



Conference Report

**IHS/SAMHSA and the National Behavioral Health Conference
San Diego, California June 8-10, 2004**

“Expanding Partnerships to Meet Substance Abuse Prevention & Treatment
Challenges in American Indian & Alaska Native Communities”

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Background and Introduction

On June 25-26, 2003, the Indian Health Service (IHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored a conference entitled "Building Partnerships to Meet Substance Abuse Prevention & Treatment Challenges in American Indian & Alaska Native Communities." The conference was held at the Catamaran Resort Hotel in San Diego, California and drew 262 participants from throughout the nation. The event proved to be such a success, the sponsors agreed to host the conference as an annual event. With the goal of improving the format and content of each conference, the sponsors incorporated suggestions and learning experiences from the 2003 conference to the 2004 conference.

On June 8-10, 2004 IHS and SAMHSA joined together to cosponsor the IHS/SAMHSA and the National Behavioral Health Conference in San Diego, California. The addition of IHS National Behavioral Health Conference gave credence to the new theme of the conference, "Expanding Partnerships to Meet Substance Abuse Prevention & Treatment Challenges in American Indian & Alaska Native Communities." Over 400 participants from the United States, Canada, Australia, and New Zealand attended this event giving it a distinctive international and cultural spirit. The conference agenda was expanded from 16 workshops in 2003 to 55 workshops in 2004. The following report is an overview of the conference proceedings.



2

Plenary Presentations

2.1 CONFERENCE OPENING

Frank Canizales (MSW, IHS) acknowledged the efforts of key individuals and provided the historical context to the conferences on collaboration between 1999 and the present. He explained that this conference continues to expand the IHS' dialogue created with tribes regarding the positive impact that collaborative approaches can have on the lives of American Indian people. For example, he noted that the IHS' behavioral health conference was co-convening during this year's conference to provide the participants, particularly the state representatives, with access to a broader range of federal and tribal counterparts.

2.2 WELCOMING REMARKS

“As I look out at the participants I am reminded about what brought us here.” -Anne Herron

Conference co-moderators Anne Herron (SAMHSA/Center for Substance Abuse Treatment [CSAT]) and Dr. Jon Perez (IHS/ Department of Behavioral Health [DBH]) provided an introduction and welcome to the conference. Dr. Perez described a recent experience where replacing a client's broken watch was the creative catalyst that helped an individual show up for

appointments and make real progress in terms of addressing social and psychological issues.

Anne Herron reminded the participants about the growing impact of this meeting and the shift in the dialogue from 'building' partnerships to 'expanding' partnerships.

2.3 INTRODUCTIONS

Sally Smith (Chair National Indian Health Board, [NIHB]) recognized the dedication and contribution of the Commission Corp Health Service to the country and to American Indians and Alaska Natives (AI/AN) in particular. She described the work of the NIHB to ensure that the voice of AI/AN is heard. She also noted that more work needs to be done to respond to the distinct needs of AI/AN in urban environments (e.g., direct service and compacting). She stressed the importance of working in collaboration, particularly as indigenous people around the world experience similar problems, circumstances, and issues.

2.4 OPENING REMARKS: HISTORY OF COLLABORATION AND FUTURE DIRECTION

“These meetings provide all of us who are working on the same goals and vision an opportunity to dialogue on how to make things better for American Indians and Alaska Natives.”

-Dr. Charles Grim

Dr. Charles Grim (D.D.S., M.H.S.A., Director, IHS) began his remarks by complementing the planners and participants for the time, dedication, and collaborative effort involved in making these meetings a success. Referencing the IHS mission statement (see www.ihs.gov.org), he provided the participants with an awareness of the current activities and plans that IHS has in the areas of health promotion, disease prevention, and behavioral health. He explained that in order for progress to occur, people must recognize that current health problems are strongly associated with environmental and social factors such as poverty, education, unemployment, rural isolation, discrimination, eroding of traditional family and cultural systems, and unhealthy choices (e.g., substance abuse, unprotected sex, personal injury).

Citing current statistics, Dr. Grim noted that mental illness, at 1.5 times the national average, is especially acute amongst AI/AN. He stressed that the successful impact of programs addressing these conditions is directly linked to the degree of community input, ownership, and control. As an example, he described how the IHS has adjusted its funding to better support tribal efforts to respond to local priorities rather than replicating national practices. The IHS has also implemented the strategic plan developed in consultation with the tribes in 2001. Examples of approaches being taken within the five core strategies of the strategic plan include:

- Leadership Development - through the advocacy of behavioral health issues;
- Partnerships and Collaborations - to channel more efforts into partnership approaches that bring together multiple health and other community systems (e.g., US/Canada Memoranda of Understanding (MOU), Administration for Native Americans (ANA) children and youth grant projects, and a mix of private/public partnerships);
- Data Development – to increase the availability and usability of information being collected (e.g., RPMS electronic data record, partnership with Veterans Administration);
- Professional Development - for the health staff and community educational attainment; and
- Innovative Interventions and Treatment Approaches - (e.g., suicide prevention initiative, US Canada MOU, and 12 Youth Regional Treatment Centers).

“Great things happen, recovery happens, when nations join together to share resources.” -Charles G. Curie

Mr. Curie (Director, SAMHSA) shared the working vision that is being incorporated within all structures and initiatives of SAMHSA prevention, treatment, and mental health services. Pursuing this end result as a collaborative approach is important because it shares the work involved and connects people to the fundamental belief that, “People of all ages with or at risk for mental or substance use disorders should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.”

'Building resilience and facilitating recovery' is the compass for SAMHSA's collective work in the development of policy, in the identification of common ground for its three centers to work as one organization, and in regards to budget development. Noting that SAMHSA engages in consultation with tribes on budget matters in order to better understand how to meet their needs, Mr. Curie expressed his hope and encouragement for states to begin holding similar budget consultations with tribes. He also suggested that an emerging goal in the area of mental health is to have every agency at the federal, state, and local level speak with one voice on mental health initiatives.

He also described the 'Priorities and Principles Matrix' by which the SAMHSA's programs and principles are being applied to their efforts and their collaborations with other agencies. Some of these efforts include: the transfer of suicide response to IHS, the 'Access to Recovery Program' and its focus on 7 measurable outcomes/ domains, securing tribal submissions in the recent RFP process, eliminating disparities in the use of information relating to co-occurring disorders, and the upcoming release of a Native American children's program kit. He discussed a number of initiatives, programs, and grants that AI/AN have begun to access as part of the effort to reduce the deplorable statistics within these populations and communities. He also stressed that within SAMHSA, cultural competence is not a separate program or activity, but is rather a principle that is embedded throughout all initiatives, projects, and activities.

2.5 PLENARY PANEL #1: American Indian and Alaska Native Youth Leadership and Empowerment

"None of the programs will make a difference until we decide as individuals to take responsibility for our own lives."

-Dave Anderson

Mr. Anderson (Assistant Secretary, Bureau of Indian Affairs [BIA]) provided an inspirational and motivational presentation of his personal journey to recovery and his current views on what can be done to create change and provide hope throughout Indian Country. He noted that often those in need of intervention and treatment do not understand what is happening to them or even realize that they can control their own lives. He acknowledged

that the gift of healing and recovery can only come after the individual recognizes that change does not happen 'out there,' but rather comes from within themselves.

He described how the approval process to be Assistant Secretary of Indian Affairs took over two years. The lengthy process was partially due to his life-style prior to entering recovery over nine years ago. As a result of recovery, he described his belief in a higher power and how he has dedicated his life to make a difference in the lives of other people.

He boldly called on the participants, the federal agencies, and the tribal leaders present to:

- Change their way of thinking;
- Take the initiative to do things for themselves;
- Provide hope and inspiration to youth;
- Declare war on alcohol, drugs and gangs;
- Overcome the jurisdictional problems that enable the growth of methamphetamine labs on reservation lands;
- Improve the quality of education received at Bureau of Indian Affairs schools by turning them into leadership academies;
- Improve our focus on nutrition and physical activity; and
- Work collaboratively with other agencies.

2.6 COLLABORATION #1

“You collaborate around a person, not around a system.”
-Anne Herron

Anne Herron described how the current federal administration is supportive of SAMHSA/CSAT goals of promoting accountability, enhancing capacity, and assuring effectiveness. She expanded upon how the seven domains (abstinence, access to treatment, sustaining recovery, employment and housing, criminal justice involvement, connectedness to family and friends, and community network), mentioned by Director Curie, were being applied in SAMHSA.

She felt that there is a critical gap in the areas of consistency, compatibility, and usability of the information being collected primarily through the National Survey on Drug Use and Health (NSDUH) and the state level Treatment Episode Data (TED) System. Presenting additional statistics, Ms. Herron noted that of the estimated 22 million Americans who needed treatment, nearly 80 percent (19.3 million) did not recognize that they needed treatment, and another five percent (1.2 million) knew they needed help but did not seek it. State statistics indicate that there were over 34,000 Native American admissions into state supported treatment.

