectations and acceptable actions between the parties listed above. These guidelines are to ensure an equal partnership in the process of a recipient’s personal recovery and that mutual respect is maintained.

- Keep open communication to best assist each other in the meeting of recovery goals
- Complete all paperwork to the best of ability in a timely manner
- Keep scheduled appointments or meetings and give ample notice of any need for rescheduling. Three (3) No shows/ no calls constitutes failure to comply and is terms for immediate close out.
- Return telephone calls and other communications within a reasonable time
- Be an active participant in personal recovery and goals.
- Understand that active participation for at least six months is a primary goal.
- All information shared will be kept confidential according to HIPAA guidelines

The following is a brief description of acceptable actions through which a professional, yet friendly, relationship will be built and maintained.

- Keep a respectful relationship honoring feelings, opinions, and boundaries of both parties
- Maintain a physical distance comfortable for both parties, and control any physical or verbal aggression

If I have any concerns about how my participation is progressing, I understand that I may contact the Seneca Strong Recovery Center Program Director, by calling (716) 225-4253, or by mail to 90 Ohiyo Way, Salamanca, NY 14779.

I acknowledge that I have read and agree to the above co-agreement. I am committed to being an equal partner in my personal recovery plan. I understand that withdrawal from the program may occur when either party does not maintain the stated expectations of the program.

Participant Signature __________________________________________ Date: ____________

Staff Signature __________________________________________ Date: ____________
## Intake checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual is interested and signed up for Seneca Strong Services</td>
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<tr>
<td>1b. Are you an enrolled Seneca?</td>
<td></td>
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<tr>
<td>1c. If No, Are you enrolled with another Nation?</td>
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<tr>
<td>2a. Individual is interested in Inpatient Treatment?</td>
<td></td>
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<tr>
<td>2b. *If Yes, Where would Individual like to go?</td>
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<tr>
<td>2c. Information Release(s) signed?</td>
<td></td>
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<tr>
<td>3a. Does the individual have insurance?</td>
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<td></td>
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<tr>
<td>3b. *If Yes, what insurance?</td>
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<tr>
<td>3c. *If no, was appointment set for insurance enrollment?</td>
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<td></td>
</tr>
<tr>
<td>3d. Information Release signed?</td>
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<tr>
<td>3e. ** What insurance was acquired?</td>
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</tr>
<tr>
<td>4a. Are they already involved in Outpatient Treatment/Counseling?</td>
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<tr>
<td>4b. If yes, where are they attending?</td>
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<tr>
<td>4c. If No, Does the Individual want Outpatient Treatment/Counseling?</td>
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<tr>
<td>4d. Type of Outpatient interested in?</td>
<td></td>
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<tr>
<td>Group/IOP/Individual</td>
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</table>
### Seneca Strong Intake

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4e. If yes, Would the Individual like to go to the SN Behavioral Health Unit?</td>
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<tr>
<td>4f. If yes, was appointment set up?</td>
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<td>4g. If no, reason:</td>
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<td>5a. Are there any Legal Issues?</td>
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<td>5b. If yes, Are there charges pending?</td>
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<tr>
<td>5c. Is the Individual on Parole or Probation</td>
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<tr>
<td>5d. Information Release Signed?</td>
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<tr>
<td>6a. Have you ever Overdosed?</td>
<td></td>
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<tr>
<td>6b. If Yes, How many times?</td>
<td></td>
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<tr>
<td>7a. Do you need safe and sober housing?</td>
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<tr>
<td>8a. Do you need help seeking employment?</td>
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<tr>
<td>8b. Do you have your high school diploma or GED</td>
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<tr>
<td>8c. Would you be interested in learning a trade/skill?</td>
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<tr>
<td>9a. Copies Made for File</td>
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<tr>
<td>9b. Driver License/Tribal ID</td>
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<tr>
<td>9c. Insurance Card</td>
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<tr>
<td>9d. Social Security Card</td>
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</table>

Signature: _____________________________ Date: ____________________________

Staff: _____________________________ Date: ____________________________
SENeca STRONG Recovery Center/Outreach
Meeting Note

Participant: ________________________________

Staff: ________________________________

Start Date: ____ / ____ / ____ to End Date: ____ / ____ / ____

Services Provided

Outreach/Engagement
Crisis/Emergency
Access detox Services
Access Inpatient Services
Access Outpatient Services

Narcan Training
Peer Support
Educational
Wellness/ Holistic
Benefits/ Budgeting

Personal Goal Setting
Transportation
Volunteerism/ Employment
Research/ Information
WRAP-Wellness Recovery Action Plan

Self-Assessment(s)
Family Support
Social/ Community Supports
Personal Care/ Daily Living Skills

<table>
<thead>
<tr>
<th>DATE</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Face to Face/ Phone</th>
<th>Service(s) Provided</th>
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Meeting Notes:

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Revised SG 7/25/16
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<th>Household Activities</th>
<th>Y</th>
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<tr>
<td>Baking</td>
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<tr>
<td>Car repair/maint.</td>
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<tr>
<td>Cooking</td>
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<tr>
<td>Home repair/maint.</td>
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<td>Others:</td>
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<td>Barbecues</td>
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<td>Birdwatching</td>
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<td>Gardening</td>
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<td>Hunting</td>
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<td>Birds</td>
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<td>Cats</td>
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<tr>
<td>Dogs</td>
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<td>Horses</td>
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<td>Others:</td>
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<td>Church activities</td>
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<td>Longhouse</td>
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<td>Dating</td>
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<td>Social Gatherings</td>
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<td>Spiritual/holistic</td>
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<td>Clubs</td>
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<th>Other Topics of Interest</th>
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<tr>
<td>Education/Teaching</td>
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<td>History/Politics</td>
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<tr>
<td>Math/Science</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Participant Signature                                     | Date:|
Recovery Guide Signature                                  | Date:|

Additional Comments
Quality of Life Self-Assessment

This Survey asks you to tell us how things are going in your life. It should take about 5 minutes to complete. When finished, please give the survey to your Peer Recovery Guide so that you can review the results together.

Your Name (Please Print): ____________________________

Date: ____________________________

In this section, we ask you to rate how things are going in different areas of your life. For each statement below, circle the answer that best matches your experience.

*Overall, how would you rate* ..............

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<tbody>
<tr>
<td>1. The place where you live (housing situation).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. The place where you live (content with current situation).</td>
<td>1</td>
<td>2</td>
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<td>3. The amount of money you have to buy what you may need?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4. Your involvement in volunteering, employment, training.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Your level of education (Where you stand).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6. Your access to transportation to get around.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>7. Your ability to have fun and relax.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>8. Your physical health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>9. Your level of independence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Your Self-esteem (how do you feel about yourself).</td>
<td>1</td>
<td>2</td>
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1=POOR   2=FAIR   3=NEUTRAL   4=GOOD   5=EXCELLENT

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<tr>
<td>1. Your participation in community activities (leisure, sports, spiritual, volunteer work, social events.)</td>
<td>1</td>
<td>2</td>
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<td>2. Your ability to take care of yourself. (staying healthy, eating right, avoiding danger)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>3. Effects of drug and alcohol in your life currently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4. Stress, Depression, Anxiety, Anger, Etc........</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5. Suicidal Thoughts, homicidal thoughts, or self-harm/mutilation.</td>
<td>1</td>
<td>2</td>
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1=NEVER   2=HARDLEY EVER   3=NEUTRAL   4=NOT OFTEN   5=OFTEN

Are there any other concerns you may have?
Chart Review

Name of Participant ____________________________

Review Date ________________

Recovery Guide Assigned ____________________________

➢ Date of signed Co-Agreement/Admission to program ________________________
➢ WRAP plan completed within 30 days of admission? YES NO PARTIALLY
  Reason the WRAP plan has not been completed if past 30 days since admission:
  o Date expected to complete the WRAP Plan, if not completed ________________________
  o Plan or goal to complete the overdue WRAP plan if applicable: Write on the back of this page if more space is needed:

➢ ISP/Individual Service Plan (to include QOL Assessment & Crisis Prevention Plan) completed within 60 days of admission? YES NO PARTIALLY
  o Are there uncompleted life areas on the individual service plan? YES NO (If yes see below)
    (Please review with the participant any blank/uncompleted portions of the above service plan and indicate whether or not the area is to be reviewed at a later date, a goal has been developed or goal declined):

➢ Meeting notes have signatures, date and time in and time out written on them? YES NO PARTIALLY
➢ Do the meeting notes accurately reflect the ISP as well as the services and supports that were provided to the participant? YES NO PARTIALLY
➢ Are the pages inside of this file kept neat and organized in chronological order that is consistent? YES NO
➢ Paperwork inside this chart secured (no loose pages or random sheets inside unattached) YES NO
➢ File kept in a locked secure location? YES NO

RECOVERY GUIDE SIGNATURE ____________________________ DATE __________
Individualized Service Plan Review

<table>
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<tr>
<th>Life Area(s)</th>
<th>GOAL/OUTCOME</th>
<th>TARGET DATE OF COMPLETION</th>
<th>Achiev Code</th>
<th>Complete Date</th>
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Key for Achievement:
A = Achieved
R = Revised
D = Discontinued
C = Continued
Individualized Service Plan Review

Summary Statement of Strengths as jointly determined by the Recovery Guide and Participant:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Summary Statement of Barriers as jointly determined by the Recovery Guide and Participant:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The Participant, agree with this Service Plan:  ☐ Yes  ☐ No
☐ If No, please specify any area of disagreement:

________________________________________________________________________
________________________________________________________________________

Names and Signatures of Individuals contributing to the Individualized Service Plan:

Participant: ______________________________________________________________
Date: ______________________

Recovery Guide: ____________________________________________________________
Date: ______________________

Other Sig: ________________________________________________________________
Date: ______________________

REVIEW DATE:
Copies to be given to the recipient upon completion of the Individual Service Plan or at any time requested by the recipient.
November 10, 2017

Re: Clarifying the role of certified recovery peer advocates, recovery coaches and interventionists for providers and consumers of addiction services

Dear Providers and Consumers:

As the heroin and opioid epidemic has raged across our nation and throughout New York, addiction service programs and providers have sprouted up in every region of the state. While most of these programs and the staff that operate them are doing their work competently and within the bounds of the law, some are working well beyond the reach of their competence and with no legal authority. It is the duty and obligation of OASAS to protect the people of New York in need of addiction services; to assure that they and their families can make informed, rational decisions about treatment options and are not subjected to misleading information during times of increased vulnerability and stress. This letter will clarify the status, scope of practice and responsibilities of support professionals working in the addiction field – as employees of certified providers and/or as independent practitioners -- and identify the pathway for lodging a complaint against one of these persons if they act outside the scope of their legal authority.

Certified Recovery Peer Advocates (CRPA)

Certified Recovery Peer Advocates (CRPA) are individuals who hold an OASAS approved certification. In an OASAS certified program or other approved setting, CRPAs are supervised by a credentialed or licensed clinical staff member. CRPAs provide non-clinical peer support services as identified in the patient’s treatment/recovery plan and HCBS services identified in a patient’s plan of care. Peer support service is a face-to-face service provided by a CRPA. Peer support services are services to facilitate outreach, to engage an individual who is considering entering treatment, to reinforce current patients’ engagement in treatment, and to connect patients to community based recovery supports consistent with treatment/recovery and discharge plans. HCBS services may be provided to individuals enrolled in a Health and Recovery Plan (HARP) or plan members who are otherwise eligible for services and include services designed to initiate recovery, maintain recovery and maintain the quality of personal and family life in long-term recovery. Additional information on specific HCBS can be found at: http://www.oasas.ny.gov/ManCare/BHO/HCBS.cfm

Utilizing their recovery expertise and experience, CRPAs may also provide the following services:
- Developing recovery plans
- Raising awareness of existing social and other support services
- Modeling coping skills
- Assisting with applying for benefits
- Accompanying clients to medical appointments
- Non-clinical crisis support, especially after periods of hospitalization or incarceration
- Working with participants to identify strengths
- Linking participants to formal recovery supports
- Educating program participants about various modes of recovery
- Travel training - to use public transportation independently
- Engaging an individual to consider entering addiction treatment programs

A CRPA is not authorized to assess, diagnose or treat addiction or mental health issues. An OASAS certified or approved program may bill for peer support services provided by a CRPA. CRPA certification alone does not allow an individual to charge or bill third party reimbursement for services as a private practitioner. CRPAs shall not receive, nor be offered, any fee for the referral of a patient to treatment services from the program to which they refer.

Certification may only be obtained from either the New York Certification Board (http://nycertification.org/) or the New York Certification Association (www.nycertification.org/).

Certified Addiction Recovery Coach (CARC or Recovery Coach)

A Certified Addiction Recovery Coach (CARC or recovery coach) is committed to promoting recovery by facilitating a connection to recovery support services. Certified Recovery coaches approved by OASAS provide non-clinical supports and serve as a guide or mentor for people seeking or already in recovery.

A recovery coach provides a form of strength-based support for successful change when an individual is seeking recovery or self-directs their own recovery. A recovery coach may assist someone to access needed support services and systems, such as public benefits or health care.

Recovery coaches may also:
- Develop a recovery plan
- Help to initiate and sustain an individual/family in their recovery from substance use or addiction
- Promote recovery by removing barriers and obstacles to sustaining recovery
- Serve as a personal guide and mentor for people seeking, or already in, recovery
- Help individuals find resources for harm reduction, detox, treatment, family support and education, local or online support groups, or help a client create a change plan to recover on their own
- Help individuals find ways to stop using (abstinence) or reduce harm associated with addictive behaviors
Recovery coaches function as a guide to help with decision making and support steps toward recovery. In an OASAS certified program recovery coaches are non-clinical support staff and may not assess, diagnose or treat addiction or mental health issues. Recovery coaching is a peer-based service that is developed and provided mainly by persons who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery.

A recovery coach is not the same as a CRPA and neither they, nor an OASAS program with which they may be associated, may bill for CRPA services, including peer support services, as defined herein and by 14 NYCRR Part 822. CARC certification alone does not allow an individual to charge or bill third party reimbursement for services as a private practitioner. A trained and qualified recovery coach may only charge a fee for services if they also maintain another license or credential under which they have the authority to provide and charge for treatment services. Furthermore, a recovery coach shall not receive, nor be offered, any fee for the referral of a patient to treatment services from the program to which they refer.

The New York Certification Board (http://nycertboard.org/) certifies recovery coaches that are approved by OASAS.

**Interventionist**

An intervention is an opportunity to interrupt a person’s destructive life patterns with a goal of helping someone enter treatment for their addiction and begin the healing process for the family system. An Interventionist helps to identify appropriate people to become members of the recovery support team for someone suffering from an addiction. The interventionist provides support, education, guidance, and direction as well as facilitation to the addiction treatment system; typically, they have received training and certification by a non-governmental organization. Persons seeking the services of an Interventionist should inquire about and verify the source of the Interventionist’s credential.

An interventionist is not certified by OASAS or any other New York State agency, and OASAS does not approve any specific certifying entity. An intervention is not an OASAS service; OASAS does not regulate or oversee interventions. No OASAS provider may bill for an intervention service provided by an interventionist. Interventionists should not receive, nor be offered, any fee for the referral of a patient to treatment services from the program to which they refer (see Local Services Bulletin 03-2017).

**Reporting and Complaints**

A CRPA or a CARC will have a certificate from either the NY Certification Board or the NY Certification Association identifying that they have completed the required training to operate in their field. Interventionists may have a certification and should be able to provide that verifiable information to you upon request.
To file a complaint against someone with a certification, you must contact the certifying authority using the website information contained above.

To file a complaint against someone providing services listed herein and who is not certified or who will not provide certification information, please contact: legal@oasas.ny.gov.

