

Nokomis Endaad: Successful Urban/Tribal Partnership in Co- Occurring Disorder Treatment for Native Women

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House Keeping

Please be sure to sign-in & out on the sign-in sheets located near the entrance to this room.

Please complete the evaluation at the end of this presentation.

For more information on Continuing Education Units (CEUs), please visit the Registration desk.



Comfort Room

To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.

If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.



Partnerships

This presentation highlights the vital importance of collaborative partnerships between tribal and urban Indian agencies for the maximum benefit of all Indian people, regardless of where they reside.

References:

1. Pierce, A. (2009). *Shattered Hearts: the commercial sexual exploitation of American Indian women and girls in Minnesota*. Minneapolis: Minnesota Indian Women's Resource Center.
2. Yellow Horse Brave Heart, M. (2003). *The historical trauma response among Natives and its relationship with substance abuse*. A Lakota illustration. *Journal of Psychoactive Drugs*, 35 (1), 7 – 13.
3. Amnesty International, *Maze of Injustice*. At <http://www.amnestyusa.org/pdfs/MazeOfInjustice.pdf>
4. Pierce, A. and Koeplinger, S. (2011). *New Language, old problem: Sex trafficking of American Indian women and children*. VAWnet.org National Online Resource Center for Violence Against Women. http://www.vawnet.org/Assoc_Files_VAWnet/AR_NativeSexTrafficking.pdf

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3. Duran, E., Firehammer, J., Gonzalez, J., *Liberation Psychology as the Path Toward Healing Cultural Soul Wounds*. Journal of Counseling and Development, Summer, 2008.Vol. 86.
4. Report of the Federal Partners Committee on Women and Trauma: A Federal Intergovernmental Partnership on Mental Health Transformation. *A Working Document*. June, 2011.
5. Walters, K.L., and Simoni, J.M., *Reconceptualizing Native Women's Health: An "Indigenist" Stress-coping Model*. American Journal of Public Health: April 2002, Vo. 92, No. 4, pp.520-524.