She described the new program initiatives and focused being pursued at SAMHSA/CSAT that encourage multiple approaches to recovery. Examples mentioned include Access to Recovery; SBIRT expanded continuum of care, COSIGs, faith initiative, recovery month, national inhalant abuse awareness, promoting partnerships to advocate for client access to services, credentialing of workers, enhancing quality of care and treatment effectiveness and outcomes, developing the workforce, and reducing stigma.

2.7 COLLABORATION #2

“It doesn’t matter which strategy you employ, the key issue is did it work?” -Dr. H. Westley Clark

Dr. Clark (Director, SAMHSA, Mental Health Services Administration [MHSA]) reinforced the commitments made by the SAMHSA Director, Mr. Curie, to work with states and tribal jurisdictional authorities to affect an increase in behavioral health program services. He also noted how the outcomes based matrix, which provides a focus on results and flexibility in program delivery, guides SAMHSA’s approach. He described the seven domains as questions that the programs and activities should answer and noted that the focus on outcomes can support programs that are more responsive to community priorities and cultural considerations. He noted that SAMHSA/CSAT’s principle focus is recovery, as articulated in the 2003 State of the Union Address, “Let us bring to all Americans who struggle with drug addiction this message of hope: the miracle of recovery is possible, and could be you.”

He discussed the department’s approach to the involvement of tribes and tribal organizations within a number of programs,

including the Access to Recovery Program. He also noted that this approach is reflective of the commitment to partnerships and collaboration with tribes.

“Our investment is more than being at meetings...with our partnership with IHS, Tribes, and providers. It is my hope we will make some inroads in addressing the problems.”
-Dr. H. Westley Clark

2.8 PLENARY PANEL # 2: Creation of the One Sky Center

“It’s courageous to make a stand on what people need (and) it’s absolutely essential if change is going to happen.”
-Dr. R. Dale Walker

Dr. Walker (MD, Director, Center for American Indian Health) began his remarks by commending the efforts of key individuals (Frank Canizales, Dr. Jon Perez, and Dr. H. Westley Clark) for their work on this conference and their support of the One Sky Center. He explained that the name One Sky Center refers to the connectedness between the 1000 tribes, 3000 communities, urban programs, and state agencies. One Sky Center brings together all the pieces for Native American prevention and treatment in one place.

Referencing key health, social, and demographic statistics and the complexity of the current treatment and prevention system, he described the Center’s efforts to support the people working to improve the health of AI/AN. One Sky Center works in a holistic manner, creates an easy avenue for data gathering, supports awareness of what works and does not work, and encourages understanding of how to address healing as a ‘best practice.’

Dr. Walker noted that some of the current partnerships being pursued by the One Sky Center are the direct result of the 2003 IHS/SAMHSA Behavioral Health Conference. He explained that One Sky’s structure and scope of activities including education, consultation, excellence, and opportunity. He also provided working definitions of key concepts and terms such as ‘indigenous knowledge,’ ‘evidence-based practice,’ and ‘best practices,’ as well as their contemporary relevance in health care for AI/AN.

2.9 PLENARY PANEL #3: Partnerships: Canada

“You can find friends across borders with whom you can share what it means to work in government.”

-Jon Perez

Jon Perez (Ph.D., IHS) provided an overview of the ongoing three-year effort to develop a formal US/Canada Memorandum of Understanding (MOU) through which the IHS and Health Canada are conducting Suicide Prevention and Fetal Alcohol Spectrum Disorder (FASD) initiatives. He stated that over 500,000 American Indians live on or in close proximity to the US Canada border and that there is a regular cross-border or dual usage of health care services. Noting that seven of the top ten causes of death among AI/AN are behaviorally related, he spoke of the importance of IHS' strategic and behavioral health objectives relating to partnerships and collaborations. He also described the focus, working structures, anticipated products, and next steps in the US/Canada collaborative effort. He commented that working together on a common interest in improving approaches to health issues affecting indigenous people has been a rewarding, learning experience.

“We found that we are often separated by a common language.” -Kathy Langlois

Kathy Langlois (Director General of Community Programs, Health Canada) informed the participants about the mandate of Health Canada's First Nations and Inuit Health Branch to improve health outcomes of First Nations and Inuit people. This will be accomplished through increased control, access to public and community health services on reserves, primary care in remote and isolated communities, and portable non-insured health benefits. She also provided an overview of the First Nations and Inuit client population, of which 735,343 individuals represent three percent of the overall Canadian population and up to 20 percent of the population in some western provinces.

The US/Canada MOU was described as focusing on research and behavioral health with the goals of raising health status, improving approaches to health issues and knowledge sharing, and facilitating indigenous to indigenous linkages. She provided a status report on the work to date within the two behavioral health-working groups established under the MOU. The Suicide Prevention

working group is engaged in identifying promising practices, as well as the identification of existing and desired programs and services that will guide collaborative action and knowledge exchange. An international website was also established to increase communication and access to information about suicide prevention. The final component that the Suicide Prevention working group is responsible for is the development of a long term strategic plan. The FASD working group is currently developing a work plan that is expected to include similar collaborative activities and products.

“In the Sioux Lakota region the suicide rate is 50 times national average. Something must be done, and it must be done quickly.”-Alexandra McGregor Wood

Alexandra McGregor Wood (Assembly of First Nations [AFN]) explained the structure and composition of the AFN, a national organization representing over 630 First Nations in Canada. She described the catalytic and ongoing role of the 1999 Declaration of Kinship and Cooperation signed between the AFN and the National Congress of American Indians (NCAI) to renew ties and pursue common objectives amongst the indigenous peoples of the United States and Canada.

Ms. McGregor Wood informed the participants of the range of Canadian institutions affecting First Nations health. She also stressed the importance of being clear about how collaboration on research, health surveillance information, health promotion, and medical research is linked to First Nations expectations about treaty rights to health care, cross border issues, and information exchange and privacy issues.

She noted that changes are needed to influence health outcomes and health status that supports client-centered health care, encourages a link between health and socioeconomic factors, and provides First Nation citizens with health care that is universal, portable, and accessible.

“When I was growing up there was always storms...there is always peace after a storm.” -Looee Okalik

Looee Okalik (Inuit Tapiriit Kanatami [ITK]) described the representative structure of the ITK, a national organization

representing 46,000 Inuit residing in 53 communities in four regions (Inuvialuit, Nunavut, Nunavik, and Labrador) of northern Canada. The composition of the ITK board was described, along with its focus on advocating for Inuit priorities identified by regions, assisting the federal government to design Inuit specific programs and policies, and educating Canadians about the distinctive differences of Inuit from other Aboriginal groups in Canada (e.g., no reservation lands, no tax exemptions, no tribal or band council governments, and a reliance on municipal and territorial public government).

She explained how the change from living on the land to permanent settlements has resulted in a loss of culture, language, and traditional roles. This has also created unacceptable health and social conditions and has radically affected the levels of Inuit capacity and opportunities across the north. As a result, there has been an emphasis among the Inuit for land claim settlements, Inuit specific policies and research, capacity development, consent and consultation, economic development/job creation, housing, health, environmental protection, and language and cultural promotion. In discussing the social and political context within which the Inuit live, she noted how the Inuit priority on mental health at the local, regional, national, and circumpolar/international levels, was a significant factor in their decision to participate in the joint US/Canada behavioral health-working group on suicide prevention. She concluded her presentation by sharing a number of stories evoking the spirit of the Inuit relationship with the land and their ancestors.

PLENARY PANEL #4: Empowering Youth–Leadership Development

2.10 *“One of the most important things in my life was the support of my parents as guides, teachers and caregivers.”*
-Terry Young

Terry Young (Co-Chair, AFN National Youth Council) began his remarks in his traditional Maliseet language. He spoke of the people who supported his growth and empowerment and acknowledged the love and support of his parents. He explained that one of his goals is to demonstrate a respect for his parents' contributions by the quality of life he chooses to live. He acknowledged two elders who were influential in his life. He also spoke of the important role

traditional ceremonies played in helping save his life and strengthening his identity.

He also described the emotional impact of his recent visit to Mexico. It helped him recognize that empowerment is about connecting with our people no matter where they live, recognizing that indigenous people are survivors, and it is important to recognize that power individually and collectively.

“As an example of how much our life has changed, my mother was born in an igloo 50 years ago, and today, as her son, I travel the world meeting many people.”

-Tunu Narpartuk

Tunu Narpartuk (Inuit Tapiriit Kanatami, former president of Inuit Youth Council) began his remarks by speaking in Inuit. In his speech, he explained the recent and rapid change his culture has faced and how the involvement of youth has undergone a dramatic change. In the recent past, Inuit children and youth had a more limited role, as the knowledge of the elders was essential to survival and children did not approach or question them. In order to adapt to today's reality, elders and leaders have encouraged the youth to have a voice which, to a certain extent, has resulted in the roles being reversed.