Very truly yours,

[Signature]

Robert A. Kent
General Counsel
<table>
<thead>
<tr>
<th>Week Starting</th>
<th>Topic</th>
<th>Handouts</th>
</tr>
</thead>
</table>
| 1             | Wise Mind; Observe; Addict Mind, Clean Mind, Clear Mind | M3: Wise Mind  
M4: Taking Hold of Your Mind: Mindfulness "What" Skills  
DT18: From Clean Mind to Clear Mind |
| 2             | Describe; Participate; Nonjudgmentally; One-Mindfully; Effectively | M4: Taking Hold of Your Mind: Mindfulness "What" Skills  
M5: Taking Hold of Your Mind: Mindfulness "How" Skills |
| 3             | Understand, Identify, Label Emotions       | ER1: Goals of Emotion Regulation  
ER2: Overview: Understanding and Naming Emotions  
ER3: What Emotions Do for You  
ER4: What Makes It Hard to Regulation Your Emotions  
ER5: A Model for Describing Emotions  
ER6: Ways to Describe Emotions |
| 4             | Checking the Facts                        | ER7: Overview: Changing Emotional Responses  
ER8: Checking the Facts (With ERWSS: Checking the Facts) |
| 5             | Opposite Action                            | ER10: Opposite Action (With ERWSS6: Figuring Out Hot to Change Unwanted Emotions)  
ER11: Figuring Out Opposite Action |
| 6             | Problem Solving                            | ER12: Problem Solving  
ER13: Reviewing Opposite Action and Problem Solving |
| 7             | Accumulating Positives and Building Mastery | ER15: Accumulating Positive Emotions in the Short Term  
ER17: Accumulating Positive Emotions in the Long Term  
ER19: Building Mastery and Cope Ahead |
| 8             | TIP Skills                                 | DT6: TIP Skills: Changing Your Body Chemistry |
| 9             | Distracting, Self-Soothing, Improving the Moment | DT7: Distracting  
DT8: Self-Soothe  
DT9: Improving the Moment |
| 10            | Radical Acceptance; Turning the Mind       | DT10: Overview: Reality Acceptance Skills  
DT11: Radical Acceptance  
DT11b: Practicing Radical Acceptance, Step by Step (or DTWS: Radical Acceptance)  
DT12: Turning the Mind |
| 11            | Willingness; Half-Smiling;                 | DT13: Willingness |
| 12 | Mindfulness of Thoughts | DT14: Half-Smiling and Willing Hands  
DT15: Mindfulness of Current Thoughts |
| 13 | When the Crisis is Addiction; Planning for Dialectical Abstinence | DT16: Skills When the Crisis is Addiction  
DT17: Planning for Dialectical Abstinence |
| 14 | Burning Bridges and Building New Ones; Alternate Rebellion and Adaptive Denial | DT20: Burning Bridges and Building New Ones  
DT21: Practicing Alternate Rebellion and Adaptive Denial |
| 14 | Mindfulness Review: Wise Mind; Observe; Describe; Participate; Nonjudgmentally; One-Mindfully; Effectively | M3: Wise Mind  
M4: Taking Hold of Your Mind: Mindfulness "What" Skills  
M4: Taking Hold of Your Mind: Mindfulness "What" Skills  
M5: Taking Hold of Your Mind: Mindfulness "How" Skills |
| 15 | DEAR MAN, GIVE | IE5: Guidelines for Objective Effectiveness: (DEAR MAN)  
IE6: Guidelines for Relationship Effectiveness: Keeping the Relationship (GIVE) |
| 16 | FAST; Interpersonal Validation Behavioral principles in Relationships; Community Reinforcement | IE7: Guidelines for Self-Respect Effectiveness: Keeping Respect for Yourself (FAST)  
IE17: Validation  
IE18: A "How To" Guide to Validation  
IE20: Strategies for Increasing the Probability of Desired Behaviors  
IE21: Strategies for Decreasing or Stopping Undesired Behaviors  
IE22: Tips for Using Behavior Change Strategies Effectively  
DT 19: Reinforcing Nonaddictive Behaviors |
Welcome to the Medication-Assisted Treatment Group

The MAT is a 10-week ongoing program that will be offering you helpful information and tools for you to use in your journey to abstinence from Opioids and/or Alcohol. Group will be on Mondays from 2:00 PM to 3:00 PM. Please remember this is a mandatory group and no referrals will be made if you are not in compliance with treatment/groups.

Here is a list of the topics that we will be covering:

1. What exactly are the effects of Opiates?
2. Consequences of Drug Abuse- regarding health
3. Side effects of Suboxone and vivitrol
4. Recovery Skills
5. Stress and Time Management
6. Post-Acute Withdrawal and Opiate Dependence
7. Effects of drug use on Family and other relationships
8. Sober Activities and “The Rat Park Study”
9. Parenting Skills- Beyond your addiction
10. Vocational planning and employment

Group restarts on 8/27/18

PLEASE NOTE CHANGE IN TIME AND DAY!
Section 2:
Prevention Resources
Prevention/Native Connections Programming

- Family Engagement Program
  - An effort to reduce substance abuse and suicide risk amongst native youth 24 and under by promoting family/parent involvement as a protective factor
  - Families can enroll in the program and then can earn entries for family prizes and incentives by attending family oriented events and workshops
  - 2018-19 Goals
    - Collaborate with other departments on at least 30 FEP events on each territory (at least 60 total)
    - Host monthly FEP workshops (12 each territory) (ex. Cake decorating, family fitness, family cooking, juggling & magic lessons, cultural crafts, socials/cake walks, family fishing, etc.)
    - Host 4 family prize drawings for FEP participants (primarily donation based) (Past prizes: Darien Lake Passes, Family Zoo Memberships, High Banks Camping Package & National Museum of the America Indian Trip)
    - Have at least 300 families registered in FEP (currently: 144 as of 9/24/18)

- Prevention Education/Focus Group
  - Currently servicing 4 surrounding school districts (Silver Creek, Gowanda, Lake Shore and Salamanca)
  - Curriculums: Too Good For Drugs, Protecting Me Protecting You, Botvin’s Life Skills Training, 2nd Step, Teen Intervene
  - Goals
    - Facilitate monthly focus groups for high school youth in all districts to get their voice and input on community, mental health, substance abuse and other related topics
    - Expand prevention education services to all grade levels and more districts (obtaining at least 10,000 youth contacts)

- ASIST Trainings
  - Currently have 10 staff and collaborators trained in ASIST T4T as of August 2018
  - First facilitated ASIST Workshops are scheduled for November 2018 (one on each territory)
  - Planning to continue to host workshops on a bimonthly basis to ensure trained staff complete their certification by the end of FY 18-19
  - Goals
    - Have entire staff trained in ASIST T4T and certified
    - Host first ASIST workshops and bimonthly afterwards
    - Create policy to have all SN/SNHS employees trained in ASIST/new hire trainings (collaboration with SN HR)
    - Host ASIST trainings on a quarterly basis once policy is in place, and also by request
- **Media Campaign**
  - Currently obtaining a consultant to help with a strategic plan for a family/parent involvement campaign as a protective factor against suicide risk and substance misuse for native youth
  - **Goals**
    - Create social media policy within SNHS
    - Implement social media into a parent involvement campaign
    - Obtain consultation for direction and strategic plan of parent involvement campaign
    - Submit monthly SN newsletter articles highlighting prevention programming and/or education

- **Community Readiness Assessment**
  - During this fiscal year we are hosting our second CRA. The Community Readiness Assessment measures a community's preparedness to act on suicide prevention.
  - This is done by interviewing 8 different individuals (from each territory) in the community on six main dimensions and score them based off of their answers
  - Interviewees: Youth, Elder, Mental Health Professional, Tribal Leader, Community Member, Territory Law Enforcement, School Personnel, Seneca Nation Staff (any department other than above named)
  - Dimensions: Existing Community Efforts, Community Knowledge About Prevention, Leadership, Community Climate, Community Knowledge About the Issue, Resources Related to the Issue
  - The new CRA scores will be compared to the first CRA scores that was conducted in 2014 to see what has/has not changed and use the information to better plan our prevention programming

- **Native Connections Advisory Board**
  - The board was created 1 year ago and currently has about 14 active members from both territories
  - Members include the prevention team, community leaders and community members
  - The board meets on a quarterly basis and serves as a steering committee to gain input on prevention programming
  - The board provides an ideal venue to discuss current programming and to collaborate with other entities and individuals of the Seneca Nation to better serve the community
Seneca Nation Native Connections

Family Engagement Program

Acknowledgement of Privacy Policy

The Seneca Nation Native Connections team uses AccuClub to record and track your family’s attendance at participating events. AccuClub is a cloud-based software and is in no way connected to any personal health information within the Seneca Nation Health System.

Any information you provide, such as name, address, phone number and email, are held for Family Engagement Program purposes. We only keep your information so that we can track your attendance via AccuClub software, generate membership badges, and communicate with you.

Other than described above, we do not sell or share your information with anyone else.

If you would like to update your contact information or would no longer like to be contacted through the Family Engagement Program, you can contact our Seneca Nation Native Connections team.

By signing below I am acknowledging that the Seneca Nation Native Connections team will be using the AccuClub cloud-based software to store provided registration information and track my family’s attendance at participating events.

Printed Name:________________________________________________________

Signed Name:________________________________________________________

Date:________________________
Seneca Nation Native Connections
Family Engagement Program
Registration

Guidelines:
* Your family must consist of at least one parent or guardian and one youth 24 year or younger.
* The registered youth has to be eligible for services within the Seneca Nation Health System.
* Once registered, you can obtain an entry by attending a participating program event, as long as one parent or guardian and one youth from the registered family are in attendance.
* You may also receive extra entries by participating in Native Connections surveys/questionnaires when the opportunity is available.

Family Name: ____________________________
City/Zip Code: ___________________________
Phone Number: ___________________________
Circle One: Mobile  Home  Work

Family Members

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<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Check One:</th>
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<tr>
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<td>Parent/Guardian  Youth</td>
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Office Use Only:
Registration Date:
Tag ID #:
Signature:

Email: ____________________________
SNHS Behavioral Health Unit Referral Form- Please Fax or Mail this form to the appropriate service provider.

**PLEASE NOTE: DUE TO CONFIDENTIALITY, BHU IS NOT ALLOWED TO INFORM THE REFERRAL SOURCE OF THE OUTCOME OF THIS REFERRAL WITHOUT AN APPROPRIATE RELEASE OF INFORMATION.**

I. Referral Origin:

☐ School (Select One Below)
  ☐ Gowanda Central School District
  ☐ Lake Shore Central School District
  ☐ Silver Creek Central School District
  ☐ Salamanca City Central School District
  ☐ Other: ______________________

☐ Community

☐ Other: ______________________

II. Client/Patient Information:

Name: _______________________________ D.O.B: _______________________________

Phone: ___________________________ Address: _______________________________

Parent/Guardian Name (If applicable): _______________________________

III. Referral Source:

Name: ___________________________ Phone: ___________________________

Email: ___________________________ Relationship to Patient: __________________

IV. Services Being Referred To:

☐ Substance Abuse  ☐ Mental Health  ☐ Prevention

V. Reason(s) For Referral (use back for additional space):

________________________________________________________________________

Referral Source Signature: ___________________________ Date: __________

VI. Response by Service Provider: (must be made within 3 working days of receipt of referral)

________________________________________________________________________

Service Provider Signature: ___________________________ Date: __________
Part V. Continued...
Section 3:

Clinical
&
Academic Collaboration Resources
Behavioral Health Integration in a Native American Primary Care Clinic

Chang | Dermen | Nisbet | Campbell-Heider | Casucci | Loomis | Moss
The grant aims to integrate behavioral health into primary care services within the Seneca Nation Health System, thereby increasing access to mental health and substance abuse screening and treatment.

The UB School of Nursing and the Seneca Nation Health System will collaborate to develop an interprofessional collaborative practice (IPCP) team to augment traditional primary care with integrated behavioral health services in the practice setting. SBIRT (Screening, Brief Intervention, and Referral to Treatment) and IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) will be implemented as part of the behavioral health services to increase patient access to mental health and substance abuse care. The project also will include educational and experiential emphasis on cultural sensitivity about Native American health care beliefs, customs, family dynamics, communication patterns and social determinants of health, which can impact access and adherence to mental health care, and provide clinical training to graduate students in the School of Nursing and UB School of Social Work.

Principal Investigator
Yu-Ping Chang, PhD, RN, FGSA
School of Nursing
University at Buffalo

Co-Investigators
Kurt H. Dermen, PhD
Research Institute on Addictions

Patricia Nisbet, DNP, PMHNP-BC
School of Nursing
University at Buffalo

Nancy Campbell-Heider, PhD, RN, FNP, NP-C, CARN-AP, FAANP
School of Nursing
University at Buffalo

Sabrina Casucci, PhD
School of Engineering and Applied Sciences
University at Buffalo

Dianne Loomis, DNP, RN, FNP-BC
School of Nursing
University at Buffalo

Margaret Moss, PhD, JD, RN, FAAN
School of Nursing
University at Buffalo
Funding Agency
Health Resources and Services Administration (HRSA)

Grant Number
UD7-HP30924

Dates
2017-2019
*Please circle the option that best fits to indicate your answer.*

<table>
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<tr>
<th><strong>Over the past 2 weeks, how often have you been bothered by any of the following problems?</strong></th>
<th><strong>Not At All</strong></th>
<th><strong>Several Days</strong></th>
<th><strong>More than Half the Days</strong></th>
<th><strong>Nearly Every Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2) Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3) Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4) Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>5) How often do you have a drink containing alcohol?</strong></th>
<th><strong>Never</strong></th>
<th><strong>Monthly or less</strong></th>
<th><strong>2-4 times a month</strong></th>
<th><strong>2-3 times a week</strong></th>
<th><strong>4 or more times a week</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>6) How many standard drinks containing alcohol do you have on a typical day?</td>
<td>1-2</td>
<td>3-4</td>
<td>5-6</td>
<td>7-9</td>
<td>10 or more</td>
</tr>
</tbody>
</table>

| **7) How often do you have six or more drinks on one occasion?** | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |

<p>| <strong>8) In the past 12 months have you used drugs other than those used for medical reasons?</strong> | <strong>Yes</strong> | <strong>No</strong> |</p>
<table>
<thead>
<tr>
<th>Further Inquiry needed</th>
<th>If yes then display &quot;Positive screen for drug use&quot;</th>
<th>&gt;DAST-10 Q12</th>
</tr>
</thead>
<tbody>
<tr>
<td>If under-screened for alcohol use, the more conservative (male) screening thresholds for women therefore we have defaulted to different thresholds for men and women. We assume that we cannot in the trust form, the AUDIT-C Tool has for the AUDIT-C Total Score. Need to identify the correct QBS Term.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24: Positive for alcohol use symptoms</td>
<td>&gt;AUDIT-C Total Score</td>
</tr>
<tr>
<td></td>
<td>3: Positive for depressive symptoms</td>
<td>&gt;PHQ-2 Total Score</td>
</tr>
<tr>
<td>Notes</td>
<td>Positive Screening Thresholds &amp; Interpretation</td>
<td>Calculated Total Score</td>
</tr>
</tbody>
</table>

Monthly (Short Form) Screening

Order of Questions and Screens
**Drug Risk**

**Screening Results**

For monthly screenings:

If PHQ-9 Total Score ≥ 9, display "PHQ-9 Alert" (Complete reading of checklist) (Note: Currently, no alerts have been generated for domestic violence or HIV screening.

For annual and semi-annual screenings:

An alert will be generated whenever a banner is triggered. The alert will be structured as follows:

**Pop-Up Alert Logic and Details**

<table>
<thead>
<tr>
<th>Logic</th>
<th>Explanation</th>
</tr>
</thead>
</table>
| THEN ["Alert < Date of last screen" in the EHR Banner] ELSE display "Alert: Completed > Date of last screen"
| IF PHQ-9 Total Score ≥ 8 THEN False THEN IF AUDIT-10 Total Score ≥ 2 THEN False THEN IF AUDIT-10 Total Score < 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score ≥ 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score < 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False THEN |
| THEN False THEN IF GAD-7 Total Score = 2 THEN False Then |

Banner Additions and Changes

Based on changes to the screening tools. Results of domestic violence and HIV screening are not included.
Section 4:

County
Collaboration
Resources
# Identifying drug use and taking action

Many families do not recognize the signs of drug use and do not know how to respond when they see the signs.