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Crisis Hotline Numbers

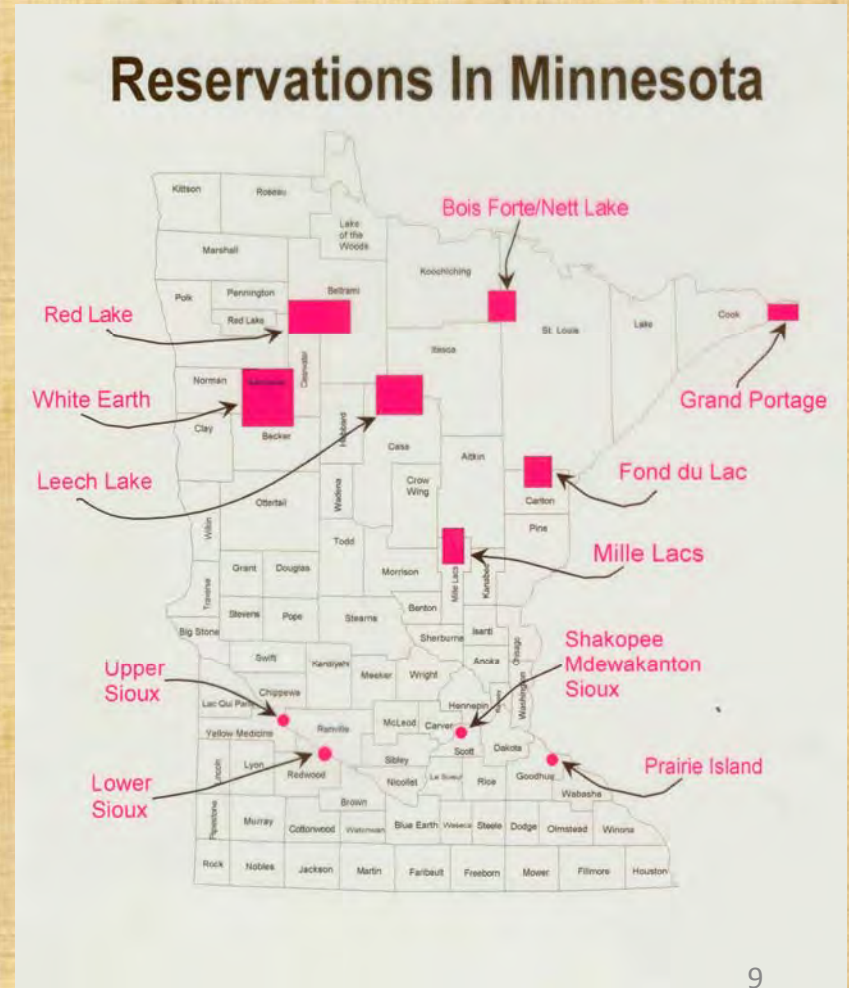
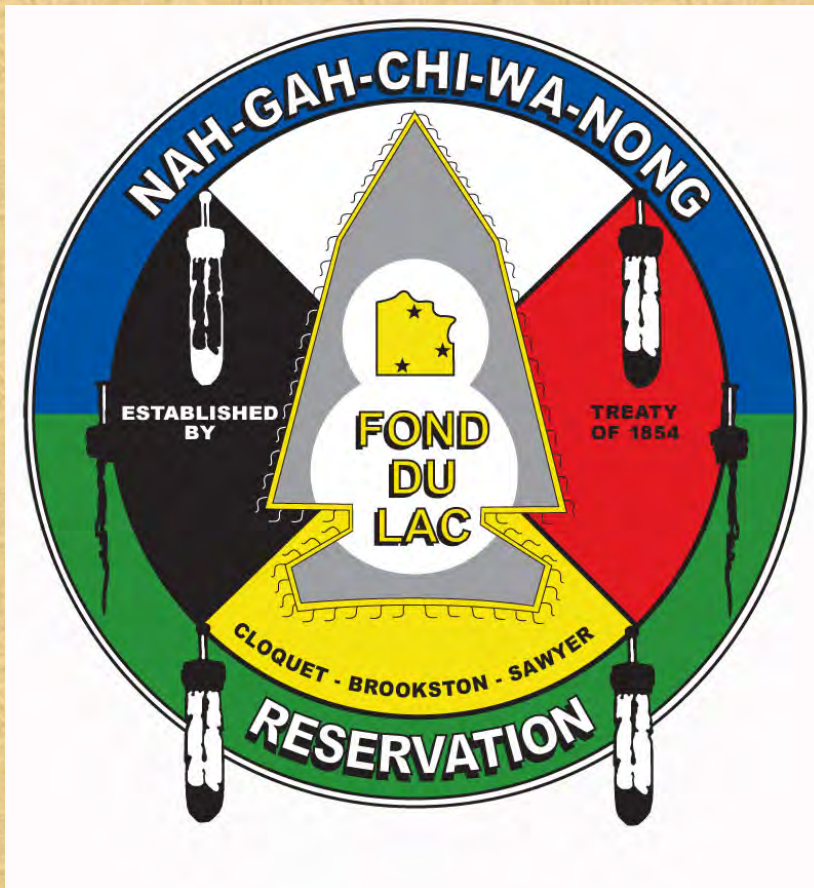
Suicide Prevention Lifeline Number:
1-800-273-TALK (8255)

National Domestic Violence Hotline:
1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:
1-800-4-A-CHILD