Mr. Narpartuk explained that the Inuit youth movement is a powerful force and have continued to be so. Youth in the Canadian Arctic took the initiative to make the leaders listen and to put in place the programs that were essential for their survival. Through hard work, time, and patience, Inuit youth councils have spanned across the Canadian Arctic and throughout the circumpolar countries of Canada, the United States, Greenland, and Russia.

In Canada, 60 percent of the population is under the age of 30. With such a large youth population, the needs and concerns of the youth became even more prominent. While youth empowerment is often advocated by the youth themselves, Mr. Narpartuk noted that the older generations also need to listen and be more supportive.

“I am human, I am Inuit, I am alive!”
-Franco Buscemi

Franco Buscemi (Inuit Tapiriit Kanatami, Youth Intervener) shared a challenging conversation he had with a non-Inuit friend about how the decimation of the indigenous population of North America was an example of the survival of the fittest. He shared how his own personal growth and confidence gave him the strength to stand up for his people by pointing out that pre-European contact the Inuit survived, lived, and thrived in a climate that most people consider unlivable. He stressed the importance of the excellent mentors in and throughout his life. In particular, he mentioned his parents who taught him to learn from his mistakes and to be understanding of the challenges others are facing.

Helping youth learn their own history will help them develop their own sense of power and confidence, and that, in essence, is empowerment. Mr. Buscemi explained that adults can support this by 1) Providing opportunities for youth to be involved, 2) Being patient and allowing youth time to develop, and 3) Allowing youth to make mistakes and learn from them.

2.11 Closing Remarks Connecting the Dots with SAMHSA Initiatives and Resources

Beverly Watts Davis (SAMHSA, Director, CSAP) began her remarks by describing the substance abuse challenges that had for a time overwhelmed her home town of San Antonio. She related the challenges her community faced to the circumstances and experiences of AI/AN communities.

Director Watts Davis reacquainted the participants with SAMHSA's vision and approach to being a good partner to AI/AN communities, including restoring SAMHSA funding for services to Native American communities. She reinforced Mr. Currie's presentation on the agency's strategic plan and outcomes based program priorities matrix.

As an example of how the agency has adjusted its funding processes to support longer-term efforts (e.g., five year funding with opportunities for renewal) and flexible approaches that are responsive to state and community priorities, she described the

five step \$45 million Strategic Prevention Framework State Incentive Grant program. The strategic prevention framework provides a structure to support a prevention planning process (assessment, capacity, planning, implementation, and evaluation) that recognizes the important roles of states and communities is anchored in knowledge and evidence based practices, utilizes the private sector, and engages multiple strategies and sectors to support sustainability. The Director encouraged tribes to participate in their respective state's application process for this year's State Incentive Grant. She also indicated that there would be a Tribal Incentive Grant initiative next year.

She shared that anyone working in substance abuse prevention is by definition working on multiple problems and with multiple systems such as crime prevention, violence sex prevention, HIV prevention, community development, and family strengthening. She also reinforced SAMHSA's operating principles, including the importance of addressing prevention on a continuum, supporting capacity building, and focusing on collaborations and partnerships.

Director Watts Davis also described SAMHSA's efforts to fund specific resource centers and initiatives through which tribes and states can access support services. Examples of these centers and initiatives include the Community Anti-Drug Coalition Institute for technical assistance and strategic planning, the web-based Prevention Technology Platform to help capture the qualitative lessons learned, the National Registry of Effective Programs including Native American programs, the Model Program Dissemination contract, Service to Science Academies to support evaluation frameworks, the Culturally Competency Logic Model workshops, the Too Smart to Start project on underage drinking, the National Center for Alcohol and Drug Information RADAR Sites, the Access to Recovery Grants, the Safe Schools/Healthy Students grants, and the HIV/AIDS rapid testing kit.

Particular attention was given to the role of the Native American Resource Center in supporting training, technical assistance, and the development of innovative programs. She explained that in order to make it easier for other federal agencies to contribute funding to SAMHSA's efforts and to allow the Center to subcontract to other Native American communities and organizations, SAMHSA will pursue shifting the basis of its funding agreement with the Resource Center from a grant to a contract.

“There is not any of these things that we can do by ourselves, it really is about creating partnerships, connections and relationships.”-Beverly Watts Davis

Director Watts Davis concluded her remarks by thanking the participants for their dedication, perseverance, and for continually offering hope to the people affected by alcohol and substance abuse.



3

Workshop Summaries

The 90-minute workshop sessions were designed to provide the participants with an opportunity to learn about existing collaborative program and service initiatives and to consider how to build on the lessons learned within the US, Canada, and New Zealand projects and partnerships. The three-day conference offered 55 workshops and involved approximately 100 speakers.

3.1 WORKSHOP ROUND ONE: 1:30 – 3:00 PM, Tuesday, June 8, 2004

Workshop #1: “Protecting You/Protecting Me” Adapting Prevention Curriculum for Native Communities

Presenters:

Kappie Bliss, Program Developer;

Prosper Waukon, Red Road Project Coordinator, Winnebago Tribe;

Pat Stone, Ph.D., Director, NAHPLC

Moderator:

Dave Robbins, SAMHSA

The Center for Substance Abuse Prevention recently awarded a small grant to Mothers Against Drunk Driving (MADD) to investigate and describe adaptation of the “Protecting You/Protecting Me” curriculum. This workshop described the process that has been used to tailor the program, which reaches all elementary, middle, and high school-aged children over a three

to five-year period, for use with tribes in Nebraska and other Native American populations.

The workshop emphasized the importance of, and the human and financial costs involved in, adapting programs to a specific cultural context. As the first SAMHSA model program to be adapted to Native American communities, it is expected that this will lay the groundwork for future adaptations. It was noted that training is available for those interested in the "Protecting You/Protecting Me" program at no cost. An opportunity for collaboration that emerged from the workshop is the potential for SAMHSA and IHS to consider evidence-based and effective prevention policies, programs, and practice trials.

Workshop #2: Forensic Interviewing & Evaluation Assessments With Child Victims of Sexual Abuse

Presenters:

Gail Santilli, CISW, IHS, Flagstaff Medical Center;
Arlinda Betone, BSW, Div. of Social Services, Navajo Nation

Moderator:

Ramona Williams, MSW, IHS

Information was provided on a variety of forensic interviewing skills and resources such as evidence collection through interviewing, appropriate techniques, roles and training for the interviewer, and the mobile interview and examination centers. The workshop described key environmental factors affecting the interview such as the space available (observation and interview rooms), critical components of the interview (comfort level, rapport, developmental screening, competency check), and the importance of cultural knowledge and sensitivity, and the lack of cross-cultural training.

Important considerations for the use of this technique in Native communities related to the following topics: the importance of a multi-disciplinary approach (e.g., collaboration and role definition), proper protocols, cultural considerations, including healing traditions, clan systems, language, unique geographic and jurisdictional issues (on and off-reserve), and a working knowledge about tribal service collaborations. Participants were encouraged to access resources available through Child Help USA, Native

American Children's Alliance, forensic interview training at www.ncac.org, and the work of SANE/SART.

Workshop #3: Medicaid Reimbursement: IHS, Tribal & Urban Programs

Presenter:

Nancy Goetschius, Center for Mental Health Services (CMHS)

Moderator:

Jill Erickson, MSW, ACSW, SAMHSA

This workshop provided an overview of the Medicaid Program and examined unique aspects of Medicaid as it relates to AI/AN populations. The workshop addressed the identification of major barriers to Medicaid participation and reimbursement strategies for IHS and Tribal and Urban (I/T/U) providers.

In terms of reimbursement strategies, it was noted that Medicaid funds are only available where they are specifically billed for by the tribes and that Title XIX sets the framework for participation by tribal and urban programs within the federal, state, and IHS systems. In addition to describing the impact of Public Law #638 self-governance contracts/compacts on accessing reimbursements, the workshop described current incentives to support tribal participation and the process by which the reimbursement rate is worked out with the states.

Workshop #4: Indian Children's Programs/Cross Cultural Lessons Learned about FASD

Presenters:

P.W. Kodituwakkyu, Ph.D.;

Catharine McClain, MD, PT, University of New Mexico

Moderator:

Frank Canizales, MSW, IHS

This workshop provided an excellent visual overview of the services available from the New Mexico Indian Children's Program (NMICP), a community-based program that provides supplemental services to Native children, from birth to age 21, with developmental disabilities and special needs. The presentation focused on the program's roles and responsibilities (supplemental services, training, technical assistance) and how children are referred to the program.

The workshop also examined recent scientific research findings relating to the dynamics of 'functioning' disorders and the experiences of the participants in working with children affected by FAS. Presently, ten percent of the children in the program are affected by Fetal Alcohol Syndrome, which is the subject of growing concern and research at both the national and international levels. This international activity was noted as a possible opportunity for collaboration.