## Physical signs

- At beginning, sick with vague symptoms 1 – 2 times a week
- Drastic weight changes – up or down
- Changes in eating habits – amounts, items, times
- Inconsistent sleeping habits
- Balance and coordination issues
- Smells – more obvious with marijuana and alcohol and less obvious with pills, cocaine and heroin
- Lack of attention to personal hygiene
- Lethargy – common with downers (Rx painkillers - Oxycontin or Norco, anti-anxiety medications (benzodiazepines – Xanax, Klonopin)

*Items to look for*
- Drugs or pills – that are not prescribed by a doctor
- Torn, folded scraps of paper (used to package drugs)
- Bottle caps or spoons (used to cook heroin)
- Tiny cotton balls (used to filter heroin)
- Small pieces of tin foil (used to smoke heroin)

<table>
<thead>
<tr>
<th>Mental issues</th>
<th>Abnormal pupils</th>
<th>Change in speech patterns – words used, rapid or slurred speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgetfulness and memory deficits – short term or long term</td>
<td>Enlarged pupils if using ecstasy/MDMA, benzodiazepines</td>
<td>Common with stimulants (cocaine, Adderall, ecstasy/MDMA)</td>
</tr>
<tr>
<td>Mood swings</td>
<td>Tiny/pinprick pupils if using opioids</td>
<td></td>
</tr>
</tbody>
</table>

| Needle marks/track marks – On arms, hands, legs, neck, in between fingers and toes (or anywhere a vein can be accessed) |
| Physical pains and aches – common to develop back and joint pain with opioid use |
| Stomach issues: vomiting, nausea, general pain |
| Common with opioids as they erode the stomach lining |
| Common sign of withdrawal |

## Behavioral signs

- **Spending money** has increased – can be consistent or drastic
- **Valuables or money missing** from home of friends/family
- New drugs or items show up
- **Changes in grades**, cutting classes, truancy, missing tests and assignments, missing activities
- **Changes in friends**, hanging out with new people/group
- **Distancing self** from old or long-term friends
- Unwillingness to introduce you to new friends

- **Lying**
- **Loss of job or dismissal** from other activities (sports team or club)
- **Car accidents**
- **Minor arrests**
- Having friends who are in substance abuse treatment
- **Complaints of bullying**
- Feeling like they **do not fit in**
- **Doctor prescribed medications taken for mental health issues are no longer working**
How to react

- Do not panic
- Avoid over-questioning
- Do not yell at them! Express concern and love from a place of compassion not aggression
- Keep an open dialogue with your loved one

- Do not continually search their room – it is a waste of time! You will not find what they do not want you to find
- Do not violate their privacy by hacking onto their personal online pages – this will result in distrust and disrupt any change of an open dialogue
- Never question their friends or your friends

Actions you can take

For your loved one

- Reach out to an addiction specialist, such as a Licensed Clinical Social Worker
- Punishment does not work – they may need professional help and they definitely need your support
- Never give them cash—if they need food or clothes, you can choose to buy it for them and remove the tags
- Inform school counselors of your concerns and ask their advice
- Offer unconditional help including counseling or treatment
- Understand that forcing them into treatment will not work—they need to be ready
- Keep home drug tests available
- Dispose of old prescription pain pills
- If it turns out your loved one is not using drugs, do not be afraid to admit you were wrong

For yourself

- Take care of yourself and the rest of your family
- Get help for yourself and other family members by attending a local support group
- Seek support from a mental health professional if feeling overwhelmed or depressed
- Remove old prescriptions from your house
- Recognize that no one wants to be an addict and addiction is a disease
- Do not blame yourself for their drug use or their refusal to enter treatment
- Do not care what other people might think – it is your issue to deal with

Addictions hotline

(716) 831-7007
24 hour Support · Link to treatment · Referral
# At home detoxification from opioids only

Before starting home detox, we strongly recommend contacting your medical provider to find out if it is medically safe and appropriate for you because other medical conditions could lead to harm with home detox. **Detoxing from other drugs (prescription or other) or alcohol can be dangerous.**

## Common opioids

<table>
<thead>
<tr>
<th>GENERIC</th>
<th>BRAND NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>Vicodin, Lor cet, Lortab, Norco, Zohydro</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Percocet, OxyCotin, Roxicodone, Percodan</td>
</tr>
<tr>
<td>Morphine</td>
<td>MSContin, Kadian, Embeda, Avinza</td>
</tr>
<tr>
<td>Codeine</td>
<td>Tylenol with Codeine, TyCo, Tylenol #3</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Duragesic</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>Opana</td>
</tr>
<tr>
<td>Meperidin</td>
<td>Demerol</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Suboxone, Subutex, Zubsolv, Bunavail, Butrans</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
</tr>
</tbody>
</table>

## Plan ahead

- Have a plan in place for detoxing – **plan when, how, and where you will detox**

## Setting

- **Plan to be at home for a week**
- Find childcare if you have children
- Have a support person with you (or at least check in on you) and let family and friends know what you are doing
- Remove all drugs and drug equipment (dispose of all, they are triggers and can inhibit detox process)
- Delete numbers in your phone of people who could be potential sources

## What to expect

- When you use opioids regularly, your body begins to depend on it to function. When this happens, you are physically dependent to opioids.
- When you stop using opioids regularly, you go into **withdrawal**
- Depending on use, withdrawal may start within **hours or days of last use**
- Withdrawal lasts between **3 days and 1 week**, and is most severe on 2nd and 3rd days
- Individuals withdrawing truly believe that they are going to die, it is that painful

---

*Detoxing from opioids alone often feels like you are going to die, but is rarely harmful to healthy people*

*If you are pregnant, have HIV/AIDS, or are taking other drugs or alcohol – **do not detox at home***

*If you have a serious illness or disease – **talk to your healthcare provider before starting detox***

Rev 10/2016
# Opioid detox symptoms and comfort measures

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Relief Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea and vomiting</td>
<td>- Pepto-Bismol</td>
</tr>
<tr>
<td></td>
<td>- Eat easy to digest foods (applesauce, crackers)</td>
</tr>
<tr>
<td></td>
<td>- Stay hydrated (sports drinks (Gatorade, Powerade), water, Ensure, Kool-Aid)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>- Imodium</td>
</tr>
<tr>
<td></td>
<td>- Stay hydrated (sports drinks, water, Ensure, Kool-Aid)</td>
</tr>
<tr>
<td>Muscle aches and cramps</td>
<td>- Over the counter pain relievers (ibuprofen, acetaminophen)</td>
</tr>
<tr>
<td>Inability to sleep</td>
<td>- Hot bath or shower – as many and as long as needed</td>
</tr>
<tr>
<td></td>
<td>- Heating pad</td>
</tr>
<tr>
<td></td>
<td>- Muscle ache cream (Bengay)</td>
</tr>
<tr>
<td>Lack of energy</td>
<td>- Consider requesting a sleep aid from a medical professional</td>
</tr>
<tr>
<td></td>
<td>- As soon as you are able, take a walk outside (even if it is a short walk, the activity can help your muscles relax and help you sleep)</td>
</tr>
<tr>
<td>Restless leg syndrome and anxiety</td>
<td>- As soon as you are able, take a walk outside (even if it is a short walk, the activity can help boost your energy)</td>
</tr>
<tr>
<td></td>
<td>- Consider requesting medication from a medical professional, which may help with these symptoms</td>
</tr>
</tbody>
</table>

## How to support someone detoxing

- Make them as comfortable as you can – most want it quiet and dark
- Make sure they stay hydrated – red Kool-Aid with double sugar is a favorite
- Unless they request it, do not touch them, their skin may be very sensitive
- Address their symptoms as best you can (see above chart)
- It is a good idea to have another support person so you can take care of yourself

## After detox

- Detox breaks the physical dependence and is the first step to living opioid free
- It is important to engage in support and treatment after detox as it can help sustain the long term process of learning to live without abusing opioids
- As tolerance is reduced during and after detox, return to usual levels of use can cause severe, even fatal overdose

*Information in this pamphlet is intended for educational purposes. Consult a healthcare provider for healthcare advice.*

**Addictions hotline**

(716) 831-7007

24 hour Support - Link to treatment - Referral
Clinical Opiate Withdrawal Scale

To be used for Naloxone or Naltrexone Challenge testing. Enter score prior to administration of challenge, then at 15 and 30 minutes after administration of naloxone; and 30, 60 minutes after oral naltrexone.

<table>
<thead>
<tr>
<th></th>
<th>Pre-Challenge</th>
<th>15min</th>
<th>30min</th>
<th>60min</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resting Pulse Rate:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured after sitting/lying for one minute.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 HR 80 or below</td>
<td>1 HR 81-100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 HR 101-120</td>
<td>4 HR more than 120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sweating:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>please account for room temperature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 No chills or flushing</td>
<td>1 single report of chill/flushing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 flushed or observed moistness on face</td>
<td>3 beads of sweat on brow or face</td>
<td>4 streaming sweat on face</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restlessness:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>observed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Able to sit still</td>
<td>1 difficulty sitting still, but able to do so</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 frequent shifting or movements arms/legs</td>
<td>5 unable to sit still for more than a few seconds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pupil Size:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 pupils normal for room light</td>
<td>1 possibly larger than for room light</td>
<td>2 moderately dilated</td>
<td>5 very dilated</td>
<td></td>
</tr>
<tr>
<td><strong>Bone or Joint Aches:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>those only attributed to withdrawal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 not present</td>
<td>1 Mild diffuse discomfort</td>
<td>2 patient reports severe diffuse aching</td>
<td>4 patient is rubbing joints / muscles due to discomfort</td>
<td></td>
</tr>
<tr>
<td><strong>Runny nose or tearing:</strong></td>
<td>NOT attributable to cold or allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 not present</td>
<td>1 nasal stuffiness or unusually moist eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 nose running or tearing</td>
<td>4 nose constantly running or tears running down cheeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GI upset:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 no GI symptoms</td>
<td>1 Stomach cramps</td>
<td>2 nausea or loose stools</td>
<td>3 vomiting or diarrhea</td>
<td>5 multiple episodes of vomiting or diarrhea</td>
</tr>
<tr>
<td><strong>Tremor:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>observation of outstretched hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 no tremor</td>
<td>1 tremor can be felt, not seen</td>
<td>2 slight tremor seen</td>
<td>4 gross tremor or twitching</td>
<td></td>
</tr>
<tr>
<td><strong>Yawning:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>observation during assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 none</td>
<td>1 yawnning once or twice</td>
<td>2 yawnning three or more times</td>
<td>4 yawnning multiple times/minute</td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety or Irritability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 none</td>
<td>1 Patient reports increasing anxiety or irritability</td>
<td>2 patient obviously irritable, anxious</td>
<td>4 patient so irritable or anxious that participation in assessment difficult</td>
<td></td>
</tr>
<tr>
<td><strong>Gooseflesh skin:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 skin is smooth</td>
<td>3 hairs standing up, mild piloerection</td>
<td>5 prominent piloerection</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure/pulse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug given:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCORE: 5-12= Mild 13-24= Moderate 25-36= Mod Severe  More than 36= Severe withdrawal.
Section 5:

State Collaboration

Resources
You don’t have to be alone in addiction
Treatment is available. Recovery is possible.

“Methadone saved my life”

The support you and your family need is closer than you think.

CombatAddiction.ny.gov

Behavioral Health Unit
532-5583 (CHWC)
945-9001 (LRJHC)
You don’t have to be alone in addiction
Treatment is available. Recovery is possible.

The support you and your family need is closer than you think.
CombatAddiction.ny.gov

Office of Alcoholism and Substance Abuse Services
You don’t have to be alone in addiction

Treatment is available. Recovery is possible.

The support you and your family need is closer than you think.

CombatAddiction.ny.gov

Behavioral Health Unit
532-5583 (CHWC)
945-9001 (LRJHC)
Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than as prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drug usage except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction. One of the most striking aspects of the misuse of prescription medications has been the increase in painkiller abuse, which can lead to heroin use.

- Prescription analgesic overdoses killed nearly 15,000 people in the US in 2008, more than three times the 4,000 killed by these medications in 1999. (CDC Vital Signs 11/2011)
- Young adults ages 18 - 24 are particularly at risk, with increases in heroin/opioid admissions for treatment throughout the state. In particular, upstate New York (222% increase in admissions) and Long Island (242% increase) have been hard hit by this problem. (NYS Client Data System)
- In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first. (NSDUH 2011)
- Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). (NSDUH 2012)
- The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). (Youth Risk Behavior Survey (YRBS))

**Heroin and Prescription Drug Abuse Can Be Addictive and Deadly**

**Loss of tolerance**
Regular use of opioids leads to greater tolerance. For example, more is needed to achieve the same effect (high). Overdoses occur when people begin to use again. This is usually following a period of not using (abstinence) such as after coming out of treatment.

**Mixing drugs**
Mixing heroin or prescription opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Klonopin, etc.) or alcohol, can lead to an accidental overdose, respiratory problems and death. The effect of mixing drugs is greater than the effect one would expect if taking the drugs separately.

**Variation in strength of heroin**
Heroin may vary in strength and effect based on the purity.

**Serious Illness**
Users with serious illness such as HIV/AIDS, hepatitis B and C, heart disease, and endocarditis are at greater risk for overdose.

**Prevent Prescription Drug Misuse**

**Lock Your Meds**
Prevent your children from using your medication by securing it in a place your child cannot access.

**Take Inventory**
Download the Medicine Cabinet Inventory sheet; write down the name and amount of medications you currently have; and check regularly to ensure that nothing is missing. www.combatheroin.ny.gov
**Proper Disposal**

To properly dispose of unused or expired medications, dispose of medications in a community drop box site or mix them with used cat litter, coffee grounds or sawdust to make them less appealing before throwing them in the garbage.

**Educate Yourself & Your Child**

Learn about the most commonly misused types of prescription medications (pain relievers, sedatives, stimulants and tranquilizers), then communicate the dangers to your child. Once is not enough.

**Set Clear Rules & Monitor Behavior**

Express your disapproval regarding the inappropriate and dangerous use of medications without a prescription. Monitor your child's behavior to ensure that the rules are being followed.

**Pass it On**

Share your knowledge, experience and support with the parents of your child's friends. Together, you can create a tipping point for change and raise safe, healthy and drug-free children.

---

**Classification of Commonly Abused Prescription Drugs**

<table>
<thead>
<tr>
<th>OPIOIDS (indicated for pain include):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone (Vicodin)</td>
</tr>
<tr>
<td>Oxycodone (Oxycontin)</td>
</tr>
<tr>
<td>Oxymorphone (Opana)</td>
</tr>
<tr>
<td>Hydromorphone (Dilaudid)</td>
</tr>
<tr>
<td>Meperidine (Demerol)</td>
</tr>
<tr>
<td>Diphenoxylate</td>
</tr>
<tr>
<td>Codeine</td>
</tr>
<tr>
<td>Fentanyl</td>
</tr>
<tr>
<td>Morphine</td>
</tr>
<tr>
<td>Opium and any other drug with morphine-like effects</td>
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<table>
<thead>
<tr>
<th>DEPRESSANTS (indicated for anxiety and sleep disorders include):</th>
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<tbody>
<tr>
<td>Barbiturates</td>
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<tr>
<td>Pentobarbital sodium (Nembutal)</td>
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<tr>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>Diazepam (Valium)</td>
</tr>
<tr>
<td>Alprazolam (Xanax)</td>
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<tr>
<td>Clonazepam (Klonopin)</td>
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<tr>
<th>STIMULANTS (indicated for ADHD include):</th>
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<tr>
<td>Dextroamphetamine (Dexedrine)</td>
</tr>
<tr>
<td>Methylphenidate (Ritalin and Concerta)</td>
</tr>
<tr>
<td>Amphetamines (Adderall)</td>
</tr>
</tbody>
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The following organizations offer information and resources that can help you and your family.

**Find help and hope**

for alcoholism, drug abuse or problem gambling

Call or Text 1-877-8-HOPENY
Text: HOPENY (468769) 1-877-846-7369

**New York State**

**Combat Heroin and Prescription Drug Abuse**

Combat Heroin – www.combatheroin.ny.gov

**Office of Alcoholism and Substance Abuse Services**

New York State Office of Alcoholism and Substance Abuse Services – www.oasas.ny.gov

**Department of Health**

New York State Department of Health – www.health.ny.gov
**Facts**

There is no greater influence on a young person’s decisions about drug use than his/her own parents or guardians. To successfully keep kids drug-free, parents must provide active support and positive role-modeling.

Parents are key in preventing drug use. Be a parent, not a friend. Establish boundaries that take a clear stand against drug use.

Nationally, one in five teens has taken prescription drugs without a doctor’s prescription one or more times in their life. *(MMWR June 6, 2012)*

Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). *(NSDUH 2012)*

Current brain research shows that the brain is not fully developed until the mid-20s. Adding chemicals to a developing brain is a very risky endeavor—and one that can lead to health problems and places kids at high risk for addiction, even death.

The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). *(Youth Risk Behavior Survey (YRBS))*

**You Should Know**

- The majority of both teens and young adults obtain prescription drugs they abuse from friends and relatives, sometimes without their knowledge.
- Despite what many teens think, abusing prescription drugs is not safer than misusing illicit drugs.
- Prescription drugs can be addictive and lethal when misused.
- Prescription painkillers can lead to heroin use.
- Combining prescription drugs/over-the-counter medications and alcohol can cause respiratory failure and death.
- In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first. *(NSDUH 2011)*

**Why Teens Use**

**Acceptance**

Teens use to fit in with friends, to become popular, or to be where the action is.

**Curiosity**

Youth hear about “highs” and want to find out for themselves.

**Easy Access**

If pills are easy to obtain, available within a household and not monitored, they are more likely to be used inappropriately.

**Modeling**

When parents or older siblings use alcohol, drugs and/or tobacco, youth are more likely to try.

**Self-medication**

To cope with pressures or problems or as an antidote to deal with issues. Medication is intended only for the person for whom it was prescribed. Never share medications. Misuse can lead to addiction and death.
Take Action

When you suspect your child may be using heroin or inappropriately using prescription painkillers, it is important to take action.

Prepare Yourself
Work with what happened rather than why it happened. Don’t blame someone else, yourself or your child. Don’t be shocked or judgmental, because there are many innovative ways to conceal use. Don’t be afraid and/or hesitate to investigate your son/daughter’s belongings such as cell phones, computers, etc.

Confront the Issue
Don’t let anger or fear overwhelm your effectiveness in dealing with your child. Cool down or take a walk before you begin the conversation.

Have a Conversation
Putting your head in the sand is counterproductive. Accept that your son/daughter may be using so you can begin the conversation.

Set Standards
Take a stand. Say “NO” clearly and firmly. Carry through on consequences.

Ask For Help
There are many confidential resources available for parents—if you ask! Ask your school health professional for help, or seek assistance from a mental health or substance abuse counselor.

Signs and Symptoms

Any one of the following behaviors can be a symptom of normal adolescence. However, keep in mind that the key is change. It is important to note any significant changes in a child’s physical appearance, personality, attitude or behavior.

Physical Signs
- Loss or increase in appetite; unexplained weight loss or gain
- Small pupils, decreased respiratory rate and a non-responsive state are all signs of opioid intoxication.
- Nausea, vomiting, sweating, shaky hands, feet or head, and large pupils are all signs of opioid withdrawal.

Behavioral Signs
- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Wearing long-sleeved shirts or layers of clothing out of season
- Stealing

Advanced Warning Signs
- Missing medications
- Burnt or missing spoons/bottle caps
- Missing shoelaces/belts
- Small bags with powder residue
- Syringes

The following organizations offer information and resources that can help you and your family.