Sexual Assault Hotline:
1-800-262-9800

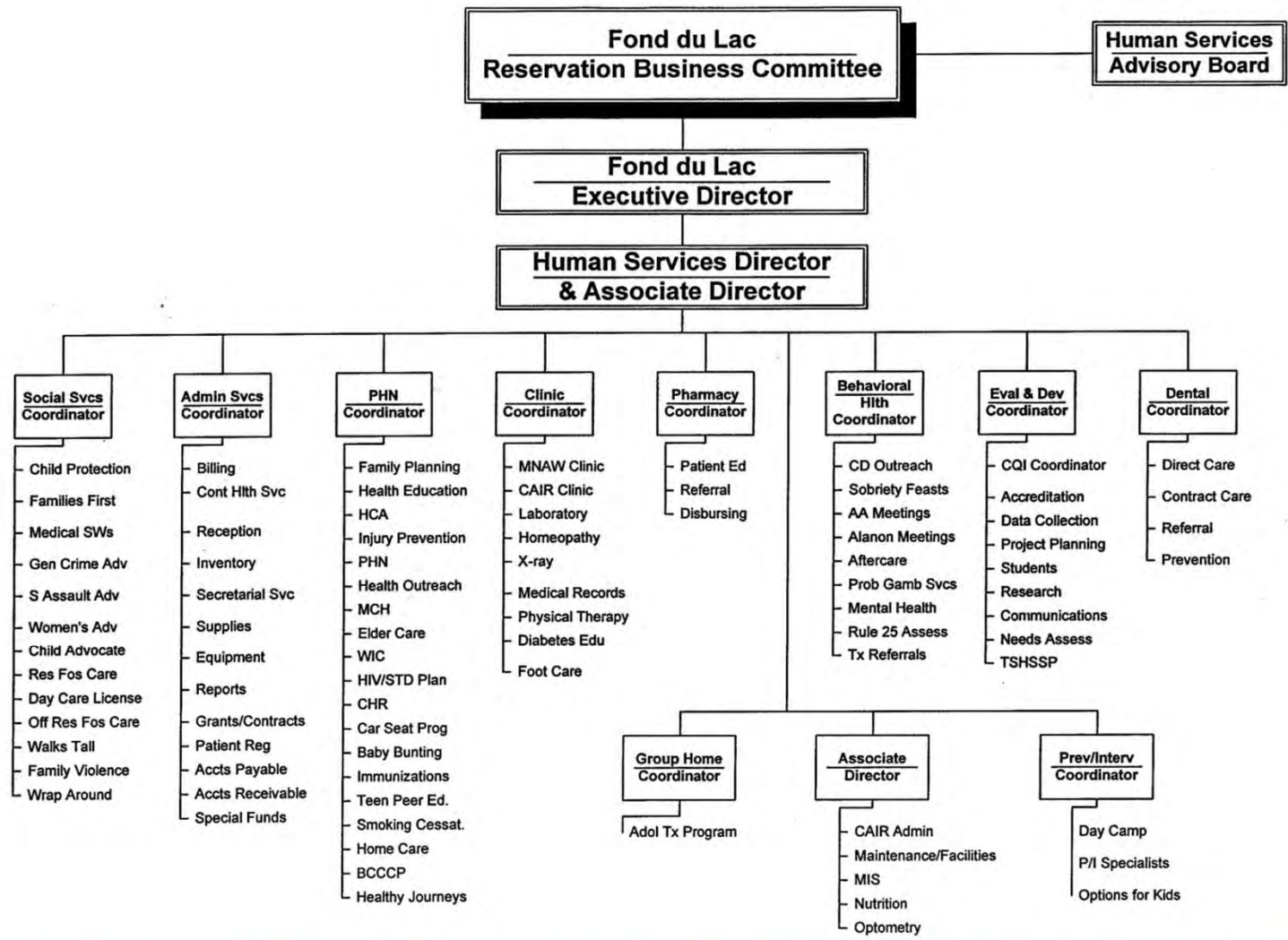
Fond du Lac Band of Lake Superior Chippewa







The mission of the Fond du Lac Human Services Division is to elevate the health and social well-being of Indian people living in the service area through the provision of services, research, education and employment opportunities.