Workshop #5: Suicide in Relation to Intervention & Substance Abuse

Presenters:

Patricia Serna, LISW, Director, Jicarilla Behavioral Health Program;
Susan Soule, Alaska Suicide Prevention Council;
Hayes Lewis, President, Zuni Community Development & Advocacy Center

Moderator:

Tamara Clay, MSW, LISW, IHS

“People who are proud and have good self-esteem (and) do cultural and community activities together are less likely to complete suicide.”

This session provided an overview of the research and data trends in regards to AI/AN suicide. The presentations identified the importance of community-based and culturally relevant programs in Alaska and two New Mexico American Indian communities (Apache and Zuni). In Alaska, suicide rates have decreased where villages have taken advantage of the local option law, which allows them the opportunity to design their own community-based suicide prevention projects. Successful approaches included training 'natural helpers' as community counselors and blending traditional healing and clinical approaches.

The Jicarilla Apache stressed the importance of early community input and addressing the impact of other social issues in their successful 20-year effort to reduce suicides by 59 percent (1983-2003). The key components of their program include identifying people at risk, clinical interventions, cultural activities, social

services, school-based prevention programs (natural helpers), community education, inpatient detox, record keeping and data analysis, and program evaluation. The Zuni stressed the importance of a proactive strategy that mobilized action by the community, tribal council, IHS, and other stakeholders (e.g., Stanford University), connecting appropriately with high risk youth, providing training and support to lay persons, and including suicide information in the school curriculum.

Workshop #6: Application of Traditional Healing in Behavioral Health Care

Presenters:

David Asetoyer, CCDC II, Owner, Ta'be;
Eduardo Duran, Ph.D., IHS

Moderator:

Tony H. Cervantes, SSMI, State of California, Dept. of Alcohol and Drug Programs

This workshop was designed to provide insight into the definition of traditional healing and challenges and opportunities for applying traditional healing approaches in behavioral health systems. Traditional healing was described as using indigenous language and symbolism to heal a person's soul by achieving 'balanced health.' The presenters explained that traditional healing addresses both the positive and negative emotional, physical, mental, and spiritual aspects of a person and the strengthening of identity.

It was noted that while traditional healing is more focused on life changes it can be, and is, used as an intervention tool. Opportunities and challenges identified during the workshop include the view that an important opportunity for healing exists between traditional healers and other healing practitioners, especially in programs for AI/AN. Effort is also needed to improve collaboration between traditional healers and the educational institutions that produce western healers. It was also noted that traditional healers need to be more flexible as well and 'new ceremonies' are needed to deal with today's illnesses.

Workshop #7: Responding to Community Crisis

Presenters:

Peter Stuart, MD, Chinle Service Unit, IHS;
Susan Casias, MSW, CISW, White River Service Unit, IHS; and
Kira LeCompte, MS, Mental Health/Social Services, Aberdeen
Area, IHS

Moderator:

George Samayoa, MD, LCLPC, CAS, DFC, SAMHSA

This workshop provided an update of the collaborative effort between the IHS Information Technology Support Center and the Division of Behavioral Health in the development and deployment of a Behavioral Health software application and data management system.

The key issues that were identified when considering how to address a crisis in the community included maintaining access to service counseling, developing a plan to respond to specific crisis issues (e.g., suicide ideation), recognizing the different perspective of providers and the communities when validating available information, conducting a full evaluation of the crisis or disaster to determine levels of interaction required to address services, and ensuring that the community's leadership is involved in identifying improvements.

Workshop #8: Cultural Art and Activity as Substance Abuse Prevention for Youth

Presenters:

Janet Smith, MS, ATR, Director, Jack Brown Center;
Elizabeth H. Hawkins, Ph.D., M.P.H., Oregon Health & Science
University

Moderator:

Patricia Getty, Ph.D., SAMHSA

The workshop was designed to provide a definition of "model programs," an overview of the process for "model program designation," and examples of culturally appropriate model programs using art in Indian Country. The presenters provided an overview of the NREP and the One Sky Center emphasizing their focus on creating 'Indian Best Practices.'

The workshop also discussed the unique approaches being pursued in Project Venture, one of the 'Indian Model Programs' and White Bison. These projects demonstrate how ceremonies and art therapy are being used to include traditional concepts such as living in harmony with the natural laws within Native American prevention programs. The participants were particularly interested in the use of art therapy in treatment programs dealing with adolescents.

3.2 WORKSHOP ROUND TWO: 3:30 – 5:00 PM, Tuesday, June 8, 2004

Workshop #9: Information Technology – Data Management Performance Outcome Evaluation

Presenters:

Sarah Nebelkopf, Friendship House;
Karen Saylor, Ph.D., Native American Health Center;
James Williamson, Friendship House

Moderator:

Wilbur Woodis, MS, IHS

This workshop was designed to allow representatives from two leading urban Native American substance abuse/mental health programs to share their perspective on working definitions and the use of Information Technology (IT) to manage data, track performance outcomes, and contribute to evaluation processes. Challenges and strategies for Behavioral Health managers utilizing these IT and data collection systems were reviewed.

The presenters discussed different issues encountered when dealing with the flow, collection, and coordination of various types of data and the challenges experienced in importing/exporting data from existing data collection systems (e.g., RPMS). An additional challenge that was noted is the often redundant data collection requirements imposed by different funding sources. As a result, the presenters recognized the importance of creating an internal information technology team, establishing data management protocols, and working with funding agencies to develop detailed data requirements.

Workshop #10: Meth 101: Part 1, “What’s Wrong with Meth?” An Introduction to the Danger of Methamphetamine

Presenter:

J.J. Grzelak, Detective, Criminal Investigations Division,
Arizona DPS

Moderator:

Jackie Mercer, MA, Executive Director, NARA NW

This workshop addressed the facts and myths about the drug methamphetamine. The workshop also provided an understanding of the signs to look for to indicate use (e.g., symptoms, cookware), social impacts on the family, criminal justice system, environmental health, and the importance of taking action to address this issue. There was a request for additional training during the workshop indicating a need for further collaboration on this topic.

Workshop #11: Leadership; Capacity Building; Long Range Planning; Vision to Implementation

Presenters:

Helen Waukazoo, Executive Director, Friendship House;
Pamela Thurman, Ph.D., Tri Ethnic Center

Moderator:

Barbara Plested, Ph.D., Tri Ethnic Center

This workshop was designed to provide an understanding of how leadership and capacity building is defined and the challenges and opportunities for community success with the use of a long-range community planning methodology. The presentations emphasized the importance of leadership having a vision to guide long range planning, gathering information on the needs of the community, understanding the qualifications and functions of board members, and the credibility/accountability of the organization.

The Choctaw CARES program was described in terms of its use of a community readiness model, strategy development, and capacity building. Participants’ questions related to the importance of board participation and training, how to create a community vision, and how to elicit community involvement. The

group discussion that followed highlighted issues encountered during tribal/non-tribal collaborations.

Workshop #12: Mental Health Community Disaster Planning; Violence Prevention in Schools (SAMHSA)

Presenters:

Gilbert Reyes, Ph.D., Disaster Mental Health Institute, University of South Dakota;

Denise Middlebrook, Ph.D., SAMHSA; Carol Coley, MS, SAMHSA

Moderator:

Tamara Clay, MSW, LISW, IHS

The presenters provided an introduction to the components, impacts, and strategies for dealing with community crises and disasters. With an emphasis on native communities and schools, an overview of the Disaster Mental Health Institute's framework for community-based and culturally responsive crisis interventions was provided. This framework builds on community strengths and resources, provides support to the natural helpers in the community, and empowers communities to engage in the natural healing process.

The workshop participants were informed about the six core elements of SAMHSA's evidence and public-health based Safe Schools/Healthy Students grant program. This grant program could provide tribal schools with funding for community-wide prevention and early intervention strategies for school-based safety programs for school reform, violence, mental health, and substance abuse. In order to be better prepared to respond to crises, participants were also encouraged to establish crisis response teams nurture collaboration among traditional and western healers establish federal and community partnerships and develop written agreements between schools, law enforcement, and mental health agencies.

Workshop #13: Effective Partnerships in Developing Tribal Systems of Care: The Experience of SAMHSA, IHS, NICWA, and Tribal Communities

Presenters:

Andy Hunt, MSW, LICSW, Community Development Specialist, NICWA;

Darlene Renee Baughman, Choctaw Nation Chi Hullo Li

Moderator:

Jill Erickson, MSW, ACSW, SAMHSA

This workshop introduced a partnership involving the CMHS, the IHS, and the National Indian Child Welfare Association. The “lessons learned” were also explored within this effective demonstration of interagency collaboration. The presenters described how they utilized SAMHSA’s grants for Children’s Mental Health to establish a system of care/circle of care that includes the Choctaw Nation’s Methamphetamine Treatment for mothers. The project illustrates partnerships between SAMHSA and IHS, collaboration with Community Health Representatives for community outreach, and how these efforts contribute to the project’s sustainability.