Find help and hope
for alcoholism, drug abuse or problem gambling
Call or Text 1-877-8-HOPENY
Text: HOPENY (467369) 1-877-846-7369

NEW YORK STATE
Combat Heroin and Prescription Drug Abuse
Office of Alcoholism and Substance Abuse Services
Department of Health

Combat Heroin – www.combatheroin.ny.gov
New York State Office of Alcoholism and Substance Abuse Services – www.oasas.ny.gov
New York State Department of Health – www.health.ny.gov
Peer Recovery Services
Overview

• How it all began
• What does the model look like?
• What services/supports does it offer?
• How to sustain the program
• Struggles (Lessons Learned)
COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

How it all started
New Developments

• As of October 2017, Seneca Strong has merged with the Seneca Nation Health System and is located within the Department of Behavioral Health

• Services available in the department include, peer recovery services, outpatient behavioral health/substance use counseling, group counseling, case management, Psychiatric evaluation/medication management, Medication Assisted Treatment

• As of March 2018, Child & Family Services are also under the same direction with the hopes of further integration of services
Seneca Strong Team

Director of Behavioral Health

Supervisor

Outreach Social Worker

Outpatient Treatment & Case Management

Child & Family Services

Admin

Peer Recovery Advocates x6

* Gray boxes represent the team at one center. There is a duplicate team at the other center
Peer Recovery Model

- Often referred to as the New Hampshire Model due to their early adoption of peer recovery services

- The peer model has its roots in the 1970s; for behavioral health concerns

- Services are designed and delivered by people who have lived experience with both substance use disorder and recovery
Peer Recovery Model

• Services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery

• Studies have shown that recovery is facilitated by social support; often grouped into emotional, informational, instrumental, and affiliational support
# Social Support and Associated Services

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Description</th>
<th>Peer Support Service Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Demonstrate empathy, caring, or concern to increase person’s self-esteem and confidence</td>
<td>Peer Mentoring Peer-led support groups</td>
</tr>
<tr>
<td>Informational</td>
<td>Share knowledge and information and/or provide life or vocational skills training</td>
<td>Parenting class Job readiness training Wellness Seminar</td>
</tr>
<tr>
<td>Instrumental</td>
<td>Provide concrete assistance to help others accomplish tasks</td>
<td>Child Care Transportation Help accessing community health and social services</td>
</tr>
<tr>
<td>Affiliational</td>
<td>Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging</td>
<td>Recovery centers Substance free socialization opportunities</td>
</tr>
</tbody>
</table>
Major types of recovery support services

1. Peer mentoring or coaching

2. Recovery resource connecting

3. Facilitating and leading recovery groups

4. Building community
Peer Mentoring/Coaching

• Generally, mentors or coaches assist peers with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including finding sober housing, making new friends, finding new uses of spare time, and improving one’s job skills.

• May also provide assistance with issues that arise in connection with collateral problems such as having a criminal justice record or coexisting physical or mental challenges.
Recovery Resource Connecting

• Similar to case management but not case management
• Purpose is to connect the peer with professional and nonprofessional services and resources available in the community that can help meet his/her needs on the road to recovery
  o Finding a safe place to live
  o Developing job readiness or finding jobs
  o Advocating for access and gaining admittance as well as facilitating discharge planning in collaboration with treatment staff
Facilitating/Leading Recovery Groups

• Some activities are structured as support groups, while others have educational purposes, many have both

• These are not 12 step meetings
Building Community

• A person in early recovery is often faced with the need to abandon friends and/or social networks that promote and help sustain a substance use disorder.

• Support services can help peers to make new friends and begin to build alternative social networks. Staff often organize recovery-oriented activities such as team sports, holiday events, other substance free activities.
Sustainability

Our current plan which is in progress
Sustainability

• NYS OASAS regulation change (2/14/18) allowing several Tribal programs to avoid state licensure

• OASAS Certified Recovery Peer Advocate
  o 46 hours of required training (advocacy, mentoring and education, recovery and wellness, and ethical responsibilities)
  o Must hold high school diploma or have GED
  o Pass the International Certification and Reciprocity Consortium (IC-RC) exam
  o 500 hours of related volunteer or work experience
  o 25 hours of supervision by qualified supervisory staff

• Provisional certification is available while acquiring the hours
Once CPRA status is obtained and a system of documentation and supervision are worked out, CPRA services are reimbursable through NYS Medicaid.

Peer support is a face-to-face service & is coded as a procedure-based weight that recognizes units.

Each unit is 15 minutes, and only 4 units can be coded per visit date (1 hour max per day).

HCPCS procedure code is H0038 and the description category is Self-Help/Peer Services.

822 Clinics Upstate: $11.15 per unit

Some programs may seek IHS All Inclusive Rate which may also enhance sustainability.
Struggles...

- Finding peers in stable recovery to provide the supports
- Finding QHP's to provide the needed supervision for reimbursement
- Initially being separate from SNHS and the HIPAA, PRC, and other concerns
- On-call, professional boundaries
- Setting up the infrastructure for QA/QI, Coding/Billing, EMR (including levels of access)
Questions...
Contact Information

Peter Wilson
Supervisor of Seneca Strong
pwilson@senecahealth.org
716-945-8413

Justin Peglowski, LCSW-R, LICDC, BCD
LCDR U.S. Public Health Service
Director of Behavioral Health
jpeglowski@senecahealth.org
716-532-5583
Resources

• New York State Office of Alcoholism and Substance Abuse Services: Peer Support Services in Outpatient Clinical Settings

• U.S. Department of Health & Human Services, SAMSHA Center for Substance Abuse Treatment, What Are Peer Recovery Support Services?
Sault Ste. Marie Tribe of Chippewa Indians

TRIBAL ACTION PLAN

Our long-term strategic plan to combat substance abuse and addiction in our Tribal community.

August 2016
Tribal Action Plan

Developed by:

Sault Ste. Marie Tribe of Chippewa Indians
2175 Shunk Road
Sault Ste. Marie, Michigan 49783

With the assistance of:

Karen L. Alexander MSW
Alexander Evaluation & Consultation
4757 S Scenic Hwy, Arcadia, Michigan 49613
karenalexander04@gmail.com, (616) 309-6772

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The Sault Ste. Marie Tribe of Chippewa Indians Tribal Court received a grant from the Department of Justice, Bureau of Justice Assistance in the fall of 2011 that included the goal of establishing a Tribal Action Plan pursuant to the Tribal Law and Order Act of 2010. The Tribal Law and Order Act requires that federal government support tribe in developing and implementing these strategic plans to combat the severe problems of alcohol and drug abuse in Indian Country across the United States. The Tribe’s governing body, the Board of Directors, passed a resolution on November 20, 2012 to begin the process of developing a Tribal Action Plan (TAP) and therein established a TAP Advisory Board, specifically naming those individuals and departments to collaborate on the Advisory Board, as each is integral in addressing the problem of substance abuse in our community. The TAP Advisory Board consists of the Tribal Chairperson, three (3) members of the Board of Directors, the Chief Judge, the Chief of Police, the Executive Director, the Director of Sault Tribe Behavioral Health, the ACFS Division Director, the Housing Director, the Tribal Prosecutor, the Court Administrator/Magistrate, the Specialty Court Coordinator, the Health Division Director, a community representative, a representative from the Cultural Department, the Assistant Membership/Internal Services Executive Director, a Human Resources Manager, the Elder Services Division Director, a representative from Youth Education and Activities, the Director of Strategic Planning, a representative from the Communications Department, a membership liaison, the ARC Director, the Transportation Planner, the Director of Government Relations, the Health Center Clinic Manager and a representative from Planning and Development. As well as serving as employees of the Tribe, many of the TAP Advisory Board members are Tribal members and members of the Tribal community. The members of the Advisory Board met regularly as a whole to work on the TAP, and also broke into subcommittees, such as the focus group subcommittee and data subcommittee, to more effectively address various issues and topics. The TAP process began with the development and facilitation of focus groups, surveys, and an interview to assess our Tribal community’s needs, strengths, resources, and ideas for improvements and changes to the current substance abuse prevention and treatment system.

Based on the data gathered and analyzed, the TAP Advisory Board explored many issues surrounding substance abuse and addiction, as well as ideas to improve services in order to create our Tribal Action Plan. The Plan includes a total of seven goals, with objectives, actions, steps to take, action leaders, and expected completion dates. By including all these components into the TAP, we will be able to monitor and evaluate implementation, and adjust our TAP along the way as needed. The TAP is a ‘living document’ that will evolve as needs, issues, and strengths change over time. The Tribal Court would like to give thanks to all of the TAP Advisory Board Members, The Tribal Board of Directors, and all the Sault Tribe Community Members who made this effort possible. Chi Miigwetch!
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Vision
A healthy Anishinaabe Nation.

Mission
Through education, collaborations, and comprehensive services, Sault Ste. Marie Tribe of Chippewa Indians and community partners will restore balance to our families by combating substance abuse.

Community Profile & Background
The Sault Tribe of Chippewa Indians is a 44,000-members-strong federally recognized Indian tribe that is an economic, social and cultural force in its community across the eastern Upper Peninsula counties of Chippewa, Luce, Mackinac, Schoolcraft, Alger, Delta and Marquette, as shown in the map below. The Tribe maintains housing and Tribal centers, casinos, and other enterprises that employ both Natives and non-Natives and fund Tribal programs. The Tribe works hard to be self-sufficient, good stewards of the land and waters, and helpful to the surrounding community.

The Sault Ste. Marie Chippewa Tribal Court (Tribal Court) as it currently exists was established by statute in 1979. Tribal Court’s jurisdiction includes the Tribal lands located within the seven-county service area, the 1836 Treaty Area for conservation matters, and Tribal children wherever they may be located based on the federal Indian Child Welfare Act (ICWA) and Sault Tribe’s Child Welfare Code. The Tribal Board of Directors (BOD) has adopted over 58 codes and ordinances that include criminal, violence against women, juvenile, personal protection, victims’ rights, adult protection, sex offender registration, et al., for the protection of its members. In 2015, 755 new cases were filed in the Court, including 89 criminal cases, 33 child welfare cases, and 22 juvenile delinquency cases. The George K. Nolan Judicial Building, home to the Tribal Court, is located in Sault Ste. Marie, although the Court holds hearings monthly in the other counties within the service area, using other Tribal facilities or videoconferencing.

Sault Tribe’s justice system includes Tribal Court, Sault Tribe Law Enforcement (STLE), the Tribal Prosecutor’s Office, Anishnaabek Community & Family Services (ACFS), and the Advocacy Resource Center (ARC). The Tribe does not have its own adult correctional facility, but instead contracts with the local county jails within the service area to provide incarceration services. The Tribe does operate its own secure juvenile detention facility, located in St. Ignace, Michigan.
Tribal Court operates both an adult criminal Healing To Wellness court, for offenders who have admitted guilt to crimes directly related to their addiction, as well as a family Healing To Wellness court - Family Preservation Court, for respondent parents who have had their children removed from their care as a result of their addiction and related issues. These programs include team members from the justice system, as well as Sault Tribe Behavioral Health, Housing, and Traditional Medicine.

In 2010, the Tribal Law and Order Act of 2010 (TLOA) was enacted providing that all federally recognized tribes with the opportunity to adopt a resolution to develop a Tribal Action Plan – a long-term strategic plan to address substance abuse. The TLOA further stated that many federal agencies must provide guidance and assist in the coordination of programs and services to assist Native American Tribes in reaching goals in combating substance abuse issues. According the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Tribal Action Plan Guidelines (2011), the TAP provides the opportunity for tribes to utilize a variety of resources to develop their individual TAP, some of which are: using the strengths and resources that were beneficial in the past, completion of a community needs assessment to understand better the issues facing the tribe, identifying the gaps in prevention and addiction services, coordination of existing services within the tribe and the local community, and working with Tribal and non-Tribal community members and agencies to find solutions to problems.

In the summer of 2012, the Tribal Administration convened a Crisis Intervention Task Force in response to several overdoses from prescription drugs and heroin, some resulting in the deaths of young Tribal members. The task force sought to find solutions to issues related to substance abuse as it continues to threaten our Tribe’s well-being. The task force convened around the same time the Tribal Court was beginning the process of creating a Tribal Action Plan under its initial grant, so that the two efforts combined to target the problems that substance abuse and addiction are plaguing our community with.

The Tribe received two additional grants in 2013 that further assisted with this project (award nos. 2013-IC-BX-0018 and 2013-AC-BX-0012). One of the first necessary tasks the TAP Advisory Board engaged in is planning and implementing a community needs assessment across the Tribe’s 7-county service area of Alger, Chippewa, Delta, Luce, Mackinac, Marquette, and Schoolcraft Counties. The TAP Advisory Board sought to discover the scope of substance abuse issues as well as needs for services for Tribal members in the multi-county service area. The inclusion of Tribal members from all seven counties provides information regarding substance abuse issues in all regions where the Tribe has services. The TAP Advisory Board utilized many focus groups, community forums, surveys, and an interview with a recovering Tribal member to gather data, and also reviewed existing data from Tribal departments. The quantitative findings from the surveys, as well as qualitative data gathered from the focus groups, community forums and interview, in addition to other data, enabled the TAP Advisory Board and the Tribal Court to develop a plan to address the needs of, and plan services for Tribal members. The following further describes some of the issues facing our communities, the community needs assessment, the Tribal Action Plan, and the Implementation Plan for the TAP.
Community Needs Assessment

The development of the TAP involved multiple phases, beginning with the community needs assessment in order to gather information to improve our understanding of the issues and needs of Tribal members in each of our Tribal communities. For our assessment, we conducted surveys, focus groups, community forums, and an individual interview. We also analyzed already-existing internal Tribal data from our various departments. Our process and results follow.

**TAP Mini-survey.** The TAP Advisory Board, with the assistance of our technical assistance providers under our grants, developed the TAP Mini-survey. The questions for this survey were chosen by consensus of what the TAP subcommittee members found to be most important issues in the area of substance abuse. The following questions were asked of participants:

1. Do you feel safe in your community?
2. Do you think there is a substance abuse problem in your community?
   a. If yes, what substances are people having a problem with?
3. Does substance abuse affect you or someone you know?
   a. In what ways has substance abuse affected you, a friend, or a family member?
4. Are you aware of resources available to help someone with a substance abuse problem?
5. What is your gender?
6. What is your age?
7. Where do you live?

Participants of the TAP Mini-survey were a self-selected sample. People completed surveys while attending a variety of Tribal events and meetings. Sault Tribe Housing staff implemented and offered the self-completed, paper survey to Tribal members attending housing meetings, Tribal youth council meetings, Tribal elder meetings, and other Tribal events. Facilitators suggested, but did not mandate, participation, and participants received no compensation. Facilitators collected a total of 477 surveys across the Tribe's service area, with the age of participants ranging from adolescents to elders. It is unknown whether any of those who completed the first survey also completed the second survey. The TAP Mini-survey, although utilizing related subject matter, did not inform the TAP Survey.

**TAP Survey.** The TAP Advisory Board developed the Tribal Action Plan Survey, with the assistance of our technical assistance providers, over a period of about six months. Development of this survey involved the formation of smaller groups who created questions. The TAP Advisory Board approved the questions. No previous Tribal substance abuse data informed the TAP survey questions. Also, no national substance abuse data or questions informed either of the surveys. The Tribal Board of Directors approved the TAP survey.

The TAP survey was sent to a total of 5,956 adult Tribal members in the seven-county service area and used a census method of sampling. Those Tribal members living outside of the Tribe’s service area did not receive a survey. A letter from the Executive Director of the Sault Tribe accompanied each survey and explained that one adult member of each household could complete and return the survey. It stated that the survey was confidential, anonymous, and voluntary. It explained that survey information would be used to ‘determine better ways to help the Sault Tribe assist its members with substance abuse or alcohol abuse problems.’ A self-addressed stamped envelope provided a method of return of the survey. Again, participants received no compensation. They were informed that completion and the return of the survey served as consent to participate and consent for the tribe to use the survey data. The surveys
were sent to Tribal households on May 30, 2014, with a deadline of June 27, 2014, for the return of the survey. Out of the nearly 6,000 surveys mailed, 588 surveys were completed and returned, for an approximately 9% participation rate. The questions used in the TAP survey were as follows:

1. What is your gender?
2. How old are you?
3. Do you have medical insurance, Medicare, or Medicaid?
4. What zip code do you live in?
5. Are you a Tribal member?
6. Do you live on the reservation and/or in Tribal housing?
7. Please rate, from the following list of substances, the top 3 most frequently abused substances in our community?
8. In what ways does substance abuse affect our people?
9. Where do people go nearby, who need help for substance or alcohol abuse?
10. What kinds of services do you think would encourage people to look for help with a substance or alcohol problem?
11. What helps people stop using drugs or alcohol or never start using them?

Three additional open-ended questions were asked, and since these were qualitative in nature they were analyzed as such. All data for these questions was listed and then categorized according to themes and subthemes. The data is presented descriptively (including quotes) later in this report. These questions are:

12. What are some ways that our Tribal justice system can help reduce the alcohol and substance abuse problem in our community?
13. What are some ways that Tribal Housing Authority can help reduce the alcohol and substance abuse problems in our community?
14. Do you have any other comments or suggestions you would like to make?