Approved 2/00 by RBC



Partnership

Purpose of Partnership: to increase access to chemical dependency treatment and mental health therapy for American Indians residing in the Metro area.

1. Locate a competent partner with:

- A good reputation,
- Extensive expertise with chemical, mental health, and community outreach,
- Must hold a current license,
- Practices Native American traditions,
- A focus on American Indian services and needs

Negotiate a Contract

- Indian Health Service authorization to provide services outside its service area.
- All contracts approved by the FDL R.B.C.
- Terms of the contract
 - Lease agreement,
 - Requests to I.H.S. and C.M.S. recognition of a 638 facility,
 - C.M.S. notified State of 638 status.

AIR Reimbursement

- The reimbursement rate for all MA eligible clients is substantially higher when a facility has the I.H.S. 638 Status.

PMAP

- 638 facilities bypass the PMAP's for clients that are MA eligible and are able to bill the state directly for C.D. and M.H. services.



Managed Care

- CCDTF (Consolidated Chemical Dependency Treatment Fund) and the county that the client resides in are the mediators and authorizers for CD state funding.
- Mental Health billing does not have to get authorization from the county or state when services are being provided.

Potential Problems:

- C.D. billing is complicated because of the county involvement in the CCDTF,
- CPA Payment Authorization,
- Changes in state rate and/or regulation issue,
- Partner misunderstanding of who does what, why, share, necessary audits.



Nokomis Endaad-Shki Bimaadzi Mikaana

(Grandmother's House-Road to New Life)

A Culturally Intrinsic Intensive Outpatient
Program for
Native Women

A program of the Minnesota Indian Women's
Resource Center (MIWRC)

MIWRC overview

Mission: to empower American Indian women and families to exercise their cultural values and integrity, and achieve sustainable life-ways, while advocating for justice and equity.

- 28 year old multi-service provider based in Minneapolis.

www.miwrc.org

Holistic Services

- Family Stabilization: ICWA, Life Skills Parenting, Family Assessment, Supportive Housing, Emergency Shelter, Family Homeless Prevention and Assistance Program.
- Sacred Journey: Healing Journey, Oshkinigiikwe, Sexual Assault Advocate, Anti-Trafficking Initiative.
- Cherish the Children Learning Center: Accredited early learning program, infant – preschool.
- Learning Center: ATOD prevention program, lending library, training and resource center, community internet access.
- Nokomis Endaad.



Gifts from the Sacred Circle

- Native Traditional Parenting curriculum for families when fetal alcohol spectrum disorders may be present
- Wide applicability
- Field tests showed 100% sobriety at some sites
- Available through Hazelden at 1-800-328-9000

Shattered Hearts

- 2009 research analyzing the scope of sexual exploitation of American Indian women and girls.
- First research in the country on this issue.
- Findings include 63% of intake in select MIWRC programs were victims of sex trafficking.
- Report available at www.miwrc.org



Purpose of Nokomis Endaad

The purpose of Nokomis Endaad is to provide culturally intrinsic healing within the treatment experience for American Indian women who are challenged by chemical dependency, mental health, sexual trauma and cultural co-occurring disorders (loss of culture, identity, language, family roles and grief, shame).



Brief History of the Program

- Nokomis Endaad was the dream of two elders.
- Seven years of planning and research, including appropriations from Congress.
- Business plan was integral.
- Fond du Lac partnership presented unique sustainability plan.
- Start up funds secured from the State of Minnesota.

The Need for Culturally Intrinsic & MI/CD Sexual Trauma Healing for Native Women

Sexual violence against Native women is a human rights violation in this country (Amnesty International).

Department of Justice estimates 70% of sexual assaults against Native women are unreported.

Historic trauma/generational trauma impact results in higher trauma passed inter-generationally.



Need for the program

The connection of substance abuse and mental health issues with the occurrence of trauma resulting from the experience of sexual violence is powerful and destructive.

Research indicates that there is “overwhelming evidence that victims of sexual assault and rape are much more likely to use alcohol and other drugs to cope with their trauma.” (Research and Advocacy Digest, 2005).