Areas of potential collaboration that emerged from the workshop discussion included increased inclusion of both substance abuse prevention and treatment, growing acceptance of state/tribal collaborations (e.g., State of Florida asking for help for tribes), older projects providing technical assistance to newer projects (e.g., Choctaw Nation offering TA), and additional Circles of Care grants in 2005.

Workshop #14: Veterans – Welcoming Warriors Back

Presenters:

Duane Brookins, CSACII;

Allan Saul, CSACII;

Tony Robochaud, CACII

Moderator:

Eduardo Duran, Ph.D., IHS

Throughout history Native Americans have had the highest record of military service per capita compared to other ethnic groups in the United States. This has been true despite a social climate that was not always supportive of the culture and sovereignty of Native people. This workshop provided participants with a discussion of the emotional, spiritual, mental, and political issues of providing substance abuse and mental health services to American Indian veterans.

The presentations noted the impact of secondary posttraumatic stress syndrome on the families of combat soldiers and the uniqueness of ceremony, honoring spiritual entities, and acceptance of oneself as a part of the healing process for Native veterans. The positive side of the Native American warrior tradition was emphasized within the sessions. The discussions proved to be therapeutic to the veterans and families of veterans that were in attendance. The presenters also provided their email addresses in order to continue sharing information regarding veteran's issues.

Workshop #15: Coordination of The Ryan White CARE Act with Indian Health Services and Community-Based Organizations Serving American Indians and Alaska Natives.

Presenter:

Silvia Trent-Adams, HRSA

Moderator:

Enith Hickman, Intern, IHS

This session provided an insight into the coordination of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act services with IHS. Specific topics included policies regarding the use of CARE Act funds for AI/AN populations and IHS programs, capacity development strategies, and technical assistance resources used by Ryan White CARE Act grantees and other organizations serving AI/AN communities.

The presenters provided an overview of the Care Act's purpose, clients, and programs within the CARE Act and a discussion of how AI/AN communities can access funds. Noting the existing barriers, presenters provided detailed mechanisms that AI/AN communities can use to increase access to available funds. The presenters stressed the importance of listening to tribal leaders and communities and suggested collaboration between HRSA, the government, and tribal communities.

Workshop #16: Supporting Youth to Take a Lead in Suicide Prevention in Canada

Presenters:

Kari Nisbet, Health Canada;

Terry Young, Assembly of First Nations;

Franco Buscemi, Inuit Tapiriit Kanatami

Moderator:
Michele Bourque, Health Canada

This workshop provided participants with an overview of youth suicide among First Nations and Inuit youth in Canada. Challenges and opportunities for youth involvement in prevention and intervention strategies was discussed. The presenters described their experiences with effective youth leadership in suicide prevention. The First Nation and Inuit youth high rates of suicide was also noted.

It was stressed that youth can make a valuable contribution to the community through youth leadership and involvement. They emphasized that the youth **MUST** be involved in suicide prevention work and activities. This will require more 'youth friendly' programs and youth engagement that is balanced with adult support. In order to find solutions, it is even more critical for the government, First Nations, and Inuit youth to engage in a partnership approach.

3.3 WORKSHOP ROUND THREE: 10:30 am – 12:00 PM, Wednesday, June 9, 2004

Workshop #17: Firestarters & Wellbriety Movement

Presenter:
Don Coyhis, President, White Bison, Inc.

Moderator:
Wilbur Woodis, MS, IHS

This workshop was designed to provide participants with an overview of the Firestarter/Wellbriety Movement, examples of its implementation, and an opportunity to discuss the challenges and opportunities for implementing these movements regionally.

The presenter discussed native prophecies, historic trauma and the role of forgiveness in healing. The workshop emphasized that building healing programs and securing funding support for them

requires collaborations, relationship building, and consultation with tribal elders and healers. He also stressed that wellness is achieved through healthy living and using local traditional/community teachings and concepts.

Workshop #18: First Nations Youth Leadership Model: By Youth for Youth

Presenters:

Terry Young, Assembly of First Nations;
Kathleen McKay, Assembly of First Nations

Moderator:

Jean Wood, Assembly of First Nations

This workshop was designed to provide participants with a statistical and geographical overview of First Nations youth in Canada, identify major behavioral health concerns of First Nations youth, and discuss strategies being used to provide youth with a leadership role in addressing these issues. A culturally specific model was described during the workshop and there was considerable interest in piloting it in American Indian communities.

Workshop #19: The Wheel Turns: Honoring Recovery in Our Systems of Care

Presenter:

Rick Sampson, MA Psychology, American Institutes for
Research

Moderator:

Gayle Saunders, SAMHSA

This workshop was designed to introduce participants to the trends and service paradigms emerging within the treatment field in America. Specific attention was focused on the promise of increased collaboration between Indian communities and state systems of care in the areas of mutual learning, service expansion, research and accountability, performance measurement, management, and quality improvement.

The presentation and discussion during the workshop emphasized the need for strategic planning in the areas of health care, community recovery, and managing change. Staff and infrastructure are required in order to manage these processes,

utilize data, develop trusting working relationships, and improving the system.

Workshop #20: Prevention – Understanding Substance Abuse & Protective Factors in American Indian Communities

Presenter:

Caroline Cruz, BS, CPS, Office of Mental Health and Addiction Services, DHS

Moderator:

Joyce Weddington, MPA, CPS, SAMHSA

This workshop provided participants with a working definition and increased understanding of the relevance of 'risk' and 'protective' factors. The presenter utilized examples from successful Indian programs in Oregon to demonstrate the application of these concepts in AI/AN communities.

Workshop #21: Addressing HIV/AIDS Prevention with American Indian and Alaska Native Youth

Presenter:

Leatrice Lewis, MPH, National Indian Youth Leadership Project

Moderator:

Tamara Clay, MSW, LISW, IHS

“Experiential education is taking a play process and letting students identify what is significant, then generalize it to what you are addressing.”

This workshop focused on the Web of Life Experiential Education program and lessons adapted from the Circle of Life HIV/AIDS and STD's prevention curriculum and the Project Venture model. The speaker addressed the importance of Memorandums of Agreement in the design of service provision strategies and identified factors that are important to developing sustainable partnerships.

The program has been used with hundreds of middle and high school students and has achieved its goals of reducing risk factors, increasing school connectedness and achievement, and improving family involvement.

Workshop #22: Meth 101: Part 2, Users/Treatment

Presenter:

Janice Stimson, MD, Matrix Institute

Moderator:

Enith Hickman, Intern, IHS

This workshop focused on the unique challenges related to the treatment of methamphetamine users. The readiness and efficacy of existing treatment resources and personnel for treating methamphetamine addiction was discussed, along with an overview of efforts to address methamphetamine treatment in AI/AN communities. Participants were also introduced to a manualized model of outpatient treatment that is organized into a user-friendly protocol for use in community-based treatment programs.

The presenters discussed the issues therapists deal with when working with methamphetamine clients (e.g., thinking impediments, conditioned stimulus responses, physiological reactions) and a road map for recovery, taking into account cultural issues and community involvement. The presenters helped participants understand how the mind of a recovering person works and provided concrete examples and strategies for overcoming barriers.

Workshop #23: Tribal Consultation Process

Presenters:

Steve Sawmelle, SAMHSA;

Craig Vanderwagen, MD, Acting CMO, I.H.S.;

Ed Brownshield, Director, Spirit Lake Recovery Center;

H. Sally Smith, Chair, NIHB

Moderator:

Frank Canizales, MSW, IHS

This workshop provided participants with a working definition of "Tribal Consultation" and a historic overview of federal tribal policy on consultation. An overview of the government-to-government relationship with the U.S. was provided, as well as discussion on the different agency perspectives on consultation and ongoing support for collaboration within the consultation process. It was noted that while improvements need to be made in the

consultation process, it is also important to not lose focus or overwhelm the AI/AN population.

Workshop #24: RPMS Behavioral Health Applications, MIS Development Team

Presenters:

Wendy Wisdom, MSW, IHS, PIMC;
Denise Grenier, MSW, LISW, IHS ITS Support Center;
Peter Stuart, MD, IHS, Chinle Service Unit;
Michael Gomez, IHS, Indian Health Performance Evaluation Systems

Moderators:

Wilbur Woodis, MS, IHS and Jon Perez, Ph.D., IHS

This workshop provided an overview and update on the IHS's efforts to address performance evaluation, data management, and software applications issues within and between its national information offices, regional service units, and local medical centers.

WORKSHOP ROUND FOUR: 1:30– 3:00 PM, Wednesday, June 9, 2004

3.4 Workshop #25: Daughters of Tradition

Presenter:

Don Coyhis, President, White Bison, Inc.

Moderator:

Joyce Weddington, MPA, CPS, SAMHSA

This workshop provided the participants with a discussion of gender roles among AI/AN tribes in the last century. The workshop was also designed to examine the challenges and opportunities when seeking to preserve, reinstate, or invent ritual and ceremony in tribal communities as a means to improve behavioral health.

