

Behavioral Health Annual Report

“Nog-da-win-da meg “Taking Care of One Another”

The purpose of the Saginaw Chippewa Indian Tribe Behavioral Health is to provide comprehensive, individualized, and holistic outpatient treatment in mental health and substance abuse services to Native Americans encompassed in the designated service areas. A cultural and sensitive approach shall be taken in the delivery of counseling, outreach, crisis intervention, administrative services, prevention measures, evaluation, and planning for the appropriate mental health and substance abuse services and referrals to the clients served.



2022

Service Features

Prevention — We define prevention as a proactive process, which empowers community members, community families and community systems to meet the challenge of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles..

Residential Treatment Center — Is a twelve bed inpatient substance abuse facility that provides services to eligible men and women, and is aimed at reducing personal, family, social, physical, emotional, and spiritual distress in conjunction with substance treatment.

Nami Migizi Nangwiihgan — Provides individualized services to victims/survivors of domestic violence, sexual assault, dating violence, and stalking, which includes case management, shelter, counseling, education groups, and outreach programs. We are dedicated to providing resources safely and advocacy to ensure the physical, mental, spiritual and emotional well-being of families victimized by violence.

Clinical Services — The outpatient program strives to meet the needs of the Saginaw Chippewa Indian Tribe community through the delivery of integrated services, such as; individual counseling, family counseling, intensive outpatient group counseling, and other groups that are guided by the ideals and principals that are reflective of the Anishinabek values and beliefs.

Business Services — Supports administrative efforts through quality improvement and assurance, fiscal oversight of programs and grants, as well as assists to develop, maintain and enhance services through program development such as the Access to Recovery program.



Behavior Health Prevention

2012 Annual Report

Meet the Prevention Team

Jen Crawford, MSA, CPC-M
Prevention Coordinator

Consuelo Gonzalez
Prevention Specialist

Mary Heintzelman, CPS-M
Prevention Specialist

John Johnson, CPC-M
Prevention Specialist



“Culture is Prevention”

Fiscal Year 2012 was a busy and successful year for the Behavioral Health Prevention Team. Throughout the year the team made contact with a total of 7,290 people through participation and implementation of numerous sober, family-friendly community events. The team’s motto “Culture is Prevention” was evident in every program or activity that was planned whether it was through traditional language, teachings, foods, crafts, medicines or all of the above. Intertwining culture and mainstream prevention strategies, while promoting the Seven Grandfather Teachings, the team continues to work towards a healthy, drug-free community!

2012 Programs/Activities

Education

- ◆ Elders ATOD Prevention Education Bingo (Monthly)
- ◆ Behavioral Health Family Dinners (Monthly)
- ◆ Public School Lunch Groups
- ◆ Red Cliff Prevention Program (SCA and Fancher)
- ◆ Niibin Summer Program
- ◆ Parks and Recreation After School Program

Life Skills Education

- ◆ Daughters of Tradition (I & II)
- ◆ Girls on the Run
- ◆ Youth Sports Coaching

Community Events/Activities

- ◆ Nimkee Health Fair Booth
- ◆ Youth Task Force Events
- ◆ American Indian Sobriety Movement Events
- ◆ Spring Day Camp (2 day camp for 5-9 year olds)
- ◆ Girls on the Run of Central Michigan Program Coordination
- ◆ Summer Youth Program Coordination
- ◆ Saganing Health Fair
- ◆ At-Large Expo

Committees/Task Force Participation

- ◆ Youth Task Force
- ◆ Tobacco Coalition
- ◆ American Indian Sobriety Movement
- ◆ BH Safety Team
- ◆ Arenac County Underage Drinking Coalition
- ◆ MIIBS Advisory Group
- ◆ Isabella County Substance Abuse Coalition

In the Works For 2013

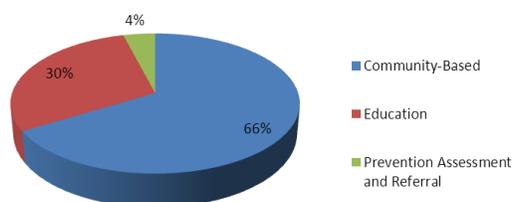
- * Youth Leadership Camp
- * Energy Drink Initiatives
- * Youth Survey
- * Sons of Tradition



Cultural Activities

- ◆ Full Moon Ceremony
- ◆ Sweats
- ◆ Men’s and Women’s Retreat
- ◆ Fasting Camp

Prevention Units by Strategy FY12



Residential Treatment Center

2012 Annual Report

Recovery is a Process According to the Merriam Webster Dictionary, **Recovery** is defined as the process of combating a disorder (as alcoholism) or a real or perceived problem