Literature Review

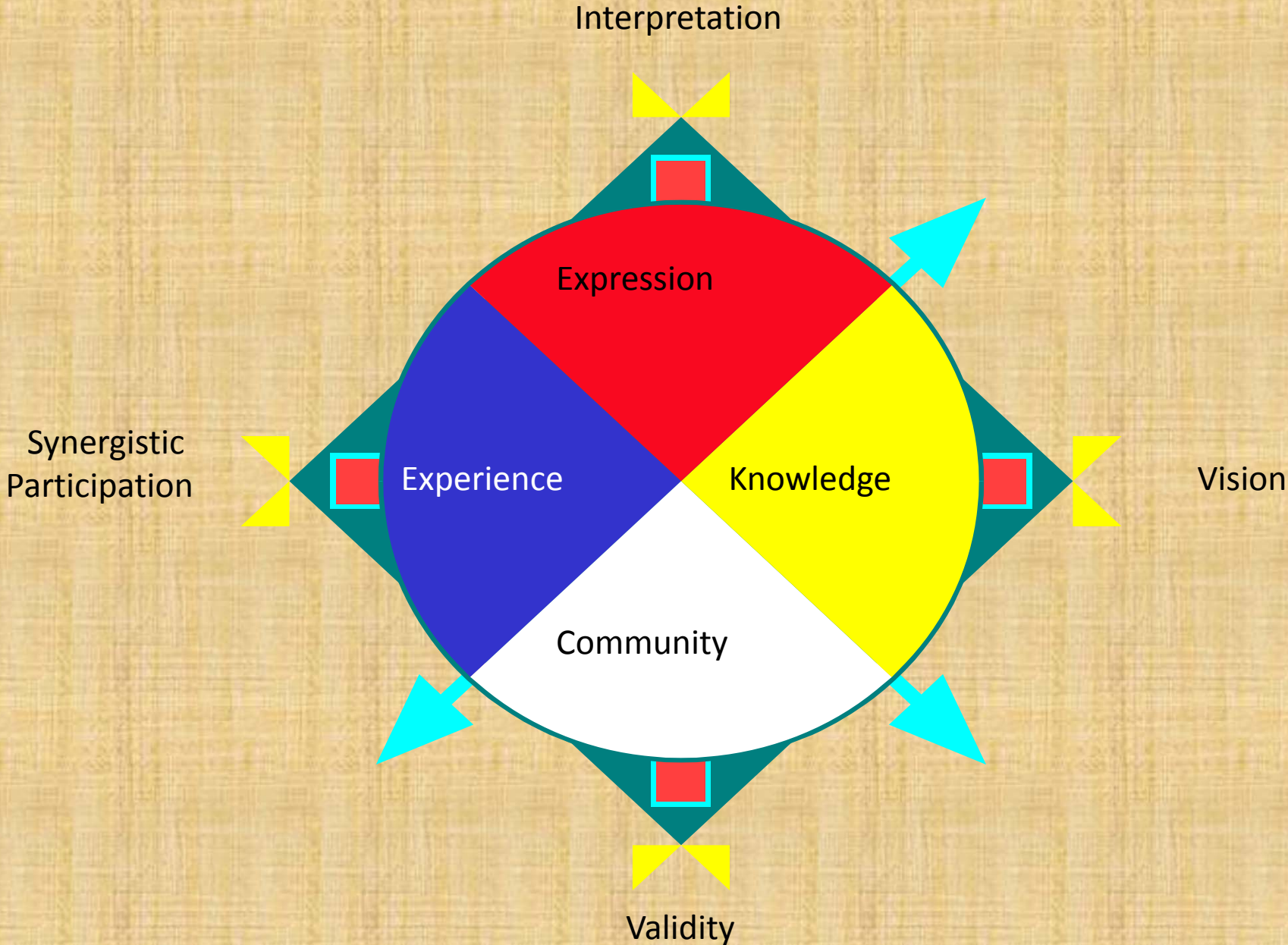
- Extensive literature review was conducted in planning Nokomis Endaad.
- Focus groups held on three reservations and one urban Indian site.
- Significant relationships between sexual trauma and co-occurring disorders.
- Best practices vs. evidence based practices.