The presenter provided a definition of 'wellbriety,' the history and cultural context for White Bison's 'Daughters of Tradition' and 'Firestarter' programs. The importance of acknowledging, respecting and integrating culture into Alcohol and Other Drugs

(AOD) issues, prevention, and treatment programs was emphasized.

Workshop #26: Project Venture: A Substance Abuse Prevention Model Program Effective in American Indian Communities

Presenter:

McClellan Hall, M. Ed., Executive Director, National Youth Leadership Project, Inc.

Moderator:

Terrie Qadura, MPH, North Carolina Department of Health & Human Services

This workshop provided a definition of Project Venture and specific guidance on funding, eligibility, and application procedures. Project Venture is a youth development and prevention model that provides group bonding and the introduction of concepts and values based on native teachings in a camp/wilderness experience. Recognized as a 'model prevention program,' Project Venture concentrates on middle school youth and a youth leadership development model.

It was noted that Project Venture needs to become more widely known throughout Indian Country as an alternative to the current and often ineffectual programming. Suggestions for making the program more accessible included funding 'train the trainer' efforts and supporting collaboration between local organizations, as well as state and federal educational agencies.

Workshop #27: Part 1, Forensic Cognitive Interviewing (FCI)

Presenter:

Col. Nancy Slicner, Ph.D., USAF-OSI

Moderator:

Kelly Middlebrook, Intern, IHS

A working definition of "Forensic Cognitive Interviewing" was provided, as well as a discussion of the history and evolution of FCI as a tool in behavioral health settings and the benefits of using FCI techniques over standard interviewing. Participants were able to role-play interview techniques and to discuss specific examples where FCI techniques were utilized within Native clinical settings.

While the participants indicated they learned valuable techniques and approaches and would seek out Dr. Slicner's services after the workshop, it was made clear that only victims and witnesses should be interviewed using FCI techniques.

Workshop #28: Meth 101: Part 3, Treatment Plan

Presenter:

Rhonda Stennerson, BS, LAC, Journey Recovery Program

Moderator:

Michele Muir, IHS

This workshop provided the participants with additional information designed to build upon information presented in Part 1 and Part 2 of this workshop. Participants discussed experiences and treatment challenges and were provided a list of resources.

Workshop #29: Domestic Violence Screening Tools Utilized in IHS Behavioral Health Programs

Presenters:

Denise Grenier, MSW, LISW, IHS, I.T. Support Center;
Rachel Locker, MD, IHS, Warm Springs Service Unit

Moderator:

Jackie Mercer, MA, Executive Director, NARA NW

Traditionally, domestic violence was not condoned in indigenous societies. However, historical trauma, substance abuse, and modern social conditions have contributed to increasing levels of intimate partner violence and domestic violence (IPV/DV) among Native people. The workshop examined intervention issues, federal legal reporting requirements, definitions, guidelines and safety issues, in regards to the use of screening tools. In particular, the presenters described lessons learned from the multi-disciplinary approach to prevention and intervention currently used within the IHS/ACF Domestic Violence Pilot Project.

Participants were also encouraged to ensure that their service unit, facility, or program is using the RPMS IPV/DV Screening Exam Code

and the GPRA + (CIRS – Clinical Indicator Reporting System) for domestic violence screening. The workshop provided the participants with increased awareness of available resources, let them know that they are making a difference, and provided information regarding the help available for victims of IPV/DV.

Workshop #30: Part 1, Alternative & Complementary Behavioral Health Care (AcuDetoX)

Presenters:

Michael Smith, MD, Lincoln Recovery Center

Moderator:

Darlene Steward, IHS

This workshop provided participants with an understanding of “Alternative and Complementary Behavioral Health Care” and the challenges and opportunities for integrating these approaches in AI/AN communities. The workshop examined the use of alternative approaches to mainstream health care in the area of alcohol and substance abuse prevention. In addition to being encouraged to improve their abilities to listen and balance spirit, the participants were introduced to the use of acupuncture and acupressure for detox treatment.

Workshop #31: Chronic Pain – Appropriate Use of Medications

Presenter:

Tony Dekker, MD, Associate Director, Ambulatory Care and Community Health, PIMC

Moderator:

Jon Perez, Ph.D., IHS

Participants received an introduction to chronic pain and data stating that the historic addiction to pain medication has been a recurring problem for patients living with chronic pain. The workshop examined strategies for the appropriate use of medications when working with patients suffering from chronic pain. The workshop also considered the circumstances within AI/AN communities that have contributed to the inappropriate use of pain medications.

Workshop #32: FASD Center for Excellence

Presenters:

Dan Dubovsky, FASD Specialist, SAMHSA, FASD Center for Excellence;

Candace Shelton, MS, Senior Native American Specialist, SAMHSA, FASD Center for Excellence

Moderator:

Patricia Getty, Ph.D., SAMHSA

This session introduced participants to the activities of the Fetal Alcohol Syndrome Disorder (FASD) Center for Excellence over the past two and one half years of its existence. Federal initiatives currently being undertaken by NIAAA, CDC, and SAMHSA were discussed, as well as the collaborative effort between HHS and Health Canada to address issues of FASD in Native communities in both countries.

The discussion in the workshop provided participants an opportunity to examine how FASD is often misdiagnosed as ADHD or oppositional disorder. The workshop also helped identify the needs of families and individuals affected by FASD. The minimal amount of funding currently available and lack of coordination between agencies working on FASD issues was highlighted and the need for improved services and collaboration was emphasized. The participants expressed significant interest in accessing technical assistance from the FASD Center, increasing tribal council awareness, and developing FASD programs. Requests were made to focus more on FASD at next year's conference (e.g., a plenary panel).

3.5 WORKSHOP ROUND FIVE: 3:30– 5:00 pm, Wednesday, June 9, 2004

Workshop #33: Part 2, Forensic Cognitive Interviewing (FCI)

Presenter:

Col. Nancy Slicner, Ph.D., USAF-OSI

Moderator:

Kelly Middlebrook

This workshop provided participants with an opportunity to build upon previous materials provided in Part 1 of the FCI workshop; expand upon the working definition of “Forensic Cognitive Interviewing;” and examine the techniques, approaches and step-by-step procedures for conducting FCI.

Workshop #34: HIV/AIDS

Presenters:

Victoria Cargill, MD, NIH;
Stan Holder, Acting Chief, Center for School Improvement,
BIA Office of Education

Moderator:

Ellie R. McCoy, SAMHSA

This workshop provided an overview of federal, state, and alternate resources available to address HIV/AIDS in Indian Country. Case examples of effective partnerships working in Indian Country were presented and contributed to a discussion of the challenges and opportunities for effective collaboration. The National Institute on Health's (NIH) mandate to fund research and not services was emphasized. Participants were also encouraged to review the agency's plan for HIV/AIDS research available in the annual report on the website (www.nih.gov/od/oar). A number of NIH funding opportunities were reviewed including the conference grant investigator, career development and training awards, minority research training and outreach program, and the tribal alcohol and drug infrastructure initiative.

The efforts of the Bureau of Indian Affairs' (BIA) school system to provide their students with accurate information on behavioral health issues were described. Particular reference was made to their MOU with the CDC to develop two training curricula (grades 1-4 and 4-8) and the utilization of 'train the trainers' approach with state agency and public school staff to support its dissemination and use.

Workshop #35: Traditional Healers

Presenters:

Mae Tallow, Blood Reserve, Alberta, Canada;
Herbert Jim, Seminole, Florida;
Harrison Jim, Sr., Navajo, New Mexico

Moderator:

Colleen GoodBear, MSW, LCSW, IHS

This workshop provided the participants with an intimate setting for traditional healers to share their stories on how they became healers. Each healer provided descriptive personal experiences and insight on how tribal spiritual teachings can heal a person's spirit. The workshop emphasized the need for more information on how to integrate diverse traditional practices and traditional healers within the treatment setting.

The healers were invited to work with several of the programs that were present. It was suggested that more elders and medicine people be included in the panels and workshops at the 2005 conference.

Workshop #36: Exemplary & Promising Programs Working in Our Communities

Presenters:

Ray Daw, Director, Na'nizhoozhi Center, Inc.;
Pamela Jumper Thurman, Ph.D., Tri Ethnic Center for
Prevention Research, Colorado State University

Moderator:

Don Maestas, New Mexico State Health

While there are many effective programs operating across the Nation, not all programs can be replicated in another community and achieve the same results. Community history, culture, and target populations are just a few of the factors that affect program success.

The presenters provided a working definition of 'exemplary' and examined current 'model' or 'exemplary' programs in Indian Country. Evaluation and cultural relevance were stressed as critical components in developing, maintaining, and replicating programs.