Focus Groups & Community Forums. TAP Advisory Board members facilitated several focus groups and community meetings throughout the Sault Tribe’s service area with the following groups of participants: ACFS, Behavioral Health Staff, Chippewa County Judges, Escanaba community, Hessel Elders: Unit 2, Law Enforcement, Manistique community members, Marquette community members, Medical Providers, Munising community members, Sault Tribe Board of Directors, and St. Ignace Health Services. The focus groups and community meetings allowed the TAP Advisory Board to solicit information about substance use/abuse and the ways it impacts the community. Participants were asked to:

1. Identify what current resources exist in the community
2. Identify how substance abuse affects the community
3. Identify what new resources or services might work best to address substance abuse in the community

The number of ideas and suggestions imparted by participants is extensive, and although a summary of what was offered is presented in the results section of this report, a more detailed description is available upon request. In addition to the three questions (above), participants
also offered information about what drugs are being abused in their communities and how/where they thought drugs were being obtained.

**Interview.** Two TAP Advisory Board interviewed a Tribal member who is recovering from addiction. The focus of the interview was this person’s experience with addiction and recovery as well as ideas for services to assist those who are suffering from addiction.

**Analysis Methodology**

**Quantitative.** The data analyst used the SPSS statistical program to analyze both the TAP Mini-survey and the TAP survey. A database was created using a coding system specific to the data collected. The data was analyzed according to the descriptive statistics of frequency and percent for each question and answer category. All data was first analyzed in aggregate form and not according to city due to low numbers of participation in most regions. Analyses of answers in the two largest areas of Sault Ste. Marie and St. Ignace were completed for the TAP Survey due to sufficient numbers of respondents in those service areas.

**Qualitative.** Focus group and community forum information was provided to the analyst in aggregate list form and not in a ‘raw data’ form of notes or audio recordings and therefore could not be analyzed but only described. Since all focus group and community forum data was combined, it could not be disaggregated to get results by location. Since data for questions 12, 13 and 14 of the TAP survey was gathered in an open-ended qualitative manner; it was analyzed as such according to categories (themes) and was presented in a descriptive manner. As with focus groups and community forums, the interview was qualitative and was analyzed and reported in the same manner according to the categorization of themes.

**Results**

**TAP Mini-survey.** Sixty-seven percent of respondents were female, 25% male, and 8% did not answer for gender. The age range of respondents varied greatly with the highest number of respondents between ages 18 and 47 (53%). Youth account for 5% of the sample, while 30% are ages 48 and older. A total of 11% chose not to answer for age. There are a large number of towns represented in the survey sample (34) with many towns (22) having less than 1% of respondents. The highest participation came from Sault Ste. Marie, 30.8%; St. Ignace, 19.5%; and Kincheloe, 11.5%. After demographics, participants were asked whether they felt safe in their communities. The majority said that they do feel safe (93%), while 6% answered ‘no’ and 1% chose not to answer. Respondents were then asked whether they thought there is a substance abuse problem in their community. Most people believe there is a substance abuse problem (77%), but 21% think there is not a problem, and 1% did not answer this question. As far as what substances respondents think are being abused, the majority (66%) reported alcohol, followed by prescription drugs (63%), and marijuana (50%). Other drugs of abuse listed are tobacco (33%), methamphetamine (31%), and heroin (21%). Six percent chose other, while 19% chose ‘not applicable’ and 2% did not answer. Many answers are given under the ‘other’ answer choice, some of which are: arrest, incarceration (jail, prison), alcoholism, mental/physical abuse, spouse abuse, addiction, non-productive, money, quit school, won’t work, grandparent adoption, children removed from parents, etc. Next, participants were asked whether substance abuse has affected them or someone they know. Fifty-two percent reported ‘yes’ and 46% answered ‘no’ and 2% chose not to answer. People were then asked to describe how substance abuse affected them or someone they know. Most respondents chose more than one option with the following totals for each category: loss of employment, 23%; loss of housing, 14%; overdose, 15%; death, 12%; legal system involvement, 24%; protective services,
11%; other, 19%, no answer, 2%; and not applicable, 45%. Some of the ‘other’ ways that drugs/alcohol affect Tribal members are: arrest, incarceration (jail/prison), alcoholism, mental/physical abuse, spouse abuse, addiction, non-productive, money, quit school, won’t work, grandparent adoption, children removed from parents, divorce, loss of family structure, car accidents, etc.

**TAP Survey.** Demographic information is more extensive in this survey than is provided in the TAP Mini-survey. In addition to age, gender, and location, the survey also includes questions as to Tribal membership and whether one lives on the reservation. Most of the respondents were female (62%), with fewer males (37%) participating in this survey. The age range differed from the mini-survey partly due to the exclusion of adolescents in the survey. The majority of respondents were ages 38-67 (62% total), with many older participants (20%) 68 years of age and older responding. The lowest number of participants was in the 18-37 age categories (15% total). Respondents were asked to provide their zip code, which was then converted to cities and quantified. A large number of towns are represented in this survey (49). Again, there was a larger representation of some towns than others, such as Sault Ste. Marie (28.9%) and St. Ignace (12.8%), while 26 towns contribute less than 1% of the sample of participants.

Beyond demographics, participants were asked to rate a list of substances according to the ‘top 3 abused substances’ in their communities. The substance choices were: alcohol, cough syrup, opiates, inhalants, anti-depressants, sleeping pills, stimulants, benzodiazepines, cocaine, marijuana, methamphetamine, hallucinogens, synthetic, and other. The highest rated for the first choice is alcohol (65%), opiates (15%), and marijuana (9%). For the second choice, respondents most often chose marijuana (30%), opiates (23%), and alcohol (15%). The most frequent third choice substances were opiates (20%), marijuana (15%), and methamphetamine (10%). Many other substances were also chosen at lesser rates.

When asked about the ways that substance abuse affects Tribal members, participants rated nearly every choice over 60%, meaning that respondents perceive that substance abuse affects people in many ways and not just one. Only 17% stated that substance abuse has not affected either them or anyone they know. The highest rated issues were money problems (90%), family problems (88%), loss of job (87%), child abuse/neglect (80%), arrest (79%), legal problems (79%), domestic violence (78%), jail time (78%), mental/emotional problems (78%), and loss of license (75%). Some of the answers listed in the ‘other’ option were: second hand smoke, all of the above, dating violence, date rape, disability, pregnancies, loss of family, loss of driver license, loss of work ethic, poorly reflects the image of the Tribe/Native Americans, all aspects of life, sense of hopelessness, poor life decisions, black outs, longevity, prison, body changes/look older, and disconnection from cultural way of life. Lastly, the majority of respondents (81%) indicated that they are aware of resources that are available for those in need of substance abuse services. For this question, 1 only 6% were unaware of resources and 3% chose not to answer.

Respondents were asked to identify where people go for help with substance abuse. There were many choice options and those chosen by 20% or more are: twelve-step programs (49%), Tribal outpatient counseling (42%), Sault Tribe Behavioral Health (29%), and other outpatient counseling (29%), pastor/priest/church (23%), other inpatient treatment (21%), another parent/adult friend (21%), and drug court (20%). Some ‘other’ choices listed as responses were: adolescent treatment center, jail, school guidance counseling, and Marquette Hospital.

Next, participants were asked about what kinds of services encourage people to look for help when they are experiencing problems with substance abuse. Those answer options chosen
were: treatment farther from home (12%), more fun activities (14%), no criminal record

treatment (15%), better first time offender options (19%), medical insurance (25%), weekend
services (29%), in-school treatment (32%), Tribal halfway house (34%), evening services (36%),
non-jail treatment options (40%), treatment closer to home (51%), and transportation to
treatment (53%). Some of the other ideas people have that would encourage people to seek
help are: no exposure to drugs/alcohol as youngsters, prevention education, early intervention,
respect for self and others, wanting to stop, easily available treatment, testimonies of other
addicts, more jobs, finding ways to feel good about themselves, outdoor activities, good
parenting, good family behavior, seeking guidance from elders, residential treatment, hitting
‘rock bottom,’ a good support system, strict enforcement of laws, changing family structure, 12-
Step programs, traditional teachings, and wanting to live a good life.

Tribal members gave many opinions to the open-ended questions 12, 13, and 14. They were
first asked, “What are some ways that our Tribal justice system can help reduce the alcohol and
substance abuse problems in our community?” The most popular categorical response to this
question was ‘Stricter Oversight.’ In fact, about half of the suggestions fit into this theme. People
had a variety of ideas, such as stiff penalties (especially for repeat offenders), closer
surveillance, more police, more community service (such as helping elders), more Tribal police
activity across the service areas, ban alcohol/drugs in Tribal communities, require treatment
instead of jail, zero tolerance, take away privileges given to Tribal members, drug/alcohol
screens for clients getting cash assistance, mandatory/random drug testing, give incentives
(such as expunging criminal records), fine parents if their child abuses drugs, enforce a curfew
for minors, monitor doctors who prescribe addictive medications because “many fall victim to
drugs and alcohol due to chronic pain.” Some survey respondents state that the Tribe should
not give out free drinks at the casino, and some felt that alcohol should not even be sold on the
reservation. One Tribal member suggested that we need a completely different approach
because:

“Well, for one we are using a system that punishes, oppresses and controls people more
so than helping them. We have adopted the governmental and judicial ways of this
country which do not make sense. If it is not working for the U.S. why would we have the
same failing system in our tribe?”

Other responses to this question were placed in the categories: Education, Activities,
Treatment, Family/Community, Role Models, and Employment. The overwhelming majority of
responses for education was focused on prevention, and educating children about the dangers
of drugs and alcohol. Many believe that children need to be educated (in schools and the
community) with prevention programs when they are very young and that these programs need
to be continued throughout childhood to have a positive effect. In addition to educating children,
survey respondents indicated that adolescents should be told about the dangers of drug/alcohol
abuse and addiction. Also mentioned was the need for educating families about
alcoholism/addiction because many times parents or families of addicts have no frame of
reference when trying to understand what their family members are going through. Education in
the form of community awareness was proposed for all Tribal members, with some suggesting
community meetings (seminars, workshops), flyers, and parenting classes. According to one
respondent, “I believe we need to start at young school age-teaching and giving them the self-
esteeam not to do it. Target all children, but especially the ones that are at a greater risk with
family issues or parents that use.”

Survey participants suggested providing activities for children and families as a way to prevent
people from abusing substances. Such activities mentioned were: sports, social activities,
community dances, planned activities, a roller rink, elder activities, events that do not cost and are alcohol-free, and family events across the service area. Providing activities to everyone “gives community, kids, and adults activities to do that will pass the time and make them part of the group” and it’s important to “invest and participate in community events, support each other and cooperate, know and teach the understanding that it really does take a village.” Providing events for families also has the effect of “strengthening the nuclear family” and “encourages traditional values.” According to the survey results, it is also important to ensure that every member is aware of activities and that transportation is available.

Treatment options proposed by respondents, and specific to the tribal justice system, were those related to Drug Court and ‘treating addiction as a legal issue.’ According to some, addiction should be treated as a medical problem and not a legal issue because “[j]ail doesn’t solve anything.” Instead, we should, “[h]elp them through treatment programs, not jail” and “[m]ake programs or people available where they feel they can go to and trust, where they won’t go to jail. Provide me services that help not punish.” It was suggested that Drug Court be expanded to all of the Sault Tribe’s service area and to make this an option with circuit and district courts off the reservation. It was also stated that Drug Court should have a longer follow-up period, which would help Tribal members to maintain the positive effects of the program. One person stated, regarding Judicial Services, “I believe they are doing a good job with what is now available to them.”

Other treatment-related ideas that survey participants provided were: treatment closer to home, early intervention, counseling for families, mental health counseling, easier access to services, traditional healing, more treatment centers, shorter waiting lists (time), better follow-up, more information about available services (advertise), longer treatment programs, coordinated care that involves families, help with the cost, rehab for users/offenders, services in all Tribal service areas, and faith-based programs. Some respondents mentioned that professionals need to provide personalized services that help to build a client’s self-esteem because this shows that the provider “really cares.” One respondent recalled a provider who visited a client (in person) and encouraged that person to take part in services, which was beneficial to the client because sometimes a letter or phone call is just not enough, “sometimes people just need someone to talk to that really cares and wants to help.” One person summed up what is needed as far as substance abuse treatment with the suggestion: “Provide non-judgmental treatment that meets unique needs of Tribal members—culturally relevant treatment, a supportive and preventative approach rather than punishment, restrictive, required approach.”

Based on survey responses, other areas of significance were: Family/Community, Role Models, and Employment. It was stated that we need to encourage a family support system that involves parenting classes and support for grandparents who are raising grandchildren due to the effects of addiction. We need to “address the dysfunctional environment in families” related to abuse and historical trauma. According to one, “Stop the cycle. Stop putting children back in homes where alcohol and drugs are the cause of their removal.” Another respondent indicated that getting to know community members is important and we should, “Listen to the community. Don’t necessarily rely on gossip, but listen to it. Watch it. Be approachable” because community members know what is happening in their neighborhoods. Ultimately, according to one respondent, “It all starts in the home. Teach children love and respect for themselves and others.”

Some people stated that we need more “[p]ositive role models and people who really care. Be a friend. Alcoholics and drug users start with a wounded spirit, disappointments and a lot grow up without a dad or positive role model.” Employment was also mentioned as an idea for improving
the state of substance abuse issues in our communities. Some participants indicated that they believe if there are better employment options in the area, and if people have better-paying jobs, substance abuse issues will decrease.

Focus Groups & Community Forums. The TAP Advisory Board utilized focus groups and community forums to solicit information about substance use/abuse and the ways it impacts the community. Focus groups were identified based on profession, i.e. law enforcement, social services staff, etc. In addition, facilitators used the same format for meetings of Tribal members in several of our Tribal communities. Specifically, participants were asked to: 1) identify what current resources exist in the community, 2) identify how substance abuse affects the community, and 3) identify what new resources or services might work best to address substance abuse in the community.

When asked about current resources, focus group members discussed programs that are already established in communities, such as Partners in Prevention, Families Against Narcotics, and the Sault Behavioral Health Matrix Program. They also discussed the success of some programs, like having drug drop boxes at local law enforcement stations for Tribal members to turn in prescription drugs, which some thought was a good idea.

Focus group and community forum participants responses again reveal that substance abuse affects our communities in a number of important ways. It affects a variety of people and areas of communities, such as: children and families, safety/crime/standard of living levels, community resources, Tribal staff, treatment services, and the healthcare community. Some of the many ways that families are affected are: “80% of the families with cases in the child welfare system have substance abuse issues”, parents are afraid to seek treatment due to the fear of losing their children, and children may be ashamed of their parents’ abuse but don’t tell anyone because they are afraid of going to foster care. The problem of addiction is multi-generational and is co-occurring with other issues such as domestic violence and sexual abuse. One interesting fact mentioned was, “Crimes that have an alcohol component occur after the use; crimes that have a drug component are done before the person gets the drugs.” Other issues related to substance abuse and safety mentioned by participants were increases in domestic violence, high recidivism rates of drug-related crimes, drunk driving, drug dealers moving to the area, burglary/home invasion, elder abuse/exploitation, juvenile delinquency, and people are afraid to have meds in their homes for fear of theft/violence.

Participants noted that community resources are affected because chronic users have increased medical/mental health costs, and they may not be working or even employable. If a person does seek treatment, there may not be services available due to others being ‘frequent flyers’ who use the majority of treatment funding by attending treatment many times. Participants also mentioned that there are also mixed messages about use within the Tribe due to alcohol being sold and promoted at casinos and Tribal stores even though it is a problem for Tribal members. Some stated that substance abuse affects economic development because people may be reluctant to move to or visit the area due to perceptions of high levels of substance abuse and crime.

According to participants’ statements, substance abuse also affects treatment services, Tribal staff, and the health care community. For instance, even if someone desires substance abuse treatment, it may not be available due to long waiting lists even for outpatient treatment. Some cited the problem with information sharing between various programs due to stringent confidentiality laws. Responses also illustrate that there are a ‘lack of specific options’ such as opiate treatment or AA/NA for youth.
Resources and services that might work best to address substance abuse in the community, according to focus group members, are numerous and include: collaboration with other agencies/groups, additional funding to address substance abuse issues, enhanced prevention efforts, law enforcement related activities and services, and improved treatment services. Some participants suggested that collaboration that includes better communication and information sharing between agencies such as child welfare, mental health, health care, schools, etc., will lead to improvements in services. Some ideas that involve increased funding are a halfway house (sober living place) for recovering people, transportation to/from appointments, parenting education and support, training for staff, treatment staff with flexible hours, and a patient advocate.

According to responses, prevention is another area that the Tribe can improve upon by making more available: community outreach workers, women’s groups to support single mothers, recreational programming for families, cultural teachings and events, sports/exercise for children, education/awareness campaigns, focus on youth education, mentoring programs, etc. Some of the law enforcement activities/programs discussed by focus group members were: formalize neighborhood watch, public cameras in high use areas, youth programming and community safety talks, cell phone extraction software, limited use of arrest/incarceration. Some ideas for improvement of treatment services are: new evidence-based programs that combine culture and a community focus, wrap-around support for clients and their families, different types of treatment for abusers and addicts, continuity of services (i.e., aftercare programs), and peer recovery support.