Important Elements of HTR Theory

- Intergenerational transmission: psychological transfer of trauma response across generations
- Process of colonization and varying degrees of assimilation have resulted in “altered states of self” (identity) as Indigenous persons and dis-attachment from traditional values, worldviews and ways of being in the world
- Nokomis Endaad is a response to the need for healing from historical trauma

Medicine Wheel Culturally Intrinsic Research Paradigm Model





Program Design: Intensive Outpatient Plus

Utilizes principles and elements of recovery-oriented systems of care:

- Person centered
- Strength-based
- Culturally responsive
- Family involvement
- Individualized and comprehensive services across lifespan
- Partner-consultant relationships
- Commitment to peer recovery support services

Program Design

- Responsive to personal belief systems
- Continuity of care
- System wide education and training
- Integrated services
- Systems anchored in the community
- Ongoing monitoring and outreach
- Outcomes driven
- Research based
- Adequately and flexibly financed

Assessment Tools

- Utilizes state, standard and culturally meaningful assessment tools and processes to assess clients for co-occurring substance abuse/dependency, mental health disorders, sexual trauma, and cultural co-occurring disorders, to develop appropriate and comprehensive treatment plans and healing approaches that are individualized for each woman.

Includes:

- Culturally Specific Sexual Trauma Experience Assessment Tool
- American Indian Traditional Family Roles Assessment Tool



Program Implementation Approach

- Program is 17 weeks in duration, followed by up to 18 months (as needed) recovery support and services coordination

Phase I: Intensive 8 week program

Client receives 25 hours of treatment weekly

Phase II: Step-down program of 9 weeks

Client receives 16 hours of treatment weekly



Recovery Maintenance & Service Coordination

Client receives 4 hours weekly of case management, support groups and relapse prevention education

Throughout all phases of treatment and recovery, the client will have access to wrap-around basic needs and supportive services to ensure their needs are being met and that the best opportunities for a successful and lasting recovery are available to them.

Program Components

Culturally focused and culturally meaningful treatment will be in group and individual contexts:

- Native and non-Native therapeutic experiences
- Alcohol/Substance Abuse Education
- Life Skills Education
- Physical Activity
- Family and Support System Involvement



Client Centered Individual Treatment Plans

Prioritize healing methods from Native culture and spirituality practices based on client's preference, strengths and needs

- Tribe specific ceremonies for healing, sweat lodges, naming ceremonies, traditional women's teachings
- Traditional food ways
- Traditional art therapy
- Traditional ways of releasing anger, grief, trauma
- Safe touch massage




Goals and Outcomes

Strategy/Goal 1: increase sobriety rates for chemically dependent American Indian women.

- December 2011 – February 2012 28 women screened. 100% received CD/MI/sexual trauma assessment, all were eligible for admission to Nokomis Endaad.
- 93% began Phase I: 31% successfully completed Phase I. Drop out/discharge factors include medical instability, homelessness, non-attendance and/or non-compliance.

Outcomes

- Of those successfully completing Phase I, 100% were successful in completing Phase II and III.
- Long term: Of those successfully completing Phase II, 100% had 90 days sobriety on follow up (average 135 days).
- Those completing Phase III have at least 4 months sobriety on follow up (average 249 days).



Continuous Improvement & Lessons Learned

- Currently: addressing the need for housing, childcare, and transportation.
- Will add one .5 LADC this summer.
- *Managing Emotions* group begun this spring.
- Billing is smooth – requires strong communication.
- Mutual respect for each partner, willingness to problem solve as needed.

Questions?