Workshop #37: Communities In Recovery Indians in Sobriety (SAMHSA)

Presenters:

Don Coyhis, President, White Bison, Inc.;

Clare Cory, Ph.D., RCSP Grantee, Program Manager

Moderator:

June Gertig, J.D., SAMHSA

The participants in this workshop examined the lessons the presenters have learned from the RCSP projects, their work with Pasqui Yacqui youth, and the 'Wellbriety' movement. The presenters noted the growing awareness of the importance of involving the entire community in the recovery process within AI/AN communities. The presentations emphasized collaboration and relationship building as a key strategy for the recovery movement.

Workshop #38: Treating Native People with Co-Morbid Disorders: Integrated Systems Approaches

Presenters:

R. Dale Walker, MD, Director, Center for American Indian Health, Oregon Health & Science University;

Paulette Running Wolf, Ph.D., Executive Director, First Nations Behavioral Health Association;

Mark Haines-Simeon, SAMHSA, Alaska, DBH

Moderator:

Carol Coley, MSW, SAMHSA

The participants in this workshop examined key issues involved in treating Native people with co-morbid disorders (e.g., diagnosis, prevention, treatment, medications, stigma, and barriers) and the approaches being utilized to address these issues. Additional information was provided on the work being done through the One Sky Center.

In order for collaboration to occur within all components of the system of care addressing co-morbid disorders, it will be necessary for all parties to work together to address barriers and silos. A communication plan is an essential element that needs to be in place as collaboration is being pursued.

Workshop #39: Part 2, Alternative & Complementary Behavioral Health Care (AcuDetox)

Presenter:

Michael Smith, MD, Lincoln Recovery Center

Moderator:

Jackie Mercer, MA, Executive Director NARA NW

This workshop provided a continuation of the discussions from Part 1 of this workshop. More in-depth information was shared on the application, beneficial effects, and advantages for using acupuncture in the treatment of hyperactivity and addictions to methamphetamine, cocaine, and tobacco. A number of the participants indicated that they were successfully using acupuncture within their programs.

Workshop #40: Working with individuals who are “Difficult to Treat:” Who Are They & What Can we do to Improve Outcomes?

Presenter:

Dan Dubovsky, FASD Specialist, SAMHSA, FASD Center for Excellence

Moderator:

Ramona Williams, MSW, IHS

This workshop was designed to provide participants with an understanding of the factors that affect successful treatment for ‘difficult to treat’ individuals. Techniques that professional and family care givers are using to increase positive outcomes for individuals and programs were also examined.

The workshop emphasized how misdiagnosis and changes in thinking can often affect treatment plans. Specific interventions that have provided successful treatment outcomes were also shared. The workshop created more awareness among care providers regarding reasonable expectations for individuals affected by FASD.

3.6 WORKSHOP ROUND SIX: 10:30 am – 12:00 pm, Thursday, June 10, 2004

Workshop #41: Overdose of Prescribed Medications; Buprenorphine for Opioid Dependence

Presenter:

Tony Dekker, MD, Associate Director, Ambulatory Care and
Community Health, PIMC

Moderator:

Jon Perez, Ph.D., IHS

The workshop presenter provided the participants with an understanding of opioid dependence and the extent of prescription medication overdose in AI/AN communities. The challenges and opportunities for developing behavioral health strategies to prevent or intervene in prescription medication overdose were also discussed.

Workshop #42: Part 1, Neurofeedback in Treatment of Mood Disorders

Presenter:

Russell W. Bone, MSW, LCSW, Neuro-Heath Center

Moderator:

Ed Brownshield, Program Director, Spirit Lake Recovery
Center

Mood Disorders are a common diagnosis in Indian Country which challenge clinicians. This workshop provided participants a basic understanding of mood disorders and how neurofeedback can be coupled with treatment (e.g., drug addiction and eating disorders) to enhance the process of recovery. In discussing the specific implications of these issues for AI/AN individuals and communities, the need for further Native-based and age group specific studies was noted.

Workshop #43: Native Youth Issues: In Their Own Voices

Presenters:

Marvin Paddock, Friendship House Youth Program;
Alexis McBride, Friendship House Youth Program;
Michele Herrera, MA, Native American Health Center;
Eudora Montez, Native American Health Center;
JR Cook, UNITY;
Gabriel Jackson, UNITY

Moderator:

Edward Moreno, Native American Health Center

The participants in this workshop heard from an international group of presenters, representing diverse settings, on their efforts to address the challenges of substance abuse facing youth in Native communities. Youth panelists shared their experiences and insights and stressed the importance of strengthening youth cultural identity, community involvement, environmental awareness, and healthy life-styles.

The presenters emphasized the importance of working together to end the historic and the recurring tragic and devastating affects that drugs and alcohol continue to have on the lives of Native youth today. There was indication that youth organizations such as UNITY would be collaborating with youth organizations in Canada in the near future.

Workshop #44: Clinical Nutrition & ADHD Disorders

Presenter:

Thomas Kruzel, ND, Scottsdale Natural Medicine & Healing
Clinic

Moderator:

Kelly Middlebrook

This workshop provided participants with a focused discussion of Attention Deficiency Hyperactivity Disorder (ADHD) Disorders and the issues involved in the use of clinical nutrition within behavioral health treatment. A definition of ADHD was provided and problems associated with ADHD and its diagnosis among children and adults were addressed. Causes of ADHD relating to nutrition and brain chemistry were also presented.

The participants indicated that in addition to technical knowledge, there was a need for additional practical information and strategies. This information would be useful in assisting communities with limited resources to support the necessary dietary and nutritional changes required to respond to and treat ADHD.

Workshop #45: Community Response to Alcohol & Other Drugs Prevention – Aftercare

Presenters:

Serena Juste, ICADC, Salt River BH Program;
Dana Kisto, ICADC, Salt River BH Program

Moderator:

Patricia Getty, Ph.D., SAMHSA

The workshop presented the participants with an overview of the community-based model for prevention and aftercare currently used by the Salt-River Indian Community Alcohol/Substance Abuse Program. The model involves a three-step process that includes assessments, individual outpatient plan (IOP), and aftercare. The workshop also developed the participants' awareness of the challenges of involving Native people in aftercare programs.

Workshop #46: QPR (Question, Persuade and Refer) Training for Suicide Prevention

Presenters:

Kira LeCompte, MS, IHS, Aberdeen Area Office;
Tamara Clay, MSW, LISW, IHS

Moderator:

Jackie Mercer, MA, Executive Director NARA NW

The presenters introduced the QPR model and the challenges and opportunities for its application to suicide prevention in AI/AN communities. Participants were also provided an overview of suicide patterns and suicidal behavior in AI/AN communities.

QPR is specifically designed as a citizen outreach action and trains citizen 'gatekeepers' who are most likely to be in a position to identify and refer people who are suicidal (ideation phase). QPR is designed to increase the confidence and competence of 'gatekeepers' and 'first responders' in making referrals. The process also contributes to an increased knowledge of available community resources and how to access them.

Workshop #47: Cultural Considerations in Intervention and Treatment

Presenters:

Candace Shelton, FASD National Center for Excellence;
Diane (Dede) Yazzie-Devine, MBA, NAC, Inc.;
Wayne Mitchell, Ph.D., Private Consultant

Moderator:

Ellie R. McCoy, SAMHSA

The workshop presenters engaged the participants in a discussion of the cultural considerations for working with underserved cultural groups/populations in Native communities.

The workshop identified a number of issues affecting the treatment environment for gay, lesbian, and deaf populations within the Native community. The workshop addressed how cultural contexts creates different meanings, major treatment issues in differentiating between a same sex experience and being a homosexual or lesbian, treatment issues in identifying where the individual sense of self is on a shifting continuum (comparison – tolerance – acceptance – pride – synthesis) understanding how the individual is perceived by their family, diversity within the deaf community, emergence of organizations that are 'the voice of deaf people' (www.deafnative.com, Intertribal Deaf Council), and how community-based programs and collaborations have proven to be the most effective approaches.

Workshop #48: Viral Hepatitis and Substance Abuse: What Puts Injection Drug Use and Alcohol Abuse Clients at Risk?

Presenter:

Cecile Town, MPH, IHS, National Epidemiology Program, Viral Hepatitis Prevention Coordinator

Moderator:

Terrie Qadura, MPH, North Carolina DHHS

This workshop provided an overview of Hepatitis C infection in AI/AN populations. Strategies to prevent or intervene in Hepatitis C infection in Indian Country and the implementation challenges involved were discussed.

Participants were also made aware of the pervasiveness of Hepatitis C infection and the risk factors that promote its progression and severity, especially when it is contracted in conjunction with Hepatitis B or HIV. The need for CDC and tribes to work more closely to address Hepatitis C as a major public health problem was emphasized.

WORKSHOP ROUND SEVEN: 1:30 pm – 3:00 pm, Thursday, June 10, 2004

3.7 Workshop #49: Leadership – Government to Government, Kansas State & Tribal Government

Presenters:

Newman Washington, Director, Hunter Health Clinic;
Charles Bartlett, MSW, Policy & Project Coordinator, Kansas
Dept. of Social Rehabilitation

Moderator:

Hector Maldonado, KAI Research Assistant

Workshop presenters provided participants with a model of state/tribal government-to-government relationship from the perspective of the involved tribes and state government agencies. Establishing an effective collaboration in the context of an ongoing government-to-government relationship requires the development of a shared mission, goals, and collaboration strategies.