**Interview.** Several TAP Advisory Board members conducted an interview with an individual who was in recovery from addiction to alcohol. The interview questions assisted in gaining information about the experience of the individual, what recovery tools are useful, how the Tribe can improve services for Tribal members, and the state of substance abuse on the reservation. The interviewee was a young adult male who will be referred to as “Paul” to protect his identity. Due to the length of the interview, only excerpts are provided here.

Paul began by describing his experience of growing up in the Tribal community in an alcoholic family where using drugs and alcohol was just a matter of fact when one became old enough to do so (early teens). Paul’s mother and father and most relatives have/had problems with alcohol and drugs. He started using when he was in his early teens, and this was acceptable behavior in his family. Abusing substances and the associated effects such as blackouts and hangovers were a normal part of life in his family. By the time he was 16, Paul was addicted and continued to use alcohol to avoid withdrawal symptoms such as seizures. On a positive note, Paul was raised with an awareness of cultural values and involvement in cultural practices such as drumming, dancing at pow wows, Tribal youth council, and UNITY. He was also an avid basketball player. His traditional values of respect and pride in his culture were instilled at a young age.

Paul said that he finally got to the point where he knew he was either going to spend time in prison or die. At that time he knew, “It’s not what I wanted out of life. It’s hard to explain the spiritual awakening that happened. Enough was enough. I knew I was in deep; I couldn’t handle it. I didn’t want to live. It was a hopeless state.” He knew he wanted something better than spending his life as an alcoholic. Paul described his last arrest as “a blessing” because “it was like the Creator saying I got something better in store for you.”
Paul explained that since he has had some time sober, he can identify the methods or ‘recovery tools’ that he finds useful. He spoke about having ‘boundaries’ to protect himself from people and places that could negatively affect his recovery. He has distanced himself from many of his friends and relatives who are actively using substances. He said that he needs to be stronger in his recovery before he can be around family members who are using. He also used his healthy boundaries to decide to work in a job that is not associated with alcohol. Besides good boundaries, Paul talked about using 12-step meetings, a sponsor, exercise, listening to music, staying grateful, and having the support of a close relative to assist him in his recovery. Giving back by helping others is important to Paul. He also provided suggestions as to how the Tribe can improve services for members.

Paul spoke about the need for transitional housing such as a halfway house that provides a ‘sober living environment’ because many times people go away to treatment for addiction but have to come back to the alcoholic/drug addicted family environment that they left which makes it extremely hard to maintain sobriety. He said that he would probably have a lot more ‘clean time’ if there had been transitional housing that he could have used after finishing treatment in the past. Paul explained that with the use of a halfway house, people could “come home and get reacquainted with the community” while having a safe environment. According to Paul, “I think it would have a phenomenal impact if there was a halfway house here.” Another idea Paul suggested was a culturally-specific treatment center in the local area instead of people going away to treatment because people “have to get comfortable with being home; most people will come back.”

**Internal Tribal Data**

As part of the planning process, we also analyzed pre-existing Tribal data from Sault Tribe Behavioral Health, Tribal Court, ACFS, Sault Tribe Law Enforcement, Housing, Transportation, and Sault Tribe Health.

The following chart reveals the high rate of alcohol/drug issues among Tribal members seeking Behavioral Health services from the Tribe. Many clients have co-occurring mental health and substance related issues.
In addition to statistics from Behavioral Health, data from the Tribal Justice system reveals the strong correlation between substance abuse and addiction and Tribal Court. From 2013-2015, 70% of all criminal cases in our Tribal Court were substance-abuse related – meaning the cases directly involved substance abuse or drugs, or addiction is the driving issue behind the commission of the crime. Tribal Justice system data also showed that substance abuse and addiction were continuing to break apart Tribal families at an alarming rate. From 2014-2015, substance abuse was a presenting issue in 198 of 246, or 80%, of the families in our child welfare system who had their children removed and placed into foster care.

Even with the adversity caused by substance abuse, our Tribe has had some triumphs in fighting the epidemic. Our Tribal Court’s adult criminal healing-to-wellness court, Gwaiak Miicon, and our family healing-to-wellness court, Family Preservation Court, have resulted in success for a number of families. However, these treatment court programs are only available to Tribal offenders and respondent parents residing in Chippewa County, where the judicial building is located. These programs are not available to those Tribal members residing outside of Chippewa County whose substance abuse or addiction has brought them before our Tribal Court. Although the greatest number of Native Americans live in Chippewa County – 49 percent of the seven-county total, with a substantial portion (20%) in Sault Ste. Marie, consideration must also be given to Tribal members in the other counties of the seven county service area. Mackinac County shows the next greatest number of Native Americans, but only a third live in the major town of St. Ignace. Marquette County ranks third among the counties, and only one-fourth of Native Americans there live in Marquette (U.S. Census, 2010).

Likewise, while many tribal members battling substance abuse or addiction can receive outpatient treatment services from Sault Tribe Behavioral Health services, we simply do not have the supply to meet the demand. In describing the gaps in treatment services for Tribal members, the Clinical Supervisor of Sault Tribe Behavioral Health Services, Julie Barber, stated that there are currently 55 people on the waiting list for outpatient services, and since the Tribe does not offer inpatient or detox services, Tribal members must wait to access services elsewhere, “sometimes they have to wait a month” and those services are not usually culturally-based. Ms. Barber mentioned three culturally-based residential treatment centers that are not always an option; one is located in Michigan’s Upper Peninsula, but has strict admission guidelines that do not permit clients who are prescribed certain medications or who have severe mental health disorders. The second, operated by another Tribe in the Lower Peninsula of Michigan, only accepts its own Tribal members. The third, in South Dakota is too expensive to utilize without the use of the Access to Recovery (ATR) grant funding which ends in about one year. Even when Tribal members can access inpatient treatment services, (that are usually not

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Percentage of Male</th>
<th>Percentage of Female</th>
<th>Average Age</th>
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<tr>
<td>F11.21</td>
<td>Opioid dependence, in remission</td>
<td>88</td>
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<td>65</td>
<td>6.7%</td>
<td>5.12%</td>
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<tr>
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<td>Adjustment disorder, mixed anxiety and depressed mood</td>
<td>79</td>
<td>25</td>
<td>54</td>
<td>6.1%</td>
<td>5.57%</td>
<td>3.16</td>
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<tr>
<td>F41.10</td>
<td>Generalized anxiety disorder</td>
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<td>15</td>
<td>47</td>
<td>4.3%</td>
<td>3.34%</td>
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<td>F11.10</td>
<td>Cannabis abuse, uncomplicated</td>
<td>62</td>
<td>19</td>
<td>43</td>
<td>4.3%</td>
<td>4.23%</td>
<td>3.16</td>
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<tr>
<td>F19.20</td>
<td>Other psychoactive substance dependence, uncomplicated</td>
<td>40</td>
<td>12</td>
<td>28</td>
<td>3.1%</td>
<td>2.67%</td>
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<tr>
<td>F11.20</td>
<td>Cannabis dependence, uncomplicated</td>
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<td>12</td>
<td>23</td>
<td>2.7%</td>
<td>2.67%</td>
<td>2.92</td>
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<tr>
<td>F43.22</td>
<td>Adjustment disorder with anxiety</td>
<td>24</td>
<td>13</td>
<td>11</td>
<td>1.8%</td>
<td>2.90%</td>
<td>1.85</td>
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*Data accuracy concerns due to conversion to ICD 10 on Oct. 1st, 2015
*Limited to only 6 months of data due to establishing RPMS/EHR as primary record source effective July, 2015
According to Ms. Barber, Sault Tribe Behavioral Health offers some prevention programming, but it is limited to a handful of programs only offered in certain Tribal areas:

*We provide the LifeSkills prevention program to some schools in our district and use some of this curricula with the girl's LifeSkills camp we do each summer. While it is an evidence based program, it is based on mainstream American youth, not Native American youth. If behavioral health clients come in for some preventative programming, the services they receive will vary from one provider to the next as we don't have one standardized program that we use. However, we are heading more in the direction of developing some standards in that regard. Some of the resources we use are culturally-based and we refer folks to the Traditional Medicine program if they are interested (this is included in each intake we do). Our LifeSkills camp includes cultural components as well. The clients are given options of what they would like to participate in, some of which is culturally-based. For in-house prevention activities we are generally looking at secondary or tertiary prevention because the person is typically referred to us via the judicial system. Youth are our primary target audience via the schools and summer camp.*

Consistent with community assessment data, internal data indicates that transportation is another significant barrier for Tribal members accessing services due to most tribal sites being in rural areas. The Tribe's primary headquarters and main administrative offices are located in Sault Ste. Marie, Michigan with satellite offices located throughout the service area. One-way distances from the primary headquarters and main administrative offices to the outlying areas are substantial. The chart below gives mileage from Sault Ste. Marie to satellite offices located within the service area. Each department regularly travels these distances to provide services to tribal members.

<table>
<thead>
<tr>
<th>Location</th>
<th>Miles</th>
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<tr>
<td>St. Ignace</td>
<td>51.7 Miles</td>
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<td>Manistique</td>
<td>120 Miles</td>
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<td>Marquette</td>
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<td>Escanaba</td>
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<td>121 Miles</td>
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<tr>
<td>Gwinn</td>
<td>167 Miles</td>
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</tbody>
</table>

According to the recent Public Tribal Transit Implementation Plan (May 2015), there are transportation issues across all of the Tribe's service area. The Tribe contracted with an outside consulting agency for a Public Tribal Transit and Implementation Plan. The consultants used surveys, community gatherings, and population demographics to better understand the transportation problems facing Tribal members throughout the 7-county service area. Although the Tribal population is more concentrated in the eastern counties of the service area, many of the same issues face Tribal members in each area. A major concern, even though there is some form of low cost public transit in most areas (except Mackinac County), is that the availability of transportation is very limited. According to the transportation study, even when
there is public transit, it still does not meet the need of Tribal members, including those seeking treatment services:

With the population of the UP and the Tribe dispersed into rural clusters, longer trips must be made to pick people up and deliver them to their destinations. Transit typically relies on a certain concentration of people. Due to this, when people are geographically dispersed transit is less efficient. In the UP, destinations are spread out. In particular, travel for special medical services can require lengthy trips. Likewise, educational institutions are limited to Marquette, Escanaba, Bay Mills, and Sault Ste. Marie. Finally, a number of major employers are located outside of urban centers, such as the correctional facilities in Kincheloe and the multiple casinos there is a serious need for basic transit services. Additionally, with the move of the Tribal health and human services center off of the reservation, it is less accessible. There are simple needs to get groceries and to get to school, let alone to social services such as counseling, or specialized medical needs, such as mammograms, which require a trip to Sault Ste. Marie.

In addition to transportation, Tribal members are in need of improved treatment services, specifically detox and treatment services closer to home. In 2001, the Eastern Upper Peninsula (EUP) Detoxification Service and Planning Task Force investigated the issues and found ‘a growing concern regarding the issue of lack of detoxification services in the E.U.P’ among:

- Law enforcement officials arresting individuals under the influence that they would otherwise refer to detoxification services.
- Treatment providers with clients that need detoxification services.
- Medical and health care providers treating individuals under the influence in the emergency room that could otherwise be referred to a detoxification program.
- Community Mental Health workers evaluating clients as needing detoxification services and limited alternatives.
- AA/NA members who sponsor individuals in need of detoxification.

Another previous study, the Rural Health Project (1996), ranked substance abuse (specifically the abuse of alcohol) as the second highest health issue of concern. Alcohol abuse in the region is considerably higher than state and national levels. The excessive use of alcohol is accepted as the norm, and is a part of the culture of the Eastern Upper Peninsula. The impact that alcohol abuse has on the local communities is extensive with the following issues highlighted by the Rural Health Project.

- High number of alcohol-related motor vehicle accidents.
- Incident rates for excessive drinking, binge drinking, and drunk driving are higher than state level.
- High rate of teen alcohol consumption.
- Contribution of alcohol and other substance abuse to increased rates of domestic abuse, property damage, suicide, and homicide.
- Contribution of alcohol and other substance abuse to economic losses within region due to abuse-related loss of employment.
- High health care and law enforcement costs to the communities.

Factors that were identified as major contributing factors to the high rate of alcohol abuse in the Eastern Upper Peninsula include the following:
• Cultural acceptance of alcohol abuse which defines it as the norm.
• Inadequate community awareness as to extent of the problem.
• Inadequate education regarding dangers of alcohol poisoning and diseases associated with excessive use of alcohol.
• Lack of activities which do not include or center around alcohol for both adults and youth.
• Lack of vigorous law enforcement (e.g., punishment of providers, prevention of sales to minors)
• Limited community support for enforcement of existing laws regarding alcohol use.
• Lack of data to assess severity and trends of problem and success rates
Alcoholism and substance abuse are major problems for our Tribe. Many Tribal community members either suffer from addiction or have family members who are addicted to substances and experience the effects first-hand. Substance abuse and addiction lead to and cause a number of problems within our community such as loss of employment, family disruptions, child abuse, and legal issues. From 2013 to 2015, 70% of all criminal cases in Tribal Court were substance abuse related, and 80% of the families in our child welfare system who had their children removed and placed into foster care did so due to substance abuse (2014-2015) being the main issue. Substance abuse and the problems associated with it give rise to such a complex challenge for our Tribe. When asked ‘how substance abuse has affected them or a family member,’ Tribal members chose every answer choice at a rate of 60%. What this means is that many negative issues arise at once due to substance abuse. It is indeed complex and overwhelming to consider the multitude of issues that face our Tribe.

We know that there is no single way to fix this enormous problem, and yet we are hopeful for a better future. We know that we must start from what we currently know and develop solutions together as a Tribe. We desire the outcome of a brighter future for our children and our children’s children. By providing a myriad of services for our people we hope to lessen the impact of alcoholism and substance abuse in our communities. Step-by-step we can combat and defeat the enemy of addiction so that living a life of sobriety will not be an anomaly but will be the natural way as it once was long ago.
Tribal Action Plan 2016

The Sault Ste. Marie Tribe of Chippewa Indians’ Tribal Action Plan 2016 is the product of the collaborative planning process described above. The TAP relies heavily on the findings of the surveys, focus groups and community forums, and the interview, which all provided a better understanding of the substance abuse problems facing Tribal members in the seven-county service area. Tribal members gave a great deal of insight into the problems they have experienced or are currently experiencing because of their own or a family member’s addiction. They also shared numerous ideas for decreasing substance abuse problems in their communities. By gaining input from the people who live and work in our communities, the Tribe is better informed to develop and support policies and programs that can help the Tribal community to recover from abuse and addiction and all the negative effects associated with alcohol and drug use. This information can serve as a baseline for future studies on the same topic area (i.e., substance abuse issues and solutions) and can be useful in planning for services to meet the needs of Tribal members.

With the information gained from the surveys, focus groups, and interviews, and previous studies, the Tribal Action Plan Advisory Board, finalized a draft Tribal Action Plan in August 2016 that will assist in improving outcomes for Tribal members and their families who are faced with substance abuse issues. The draft was submitted to the funding agency for critical review and feedback. Once the TAP was complete, the Tribe’s Board of Directors reviewed it and passed a resolution supporting the TAP’s implementation in December 2016.

Although the TAP Advisory Board was able to rely on data that assesses the needs of Tribal members and justifies the improvement of Tribal services some most of the goal listed in the TAP, sufficient data was lacking for some. Data collection has been an issue in the justice system and although we believe, based on community reporting and familiarity, that most clients come before the Tribal Court due to drug/alcohol related issues, we have previously not had a sophisticated data gathering and reporting system in place. The Tribal Court has recently purchased software that will help better gather and analyze data as we move forward. However, the Tribe as a whole still does not have a comprehensive data gathering or collection system in place, which is the justification for Goal 2 - to develop a ‘Substance abuse data collection methodology and plan.’ Our aim is to develop and utilize a system for the collection and reporting of this type of data. Other goal areas of the TAP, such as Goal 3 and 6 (transportation and treatment) have been studied and assessed to some extent and data is available (see Internal Data section).

Our TAP Goals are written with the SMART framework of Specific, Measurable, Achievable, Realistic, and Time-Bound which can be seen beginning on page 26. We have also included a logic model to guide us along our way. We have been as specific as possible, but we also know that we must be flexible enough to allow for changes to our plan. Our Goals are also in direct alignment with the DOJ’s Coordinated Tribal Assistance Solicitation (CTAS) Purpose Areas, such as: 3. Justice systems and alcohol and substance abuse, (All TAP Goals); 4. Corrections and correctional alternatives, (TAP Goals 4 & 5); 8. Juvenile Healing to Wellness Courts, (TAP Goal 5); and, 9. Tribal Youth Program, (TAP Goal 1). We plan on applying for funding in the future under the CTAS. As our Tribal Action Plan is a ‘living document,’ we realize that changes will be made along the way to help us reach our vision, but the TAP Advisory Board has currently established the following TAP Goals:
Tribal Action Plan Goals:

**Goal 1:** Prevention education and activities are available throughout the 7-county service area

**Goal 2:** Substance abuse data collection methodology and plan is implemented and sustainable

**Goal 3:** Treatment is accessible for all Tribal members seeking treatment services

**Goal 4:** Healing to Wellness Courts are implemented throughout the 7-county service area

**Goal 5:** Culture and traditional medicine are integrated within the Tribal justice system

**Goal 6:** Transportation is accessible for Tribal members seeking prevention and treatment services

**Goal 7:** The Tribe will continue to commit resources to our Tribal Action Plan
### GOAL 1: PREVENTION EDUCATION AND ACTIVITIES ARE AVAILABLE THROUGHOUT THE 7-COUNTY SERVICE AREA.