Meet the RTC Team

Support Staff

Duane Pelcher-Support Tech
LeeAnn Price-Fortino-Support Tech
Kim Hinmon-Support Tech
Theresa White-Support Tech
Henry Shaw-Support Tech
Josh Hudson-Support Tech
Anthony Quiroga-Support Tech
Kevin Warmbier-Dietary Lead Cook

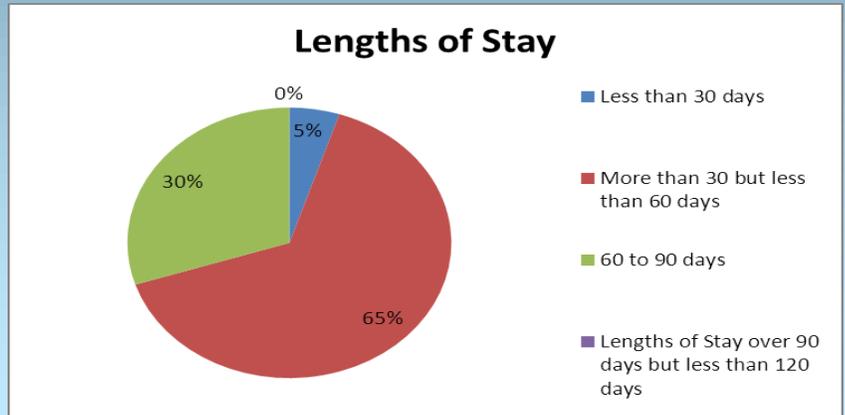
Clinical Staff

Sarah Winchell, BS, ADS-Case Manager
Phillip Millerov, LLPC, ADS-Clinical Therapist
Robert Storrer, CADC, ADS-R-Substance Abuse Counselor

Coordinator

Gwen Alwood, LMSW, CAADC-Residential Treatment Coordinator

“Recovery is a Process”

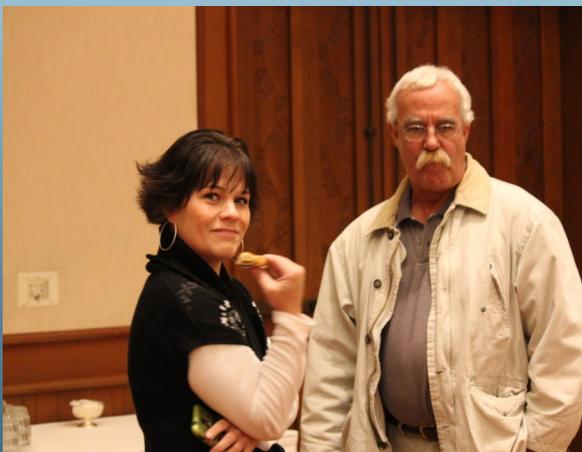


In order to support and assist in the recovery process, the Residential Treatment team looks to the whole person-spiritually, physically, emotionally and mentally. They recognize that each person is unique and is molded by a series of personal events and circumstances that had led them to enter the doors of the facility.

In addition to personalized treatment plans, general programming is provided to ensure that exposure to a variety of new ideas and opportunities are available and each is encouraged to continue to seek out services provided by our community partners. Each of these groups and individuals provide valuable support and guidance to assist people who are seeking new opportunities as they enter recovery and clients in the program are reminded continually that recovery cannot happen in isolation or without support.

This year has been one of amazing growth and challenge. 65 Anishinabek were served in the Residential Treatment Center, indicating that there are still people dedicated to seeking help to achieve recovery. Some have been highly successful and others have left with a seed planted and hopes that they will again seek support and guidance to continue the process.

Unfortunately, we have continued to see increasing use in the community at ever more dangerous levels and with substances of great consequence being used at ever younger ages with sometimes deadly or life altering results. We continue to be dedicated to instilling change and pray for community healing from the deadly disease of addiction.



Residential Treatment Center

2012 Annual Report

But we have hope. Those people who walked through the door and asked for help, remind us that there is still a movement to heal and each of those people affects those around him and promotes wellness.