Successful collaborations between states and tribes are possible if both parties can listen and respect each other and remain committed to those shared goals and objectives. Participants were engaged in a discussion of how to apply the lessons learned in Kansas to their own tribal and state agencies. It was suggested that the IHS, tribes, urban programs, and states develop an MOU to increase collaborations.

Workshop #50: Addressing Substance Abuse Among the Disabled: Stigma and Discrimination

Presenter:

John De Miranda, M.Ed., Executive Director, National
Association on Alcohol, Drugs, and Disabilities

Moderator:
Gayle I. Saunders, SAMHSA

The workshop introduced the participants to research findings and effective practice strategies for addressing substance abuse among Native Americans with disabilities. Topics discussed related to the commonalities between the disability and alcohol field in terms of public perception, medical/social rehabilitation approaches, spiritual regeneration, and stigma.

Issues around health screening assessments for functional limitations, such as hearing and mobility, were discussed, as well as hidden conditions and the different screening approaches available. Significant resource materials (i.e., CSAT TIPS #29) and contacts were provided. The presenter also encouraged participants to include the American Disability Act (ADA) certification as part of the certification requirements for grants and contracts.

Workshop #51: Te Tiriti o Waitangi and the Expression of Its Relevance in Government Policies and Practices in Contemporary New Zealand Society

Presenter:
Louisa Wall, M. Phil., Kaiwhakahaere Rangahau Hauora,
Manager, Maori Health Research

Moderator:
Jon Perez, Ph.D., IHS

This workshop provided the participants with an awareness of the Te Tiriti o Waitangi and its relevance in government policies and practices in contemporary New Zealand society. Given the context of the Crown recognition of the injustices of government legislation perpetuated on the Tangata Whenua, Maori, Indigenous Peoples of Aotearoa, the Crown, since 1999, required all Crown entities to display in their policies and procedures how they are being responsive to the needs and aspirations of the Maori. Te Tiriti o Waitangi was described as an example of a treaty partnership being put into practice.

Workshop #52: Inuit Youth Addressing Suicide in Their Own World

Presenters:

Looee Okalik, Inuit Tapiriit Kanatami;
Franco Buscemi, Inuit Tapiriit Kanatami;
Tunu Narpantuk, Inuit Tapiriit Kanatami

Moderator:

Michele Bourque, Health Canada

This workshop provided an awareness of the social and physical challenges that geographic remoteness creates for Inuit youth who want to engage in and provide intervention services. The Inuit youth panelists shared information on the high incidence rates of Inuit youth suicide and their views on potential causes (e.g., torn between two worlds, generation gap, drug/alcohol use, and relationship breakups).

In an effort to find solutions, the Inuit youth developed a National Inuit Youth Suicide Prevention Framework, which defines suicide from an Inuit perspective and promotes youth ownership of the framework and the solutions.

Workshop #53: Part 2 - Neurofeedback in Treatment of Mood Disorders

Presenter:

Russell W. Bone, MSW, LCSW, Neuro-Heath Center

Moderator:

Jackie Mercer, MA, Executive Director NARA NW

Mood disorders are a common diagnosis in Indian Country that clinicians are continually challenged to address. Utilizing a 'real life' example of neurofeedback, this workshop provided the participants with an understanding of the process and challenges for therapy utilized in addressing mood disorders.

Workshop #54: Understanding the Elderly and Finding Common Ground

Presenter:

George Samayoa, MD, LCLPC, CAS, DFC, SAMHSA

Moderator:

Frank Canizales, MSW, IHS

This workshop opened the door for the participants to examine issues among AI/AN elders. Elders from all cultures are often overlooked by service providers and as a result suffer from alcohol and/or substance abuse, prescription drug abuse, sexually transmitted diseases, and misdiagnosis in medical settings. In many cases, elders are further victimized by the substance abuse of extended family members and disrespect from individuals and groups, such as gangs, in the community.

In order to respond to the lack of data and programs and resources available for the elderly, physicians, helping professionals, government policy makers and tribal leaders need to be provided more information and undertake efforts to ensure that the elderly are provided access to available programs.

Workshop #55: Bureau of Indian Affairs Panel

Presenters:

Velma Mason, Ph.D., Chief, DASA, Tribal Services, BIA, DOI;
Steve Juneau, District 3 Commander;
Stan Holder, Acting Chief, Center for School Improvement,
BIA Office of Education;
Saundra Johnson, Prevention Specialist, BIA

A panel of experts, representing various departments, engaged in a discussion of alcohol and drug related data, prevention services, and the Model Regional Programs operated by the BIA. The BIA departments represented include the Department of Alcohol and Substance Abuse (DASA), Prevention, Office of Indian Education, and Tribal Services.

The presenters noted that while BIA is focused on prevention, it is changing its approach and has begun to encourage tribes to take the initiative and include a leadership role in Tribal Action Plans (TAP) addressing AOD issues. The workshop emphasized that federal agencies are giving tribes greater say in program development, implementation, and service delivery. The BIA's work with the Riverside School Prevention Program and the Federal Interagency Work Group were reviewed.



4 State Roundtable Discussions

Developing State, Tribal, and Urban Collaboration and Cross Cutting Recommendations:

On two occasions during the conference, State Roundtable Sessions were convened to provide state, tribal, and urban participants an opportunity to participate in self-guided discussions on collaboration issues. Participants in these discussions were provided a copy of the report on the “State Discussion Groups” which convened at the 2003 ‘Building Partnerships’ conference. The section of the 2003 report (pages 31-35), provided the major themes emerging in the areas of effective collaboration, new resources identified at the conference, specific follow-up ideas, and other recommendations that were brought forth.

Participants were also provided a brief worksheet to encourage dialogue that would support the expansion of existing, and the development of, new collaborations and partnerships at the state, tribal, and urban levels. The worksheet for the initial session on Tuesday, June 8, 2004 posed the following questions:

1. Can you identify what we have done together so far?
 - a) What is the process?
 - b) Who are we working with?
2. Can you identify any barriers to ongoing collaboration?

The workshop for the second session on Thursday, June 10, 2004 posed the following question:

1. What are the practical steps to continue collaboration and partnership?
 - a) what mechanisms can we use to communicate?

The conference design anticipated that the states would be combined into three groupings with each group being co-facilitated by two designated resource persons: one from the prevention field and one from the treatment field. Once they convened, however, many of the delegations met in state specific discussion sessions. State Roundtable Session Worksheets were returned from 19 states in total. Worksheets were returned by the following states:

Alaska	California	Colorado	Florida
Kansas	Louisiana	Mississippi	Michigan
Minnesota	Montana	New Hampshire	New Mexico
N. Carolina	N. Dakota	Oklahoma	Oregon
Washington	Wisconsin	Wyoming	

The participants from the state roundtable discussions hope that as a result of the conversations, the relationships that have been established and the ideas that have been explored will be implemented at the state, tribal, and urban level. Since the worksheet forms were not mandatory to turn in, this section focuses on the themes emerging from the returned worksheets, rather than the specific agreements and actions that are being contemplated in each respective state.

In summary, the worksheets indicate that while the degree of collaboration varies across the country, there remains many promising collaborative efforts currently in place. The report indicates that the participants who are engaged in emerging partnerships come from a variety of groups, including all levels of government, specific programs, educational institutes, private sector corporations, nonprofit agencies and organizations, and include a growing number of representatives from other societal sectors (e.g., prevention and treatment, health and social programs, justice system, and law).

The barriers that were noted are common throughout Indian Country include the lack of funding, the availability of skilled human resources, legislative and policy limitations, and issues of trust and communication. These ongoing and emerging collaborations, as well as the identified barriers, are creating the context for further collaborative efforts. Some of the practical efforts that are being pursued encompass the following:

- * Building initial collaborations to improve relationships between and among states, tribes, urban programs, and communities;
- * Working collaboratively to maximize opportunities and benefits within the current political and legislative environment; and

- * Advocating collectively to create change in the social, political, legislative, and policy environment, in a way that reduces barriers and creates greater impact in the lives of AI/AN.



5 Conclusion

***“The fabric of who we are as healers is strong.”
- Jon Perez***

Dr. Jon Perez concluded the conference by noting that approximately 400 people had participated in the pre-conference and conference activities over the course of five days. Noting that tribal self-governance was less than 30 years old (1978), he stressed the ongoing process of collaboration which continues to evolve through various challenges and is beginning to turn the “transformative” corner.

In conclusion, he announced that the planning committee would begin the work of preparing for a follow-up conference next year during the week of June 20-24, 2005.



6 Appendices

- A. Conference Agenda
- B. Conference List of Participants
- C. Conference Evaluation Summary
- D. Continuing Education Summary