#### Objective 1.1 Achieve a 15% increase in participation rates to family-friendly community events by the end of Year 1.

<table>
<thead>
<tr>
<th>Action 1.1.1 Develop Prevention Subcommittee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: A Prevention Subcommittee is formed and reports back to the larger TAP Advisory Board.</td>
</tr>
<tr>
<td>Steps to Take: Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Prevention Subcommittee are gathered and examined.</td>
</tr>
<tr>
<td>Action Leader: TAP Advisory Board will choose a group of at least 3 qualified individuals to serve on the Prevention Subcommittee.</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.1.2 Plan and Implement sober family-friendly community events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: Family-friendly events will be implemented in all 7 counties.</td>
</tr>
<tr>
<td>Steps to Take: Involve community members in planning phase to gather ideas for programming, gaps in services, barriers to services, strengths of each community, and implement a variety of family-friendly events in each area (at housing sites, Tribal Centers, etc.)</td>
</tr>
<tr>
<td>Action Leader: Prevention Subcommittee members, community member volunteers, service providers, community partners</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.1.3 Develop communication plan to promote community events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: At least 3 ways to promote community events will be established and documented.</td>
</tr>
<tr>
<td>Steps to Take: Communication plans will be developed to promote events in each county with the use of: Tribal website, letters sent to housing residents, flyers posted, radio ads created, Facebook, other social media, etc.</td>
</tr>
<tr>
<td>Action Leaders: Tribal Action Plan Director, Communications Subcommittee, Prevention Subcommittee</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.1.4 Develop a recruitment plan to recruit participants to attend prevention events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: A recruitment plan is developed for recruiting individuals and families to events.</td>
</tr>
<tr>
<td>Steps to Take: The recruitment plan will be provided to the Action Leaders for implementation.</td>
</tr>
<tr>
<td>Action Leader: Tribal Action Plan Director, Prevention Subcommittee</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.1.5 Create an annual calendar of prevention events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: A calendar containing all local prevention events will be created and distributed to TAP Advisory Board.</td>
</tr>
<tr>
<td>Steps to Take: Prevention events will be identified, Name of event, location, time, sponsor, etc. will be collected and compiled and put into a master calendar</td>
</tr>
<tr>
<td>Action Leader: Tribal Action Plan Director, Prevention Subcommittee, Communications Subcommittee</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.1.6 Provide Incentives and/or food/snacks at each prevention event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: Increase in participation at events.</td>
</tr>
<tr>
<td>Steps to Take: Ideas gathered from providers and community members, cost assessed for incentives and food/snacks, incentives and food/snacks purchased and provided at events.</td>
</tr>
<tr>
<td>Action Leader: Prevention Subcommittee, Community members, service providers</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
</tr>
</tbody>
</table>

#### Objective 1.2 Research, plan and implement evidence-based prevention programs for youth by the end of Month 18.

<table>
<thead>
<tr>
<th>Action 1.2.1 Hire Certified Prevention Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: Certified Prevention Specialist is hired.</td>
</tr>
<tr>
<td>Steps to Take: Determine where position fits within organizational structure; secure funding; draft job description; contact HR to post position; conduct interviews; hire the best candidate.</td>
</tr>
<tr>
<td>Action Leader: Identified Division Director</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.2.2 Identify partners in our schools throughout the service area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: A list containing all ‘partners in the schools’ will be distributed to TAP Advisory Board.</td>
</tr>
<tr>
<td>Steps to Take: Identify community partners; Names, locations, address, phone, website, etc. of ‘partners in the schools’ will be collected and compiled; make contact with identified community partners to collaborate.</td>
</tr>
<tr>
<td>Action Leader: Certified Prevention Specialist, Prevention Subcommittee, service providers</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1.2.3 Research and identify youth-based prevention programs</th>
</tr>
</thead>
</table>
| Objective 1 | Indicators of Success: A list of youth-based prevention programs will be compiled and distributed to TAP Advisory Board.  
Steps to Take: Using local sources, and internet resources, a list of programs that can be utilized with our Tribal youth will be compiled.  
Action Leader: Certified Prevention Specialist, Prevention Subcommittee  
Expected Completion Date: End of month 18 |
|-------------|----------------------------------------|
| Objective 1.2  | Plan and implement youth-based prevention programs  
Indicators of Success: Prevention programs have been planned and implemented for Tribal youth in the 7-county service area.  
Steps to Take: Using research from Action 1.2.3 programs identified for use with Tribal youth will be tailored for use with this population, identification of staff, resources (facilities, funding, training), volunteers, recruitment of participants, implement programs  
Action Leader: Certified Prevention Specialist, Prevention Subcommittee  
Expected Completion Date: End of month 18 |
| Objective 1.3  | Organize and establish family and community-driven substance abuse support groups by the end of month 12.  
Action 1.3.1 Identify existing well-established groups in the community  
Indicators of Success: A list of substance abuse support groups will be compiled and presented to the TAP Advisory Board  
Steps to Take: Name of groups, location, time, sponsor, etc. will be collected and compiled.  
Action Leader: Prevention Subcommittee  
Expected Completion Date: End of month 12  
Action 1.3.2 Coordinate Tribal community support groups, with incentives  
Indicators of Success: Groups are formed and attended by Tribal members.  
Steps to Take: Research into local groups, the process of forming a group, guidelines, cost, etc.  
Action Leader: Prevention Subcommittee  
Expected Completion Date: End of month 12  
Action 1.3.3 Identify gaps and assist leadership for new Tribal community groups (i.e., CERT Team, first responders).  
Indicators of Success: A list of gaps in current support groups will be created, and ideas for ways to assist leadership will be developed and implemented.  
Steps to Take: Interviews with leadership will provide information regarding gaps as well as ideas of ways to support leadership for new groups.  
Action Leader: Prevention Subcommittee  
Expected Completion Date: End of month 12 |
| Objective 1.4  | Complete a cost analysis of steps needed to complete Goal 1 by the end of Year 1.  
Action 1.4.1 Assess the cost of providing each objective  
Indicators of Success: A report containing the cost of providing each objective/event is completed.  
Steps to Take: Research and examine the cost associated with providing services/events.  
Action Leader: Prevention Subcommittee  
Expected Completion Date: End of month 12  
Action 1.4.2 Present cost assessment  
Indicators of Success: Cost assessment report is presented to Tribal BOD.  
Steps to Take: Present cost assessment report at BOD meeting.  
Action Leader: Prevention Subcommittee  
Expected Completion Date: End of month 12 |
## GOAL 2: SUBSTANCE ABUSE DATA COLLECTION METHODOLOGY AND PLAN IS IMPLEMENTED AND SUSTAINABLE.

### Objective 2.1  Complete a data plan, supported across Tribal departments, that includes a full review of past surveys by Month 18.

**Action 2.1.1 Develop Data Subcommittee**

**Indicators of Success:** A Data Subcommittee is formed and reports back to the larger TAP Advisory Board.

**Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Data Subcommittee are gathered and examined.

**Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Data Subcommittee

**Expected Completion Date:** End of Month 3

**Action 2.1.2 Identify specific data relevant to the TAP, create a data repository**

**Indicators of success:** A repository will exist that contains all relevant TAP data.

**Steps to Take:** Identify which type of data storing system is best for TAP data, begin the process of collecting and storing data.

**Action Leader:** Director of Strategic Planning, Data Subcommittee

**Expected Completion Date:** End of Month 12

**Action 2.1.3 Establish and implement an internal program survey plan**

**Indicators of success:** Current survey instruments regarding substance abuse and addiction information will be improved; surveys will be implemented for areas that currently lack them.

**Steps to Take:** All current survey instruments will be collected and examined for usefulness and will be updated and improved for use with Tribal members and staff; identify programs where surveys are needed; create surveys for areas needed.

**Action Leader:** Director of Strategic Planning

**Expected Completion Date:** End of Month 18

**Action 2.1.4 Survey analysis and report**

**Indicators of success:** Individual programs will be informed by the report and have the information to improve services.

**Steps to Take:** Data entry, data cleaning, analysis, reporting.

**Action Leader:** Director of Strategic Planning

**Expected Completion Date:** Ongoing

### Objective 2.2  Complete a cost analysis report including all steps needed to complete Goal 2 by the end of Year 1.

**Action 2.2.1 Assess the cost of providing each objective**

**Indicators of Success:** A report containing the cost of providing each objective/event is completed.

**Steps to Take:** Research and examine the cost associated with providing services/events.

**Action Leader:** Data Subcommittee

**Expected Completion Date:** End of Month 12

**Action 2.2.2 Present cost assessment**

**Indicators of Success:** Cost assessment report is presented to Tribal BOD.

**Steps to Take:** Present cost assessment report at BOD meeting.

**Action Leader:** Data Subcommittee

**Expected Completion Date:** End of Month 12
## Goal 3: Treatment is accessible for all tribal members seeking treatment services

### Objective 3.1 Complete a feasibility plan for a 'continuum of care wellness campus' including medical detox, culturally-appropriate residential treatment, and transitional housing by the end of Year 2.

<table>
<thead>
<tr>
<th>Action 3.1.1 Develop Treatment Subcommittee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of Success: A Treatment Subcommittee is formed and reports back to the larger TAP Advisory Board.</td>
</tr>
<tr>
<td>Steps to Take: Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Treatment Subcommittee are gathered and examined.</td>
</tr>
<tr>
<td>Action Leader: TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Treatment Subcommittee</td>
</tr>
<tr>
<td>Expected Completion Date: End of month 3</td>
</tr>
</tbody>
</table>

### Action 3.1.2 Identify funding sources for construction, partnerships, and operations (such as billing to insurance, ATR, and Medicaid)

| Indicators of Success: A list of funding sources and a list of potential partners will be compiled and presented to TAP Advisory Board. |
| Steps to Take: Feasibility study, explore grants, identify and contact other local agencies, contact local partners, therapeutic communities |
| Action Leader: Treatment Subcommittee, TAP Director |
| Expected Completion Date: End of month 15 |

### Action 3.1.3 Partner with local agencies

| Indicators of Success: Partners sign MOUs with well-established goals, and a strategic partnership is formed. |
| Steps to Take: Create MOUs that are service-specific, legally-sound, set forth agencies responsibilities and goals, and are mutually beneficial. |
| Action Leader: Treatment Subcommittee, TAP Director |
| Expected Completion Date: End of month 12 |

### Action 3.1.4 Create a referral system for seamless coordination of care

| Indicators of Success: An effective and seamless referral system is available. |
| Steps to Take: Create a linkage between partners and agencies, including transportation, financing, direct handoff, gaps closed. |
| Action Leader: Treatment Subcommittee, TAP Director |
| Expected Completion Date: End of month 24 |

### Objective 3.2 Establish and operate a Detox Center/Inpatient Treatment Center (4-6 week program) by the end of Year 3.

| Action 3.2.1 Establish a medical detox center (or access to one) for tribal members |
| Indicators of Success: The Detox Center/Inpatient Treatment Center is functioning successfully. |
| Steps to Take: Update feasibility study, establish funding, partners, staffing 24-7, construction/renovate, develop treatment model, discharge procedures to next level of care. |
| Action Leader: Treatment Subcommittee, TAP Director |
| Expected Completion Date: End of month 16 |

### Objective 3.3 Develop and operate a Residential Treatment Center/Transitional Living Center (3-6 month program) by the end of Year 3.

| Action 3.3.1 Establish a residential treatment center/transitional living center or access to one for tribal members |
| Indicators of Success: The Residential Treatment Center/Transitional Living Center is functioning successfully. |
| Steps to Take: Update feasibility study, establish funding, partners, staffing 24-7, construction/renovate, develop treatment model, discharge procedures to next level of care. |
| Action Leader: Treatment Subcommittee, TAP Director |
| Expected Completion Date: End of month 26 |

### Objective 3.4 Develop a supportive, therapeutic, sober-living housing community (6 month program) by the end of Year 3.

| Action 3.4.1 Establish a therapeutic community |
| Indicators of Success: Tribal members have the personal supports necessary to be successful in recovery. |
| Steps to Take: Locate available housing site, counseling staff/support staff, treatment model, funding, feasibility study. |
| Action Leader: Treatment Subcommittee |
| Expected Completion Date: End of month 56 |

### Objective 3.5 Complete a cost analysis report containing all steps needed to complete Goal 3 by the end of Year 1.

| Action 3.5.1 Assess the cost of providing each objective |
| Indicators of Success: A report containing the cost of providing each objective/event is completed. |
| Steps to Take: Research and examine the cost associated with providing services/events. |
| Action Leader: Treatment Subcommittee |
| Expected Completion Date: End of month 12 |

| Action 3.5.2 Present cost assessment |
| Indicators of Success: Cost assessment report is presented to Tribal CEO. |
| Steps to Take: Present cost assessment report at CEO meeting. |
| Action Leader: Treatment Subcommittee |
| Expected Completion Date: End of month 12 |
## Goal 4: Healing to Wellness Courts are Implemented throughout the 7-County Service Area

### Objective 4.1 Establish 1-3 working partnerships with State and Federal drug courts by the end of Month 6.

**Action 4.1.1 Develop Healing To Wellness Subcommittee**
- **Indicators of Success:** A Healing To Wellness Subcommittee is formed and reports back to the larger TAP Advisory Board.
- **Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Healing To Wellness Subcommittee are gathered and examined.
- **Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Healing To Wellness Subcommittee.
- **Expected Completion Date:** End of Month 6.

**Action 4.1.2 Draft MOUs with partners**
- **Indicators of Success:** Number of MOUs established with partners
- **Steps to Take:** Create MOU, get commitments
- **Action Leader:** Chief Judge, Healing To Wellness Subcommittee
- **Expected Completion Date:** End of Month 6

### Objective 4.2 Develop and operate a re-entry drug court program that is able to take cases by the end of Month 18.

**Action 4.2.1 Establish communication with Department of Corrections, Bureau of Prisons to determine the number of incarcerated Tribal members.**
- **Indicators of Success:** The Tribe is aware of how many members are incarcerated.
- **Steps to Take:** Contact DOC and BOP, Enrollment, and DOC contractors, Determine how information can be shared.
- **Action Leader:** Court Administrator/Magistrate
- **Expected Completion Date:** End of Month 12

**Action 4.2.2 Develop MOUs with these partners**
- **Indicators of Success:** Number of commitments made, MOUs signed.
- **Steps to Take:** Create MOUs, get commitments.
- **Action Leader:** Court Administrator/Magistrate, Healing To Wellness Subcommittee
- **Expected Completion Date:** End of Month 15

### Objective 4.3 Complete a cost analysis report containing all steps needed to complete Goal 4 by the end of Year 1.

**Action 4.3.1 Assess the cost of providing each objective**
- **Indicators of Success:** A report containing the cost of providing each objective/event is completed.
- **Steps to Take:** Research and examine the cost associated with providing services/events.
- **Action Leader:** Healing To Wellness Subcommittee
- **Expected Completion Date:** End of Month 12

**Action 4.3.2 Present cost assessment**
- **Indicators of Success:** Cost assessment report is presented to Tribal BOD.
- **Steps to Take:** Present cost assessment report at BOD meeting.
- **Action Leader:** Healing To Wellness Subcommittee
- **Expected Completion Date:** End of Month 12
<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1</td>
<td>Develop and distribute a list of accessible traditional and cultural resources and services available across the service area by the end of Year 1.</td>
</tr>
<tr>
<td><strong>Action 5.1.1</strong></td>
<td>Develop Culture Subcommittee</td>
</tr>
<tr>
<td>Indicators of Success: A Culture Subcommittee is formed and reports back to the larger TAP Advisory Board.</td>
<td></td>
</tr>
<tr>
<td>Steps to Take: Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Culture Subcommittee are gathered and examined.</td>
<td></td>
</tr>
<tr>
<td>Action Leader: TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of Month 3</td>
<td></td>
</tr>
<tr>
<td><strong>Action 5.1.2</strong></td>
<td>Integrate culture and traditional medicine into the justice system</td>
</tr>
<tr>
<td>Indicators of Success: Culture and traditional medicine are available within the justice system, Subcommittee meets, identifies opportunities and barriers, gathers input from justice system clients, establish and integrate activities.</td>
<td></td>
</tr>
<tr>
<td>Action Leader: Cultural Revitalization Specialist, Traditional Practitioners, Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of month 6</td>
<td></td>
</tr>
<tr>
<td><strong>Action 5.1.3</strong></td>
<td>Establish a traditional advisory committee (TAC) for the Tribal justice system</td>
</tr>
<tr>
<td>Indicators of Success: TAC meets on a quarterly basis.</td>
<td></td>
</tr>
<tr>
<td>Steps to Take: TAC is formed from Tribal members.</td>
<td></td>
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<tr>
<td>Action Leader: Chief Judge, Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 5.2</strong></td>
<td>Integrate traditional alternatives into current justice system practices by the end of Year 1.</td>
</tr>
<tr>
<td><strong>Action 5.2.1</strong></td>
<td>Establish alternatives that would relate to Tribal court criminal offenses</td>
</tr>
<tr>
<td>Indicators of Success: Integration of traditional practices (teachings) as options into sentencing</td>
<td></td>
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<tr>
<td>Steps to Take: Identify traditional holistic options for sentencing, adoption of appropriate options.</td>
<td></td>
</tr>
<tr>
<td>Action Leader: Specialty Court Coordinator, Traditional Practitioners, Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
<td></td>
</tr>
<tr>
<td><strong>Action 5.2.2</strong></td>
<td>Establish a traditional court</td>
</tr>
<tr>
<td>Indicators of Success: Options for traditional court are available.</td>
<td></td>
</tr>
<tr>
<td>Steps to Take: Research existing traditional courts, develop a plan, implement plan.</td>
<td></td>
</tr>
<tr>
<td>Action Leader: Specialty Court Coordinator, Traditional Practitioners, Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of month 36</td>
<td></td>
</tr>
<tr>
<td><strong>Action 5.2.3</strong></td>
<td>Explore the development of Tribal Families Against Narcotics (TFAN) or similar groups</td>
</tr>
<tr>
<td>Indicators of Success: A plan is developed to form either TFAN or similar group.</td>
<td></td>
</tr>
<tr>
<td>Steps to Take: Research and explore options.</td>
<td></td>
</tr>
<tr>
<td>Action Leader: Specialty Court Coordinator, Traditional Practitioners, Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of month 24</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 5.3</strong></td>
<td>Complete a cost analysis report containing each step needed to complete Goal 5 by the end of Year 1.</td>
</tr>
<tr>
<td><strong>Action 5.3.1</strong></td>
<td>Assess the cost of providing each objective</td>
</tr>
<tr>
<td>Indicators of Success: A report containing the cost of providing each objective/event is completed.</td>
<td></td>
</tr>
<tr>
<td>Steps to Take: Research and examine the cost associated with providing services/events.</td>
<td></td>
</tr>
<tr>
<td>Action Leader: Culture Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Expected Completion Date: End of month 12</td>
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</tr>
<tr>
<td><strong>Action 5.3.2</strong></td>
<td>Present cost assessment</td>
</tr>
<tr>
<td>Indicators of Success: Cost assessment report is presented to Tribal BOD.</td>
<td></td>
</tr>
<tr>
<td>Steps to Take: Present cost assessment report at BOD meeting.</td>
<td></td>
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<tr>
<td>Action Leader: Culture Subcommittee</td>
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<tr>
<td>Expected Completion Date: End of month 12</td>
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</tr>
</tbody>
</table>
**GOAL 6: TRANSPORTATION IS ACCESSIBLE FOR TRIBAL MEMBERS SEEKING PREVENTION AND TREATMENT SERVICES**

**Objective 6.1.** Establish and coordinate transportation services to prevention events by the end of year 1.

**Action 6.1.1** Develop Transportation Subcommittee

- **Indicators of Success:** A Transportation Subcommittee is formed, identifies action items, and reports back to the larger TAP Advisory Board.
- **Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Transportation Subcommittee are gathered and examined; Subcommittee identifies action items.
- **Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Transportation Subcommittee.
- **Expected Completion Date:** End of Month 3

**Action 6.1.2** Develop Coordinated Health and Human Services Access Plan (NEMT) for each service area

- **Indicators of Success:** A regional Coordinated Health and Human Services Mobility Access plan is developed for the Tribal service area.
- **Steps to Take:** Review information from the Tribal Transportation and Transit implementation plan, including transportation needs, the available resources, current transit providers, the costs, routes, and service gaps; choose viable options.
- **Action Leader:** Transportation Subcommittee
- **Expected Completion Date:** End of month 12

**Action 6.1.3** Implement Coordinated Health and Human Services Access Plan (NEMT)

- **Indicators of Success:** The Coordinated Health and Human Services Access Plan is implemented.
- **Steps to Take:** Presentation to, and approval by TAP Committee and Board of Directors; Board of Directors Resolution (department/program shared ownership for long term sustainability); implement coordinated access system Contract with Tribal departments or outside agencies for transportation.
- **Action Leader:** Transportation Subcommittee, service providers
- **Expected Completion Date:** End of month 12

**Action 6.1.4** Develop evaluation and monitoring tools to measure impact

- **Indicators of Success:** Evaluation tools are developed.
- **Steps to Take:** Research, approve, and use measurement tools.
- **Action Leader:** Transportation Subcommittee
- **Expected Completion Date:** End of month 12

**Objective 6.2** Complete a cost analysis report containing all steps needed to complete Goal 6 by the end of Year 1.

**Action 6.2.1** Assess the cost of providing each objective

- **Indicators of Success:** A report containing the cost of providing each objective/event is completed.
- **Steps to Take:** Research and examine the cost associated with providing services/events.
- **Action Leader:** Transportation Subcommittee
- **Expected Completion Date:** End of month 12

**Action 6.2.2** Present cost assessment of Coordinated Health and Human Services Access Plan

- **Indicators of Success:** Cost assessment report is presented to Tribal BOD.
- **Steps to Take:** Present cost assessment report at BOD meeting.
- **Action Leader:** Transportation Subcommittee
- **Expected Completion Date:** End of month 12
**GOAL 7: THE TRIBE WILL CONTINUE TO COMMIT RESOURCES TO OUR TRIBAL ACTION PLAN**

**Objective 7.1 Compile a comprehensive list of the resources needed to support the Tribal Action Plan by the end of Month 9.**

**Action 7.1.1 Develop Resources Subcommittee**

Indicators of Success: A Resources Subcommittee is formed and reports back to the larger TAP Advisory Board.

Steps to Take: Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Resources Subcommittee are gathered and examined.

Action Leader: TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Resources Subcommittee

Expected Completion Date: End of Month 3

**Action 7.1.2 Do an environmental analysis and gap analysis of resources**

Indicators of Success: A report is generated from the identified resources and gaps.

Steps to Take: Identification of resources and gaps (survey). Prioritize the resources available for use.

Action Leader: Tribal Action Plan Director, Resources Subcommittee

Expected Completion Date: Annually

**Objective 7.2 Establish MOUs with community partners for the provision of necessary resources and services by the end of Month 18.**

**Action 7.2.1 Implement MOUs with funding sources/partners**

Indicators of Success: Successful partnerships are established.

Steps to Take: Develop specific MOU for each partner.

Action Leader: Tribal Action Plan Director, Resources Subcommittee

**Objective 7.3 Hire a Tribal Action Plan Director by the end of Month 9.**

**Action 7.3.1 Hire a Tribal Action Plan Director**

Indicators of Success: Tribal Action Plan Director will be hired by the end of month 9.

Steps to Take: Determine where TAP Director position fits within the organizational structure; Secure funding; Prepare job description; Contact HR to post position; Interview applicants and hire the best candidate.

Action Leader: Designated Division Director; TAP Advisory Board

Expected Completion Date: End of month 6

**Objective 7.4 Establish and adopt a Tribal budget for the necessary resources to support the Tribal Action Plan by the end of Year 1.**

**Action 7.4.1 Approval of TAP by Tribal Board of Directors and updates**

Indicators of Success: Signed resolution by BOD approving TAP.

Steps to Take: Completed TAP is presented to a BOD workshop and meeting.

Action Leader: Chief Judge; Tribal Action Plan Director, Resources Subcommittee

Expected Completion Date: Annually
Implementation Plan

Implementation of the Tribal Action Plan is as important as the plan itself. According to Onstrategyhq.com (2016), there are many reasons why strategic plans fail. Roadblocks to success can include: lack of commitment, the plan is overwhelming, team members do not feel empowered to create change, the plan is meaningless, there is no progress report, and no accountability, and most importantly – no strategy for implementation. The strategy for implementation of the TAP avoids the possibility of failure by attending to all the important areas involved in implementation by including the following:

- Commitment of Community
- Assignment of Responsibilities
- Measures of Success
- TAP Implementation schedule
  - Monthly meetings
  - Quarterly meetings
  - Progress reports

Commitment of Community

For change to be lasting, there has to be a commitment by everyone involved in the effort needed to create and sustain change in the community. With the passage of a resolution to develop a TAP, it is apparent that the Tribal Board of Directors is committed to working toward change regarding the substance abuse issues facing the Tribe. In fact, Goal 7 – “The Tribe will continue to commit resources to our Tribal Action Plan” builds the commitment of the Tribal Board of Directors into the plan. It is also apparent that many departments within the Tribe are committed to change due to the formation of the TAP Advisory Board leading the effort in developing and implementing the TAP. The large number of Tribal members who took part in surveys, focus groups, and an interview demonstrates the commitment of the larger community in working towards change. As long as everyone is committed to working toward a better future for our tribe, we will continue to more forward and will succeed in our efforts.

Assignment of Responsibility

The TAP Advisory Board will form subcommittees to address each of the TAP goals. At least three people from the Advisory Board will serve on each subcommittee, and will each assume responsibility for at least one action associated with at least one objective. By breaking down the goals/objectives/actions into manageable parts, it is more likely that committee members will not become overwhelmed and will be successful in reaching goals. The TAP Advisory Board will form the following subcommittees as they relate to each of the goals:

<table>
<thead>
<tr>
<th>Goal Subcommittee</th>
<th>TAP Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Prevention Subcommittee</td>
<td>Prevention education and activities are available throughout the 7-county service area</td>
</tr>
<tr>
<td>Goal 2: Data Subcommittee</td>
<td>Substance abuse data collection methodology and plan is implemented and sustainable</td>
</tr>
<tr>
<td>Goal 3: Treatment Subcommittee</td>
<td>Treatment is accessible for all Tribal members seeking treatment services</td>
</tr>
<tr>
<td>Goal 4: Healing to Wellness Subcommittee</td>
<td>Healing to Wellness Courts is implemented throughout the 7-county service area</td>
</tr>
<tr>
<td>Goal 5: Culture Subcommittee</td>
<td>Culture and traditional medicine are integrated within the Tribal justice system</td>
</tr>
<tr>
<td>Goal 6: Transportation Subcommittee</td>
<td>Transportation is accessible for Tribal members seeking prevention and treatment services</td>
</tr>
<tr>
<td>Goal 7: Resources Subcommittee</td>
<td>The Tribe will continue to commit resources to our Tribal Action Plan</td>
</tr>
</tbody>
</table>
Each subcommittee member will take responsibility for an Action (or two), and will be the Action Leader for that particular Objective. The Action Leader will work on the steps to take, such as identifying ways to promote community events which he/she will document and report back to the larger TAP Advisory Board. A measure of success will be whether the action steps were taken and the action achieved. Subcommittee members will document challenges and successes to share with the larger group. It is suggested that each subcommittee meet monthly to review goals/objectives/action and that the TAP Advisory Board meet as a whole bi-monthly (or quarterly) to discuss achievements/setbacks/changes to make.

Measures of Success

Documenting achievement of an action will be a measure of success. It is important to document not only that the action/objective/goal was reached or achieved, but what was done to work toward the achievement. With the use of the Goal Worksheet, subcommittee members can document a detailed description of each step taken to achieve actions, objectives, and ultimately goals, and use that to inform quarterly and yearly reports. As each Action is achieved, new Actions will be necessary and can be added to the TAP. For example, for Action 1.1.5, once a recruitment plan is developed a new action of ‘instituting the recruitment plan’ could be added as a new Action. By updating the TAP on a regular basis, change will take place continually. Also, it will be important to revisit the results of the community needs assessment as these will serve as a baseline measure of the Tribal communities’ perception of change which is more qualitative in nature. For a more quantitative baseline measure for Goal 1, it is necessary to enumerate the number and kind of prevention programs currently available and to revisit this on a yearly basis to measure a change in number and type of programs. It is recommended that some aspects of the needs assessment (i.e. surveys) be repeated on a yearly basis to assess change over time and the success of programming.

Sustainability

Sustainability will be propagated through the continual involvement and commitment of the TAP Advisory Board, the goal subcommittees, and the Tribal Board of Directors. We will seek grant funding from a variety of sources and will commit our resources to working toward our TAP goals. It is because of our understanding of the importance of sustainability that we added an objective to each goal that is focused on the cost of implementing each goal. As we understand more fully the resources needed to attain each goal, we can work toward building up our resources for this purpose. It is also the main reason for goal 7 – ‘The Tribe will continue to commit resources to our Tribal Action Plan,’ that there is continued commitment to providing resources so we can achieve our TAP Goals. Also, as individual Tribal members get sober and maintain their sobriety, they will become inspirations to family members and other Tribal members who want the same life of recovery. Instead of a birthright of addiction, our people will have a legacy of recovery to pass down to future generations.

TAP Implementation Schedule

The TAP Advisory Board will begin their work as a team to form goal subcommittees. Each subcommittee member will focus on the completion of one goal by meeting monthly to discuss accomplishments and challenges. The goal teams will choose actions to work on and will check in to compare progress and to create new objectives/actions/steps to take. Additionally, each subcommittee will discuss their progress with the TAP Advisory Board each quarter. The TAP
Advisory Board will, in turn, report progress to the Tribal Board of Directors. The following chart is a 24 month example of a meeting schedule for the advisory board and subcommittees.

**Meeting Schedule for TAP Advisory Board and Goal Subcommittees**

| Subcommittee Meetings | m 1 | m 2 | m 3 | m 4 | m 5 | m 6 | m 7 | m 8 | m 9 | m 10 | m 11 | m 12 | m 13 | m 14 | m 15 | m 16 | m 17 | m 18 | m 19 | m 20 | m 21 | m 22 | m 23 | m 24 |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Prevention            |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Data                  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Treatment             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Healing to Wellness   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Culture               |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Transportation       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Resources            |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| TAP Advisory Board Meetings | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 |

**TRIBAL ACTION PLAN – IMPLEMENTATION TIMELINE**

TAP Implementation Schedule - All Goals

<table>
<thead>
<tr>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yi m3</td>
<td>Yi m6</td>
<td>Yi m9</td>
</tr>
<tr>
<td>Yi m9</td>
<td>Yi m12</td>
<td>Yi m15</td>
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<tr>
<td>Yi m15</td>
<td>Yi m18</td>
<td>Yi m21</td>
</tr>
<tr>
<td>Yi m21</td>
<td>Yi m24</td>
<td>...Final</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVENTION EDUCATION AND ACTIVITIES ARE AVAILABLE THROUGHOUT THE 7-COUNTY SERVICE AREA</td>
<td>SUBSTANCE ABUSE DATA COLLECTION METHODOLOGY AND PLAN IS IMPLEMENTED AND SUSTAINABLE</td>
<td>TREATMENT IS ACCESSIBLE FOR ALL TRIBAL MEMBERS SEEKING TREATMENT SERVICES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 4</th>
<th>Goal 5</th>
<th>Goal 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALING TO WELLNESS COURTS ARE IMPLEMENTED THROUGHOUT THE 7-COUNTY SERVICE AREA</td>
<td>CULTURE AND TRADITIONAL MEDICINE ARE INTEGRATED WITHIN THE TRIBAL JUSTICE SYSTEM</td>
<td>TRANSPORTATION IS ACCESSIBLE FOR TRIBAL MEMBERS SEEKING PREVENTION AND TREATMENT SERVICES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 7</th>
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</thead>
<tbody>
<tr>
<td>THE TRIBE WILL CONTINUE TO COMMIT RESOURCES TO OUR TRIBAL ACTION PLAN</td>
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</tbody>
</table>

The timeline for implementation of all seven goals will be at least 36 months. This is a flexible schedule that could materialize more quickly or slowly depending on many factors associated with projects of this scope. Since it is meant to be a 'living document,' it is expected that the project will be subject to changes along the way. The following are individual timelines for each of the TAP goals.
TAP Implementation Schedule – Goal 4
TAP Implementation Schedule – Goal 5
TAP Implementation Schedule – Goal 6

- Present cost assessment
- Access the cost of providing each objective
- Provide Cost Analysis for each objective
  
  Develop evaluation and monitoring tools to measure impact

  
  Improve collaboration and human services across PNR (which) for each

  
  Develop complementary and human services across PNR (which) for each

  
  Establish and coordinate transportation services to prevention efforts by the end of year 1

  
  Transportation is accessible for tribal members' services' prevention and

  
  Year One

  
  Year Two
The Sault Ste. Marie Tribe of Chippewa Indians has recognized that substance abuse and addiction are one of the most serious threats facing our community, affecting the physical, mental, social, spiritual, and economic well-being of our Tribe and its members. By developing this Tribal Action Plan, the Tribe has expressed its willingness to combat substance abuse and addiction, and devote resources toward doing so. This plan aims to be comprehensive, addressing both practical needs regarding prevention and treatment services for all Tribal members, and policy and planning needs at the governmental level. As a result, the list of goals, objectives, and action steps is extensive and complex.

By design, the TAP is also flexible enough to allow us to address future challenges that may not be readily apparent today. The TAP Advisory Board will continue to meet regularly and conduct at least a bi-annual review process which will allow us to evaluate and modify the plan and focus our resources to meet the challenges we will encounter. This Tribal Action Plan is the beginning of an on-going process that will continue well into the future.

It is essential that leadership and staff commitment exhibited to date continue, and that the Tribe be supported with the assistance and guidance necessary, and mandated through the Tribal Law and Order Act, to bring this plan to fruition. As we implement our Tribal Action Plan, it is our hope that our Tribal community will and its members will have the resources necessary to combat substance abuse and addiction, and heal from its lasting effects, for the next seven generations.