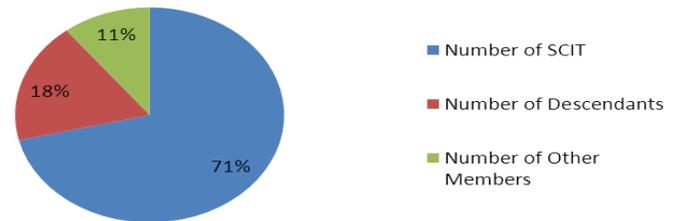
The Access to Recovery Grant and Tribal Council directed funds provide us the opportunity to maintain a program with dedicated staff to promote our mission.

The addition of a therapist and rehiring of a case manager along with the support techs, cook, coordinator, recovery support lead and therapist has allowed us to maintain programming as well as expand some of the offerings. For example, staff has worked diligently to implement coping skills; auricular acupuncture, budgeting and relationship groups in addition to the regular therapy times, thereby enhancing the skills graduates walk away with. A strong focus on weaving culture and spirituality into the healing process remains a significant focus for the staff and is the unique nature of a Native based program, clients are able to celebrate who they are as a people.

In this upcoming year we will remain open to opportunity and growth. We expect challenges, as this process is not easy but based on the strength and history of the Saginaw Chippewa Indian Tribe and Community, we fully believe efforts to promote wellness, healing and hope will remain at the forefront and we consider ourselves blessed to be part of this process.



Percentage of Admissions by Membership Status



Chi Migwetch

To our clients and community partners for another great year! Ziibwing, 7th Generation, Human Resources Training and Employment Services, Information Technology, Nimkee Medical, Public Health and Fitness, Traditional Healers, supportive healthy community individuals, sponsors, caring family members and so many others provide invaluable support and guidance



Domestic Violence Services

2012 Annual Report

Nami Migizi Nangwiihgan "Under the Eagle"

Meet the DV Staff

Coordinator

Coordinator-Amanda Dolan, BSW

Case Manager

Case Manager-Love Vavzincak, BA
Case Manager-Christa Gomez, CADC

DV Support Tech

Support Tech-Debra Cicalo
Support Tech-Karen Bond
Support Tech-Rachel Perry
Support Tech-Valerie Voigt
Support Tech-Carol Corbiere

Nami Migizi Nangwiihgan Shelter

The Domestic Violence Shelter is 8 bed shelter located on the Saginaw Chippewa Indian Reservation that provides a safe "home like" environment for female victims of domestic violence, sexual assault, dating violence, and stalking and their children. While in shelter victims can receive support services, case management, counseling, and safety from their abuser. In 2012 the Nami Migizi Nangwiihgan provided a home for 67 women and 63 children.

Case Management

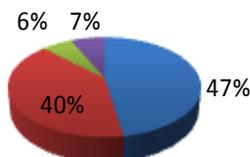
For many victims, finding the resources and services they need can be complex and confusing while struggling with the abuse or after leaving an abusive partner. Case Management services can assist victims/survivors with finding the appropriate resources by developing and following through with a client directed case service plan. Assistance is available to both female and male victims of domestic violence, sexual assault, dating violence, and stalking whether or not they are in need of emergency shelter. Nami Migizi is able to offer the assistance of two case managers who can help support and guide through this overwhelming time. NMN case managers were able to assist over 100 victims and 85 children with finding appropriate resources and helping them to accomplish their goals.

Another aspect of our case management services is assessing financial needs and possibly providing victims with funds for assistance if applicable and available. With Recovery Grants funding that Nami Migizi Nangwiihgan was awarded in 2009, case managers were able to assist victims with car repairs, day care, legal services, scholarship monies, and employment assistance. This grant has allowed the Nami Migizi Nangwiihgan case managers to allocate \$68,084 in 2012 helping victims gain more independence in order for them to live a life free from abuse.



Calls/Requests for Services 2012

■ Shelter ■ Case Management ■ Counseling ■ Other



Domestic Violence Services

2012 Annual Report

Nami Migizi Nangwiihgan “Under the Eagle”



Individual Counseling

With support through the 2009 Recovery Grant funding Nami Migizi Nangwiihgan was able to hire a counselor to provide individual and group counseling to those who have been affected by domestic violence, sexual assault, dating violence and stalking. Our counselor was able to provide individual counseling to over 93 victims/survivors including men, women, and children and help them through their own healing process.

Transitional Housing

Transitional Housing offers women and families the opportunity to rent one of four apartments where they receive domestic violence case management and advocacy services. Transitional Housing Services include safety, case management, support services, and sometimes funding in appropriate.

Six women signed leases and were a part of the Transitional Housing Program. These women were able to live in a one bedroom apartment that is attached to the shelter. This allowed these victims affordable housing, where they could live independently, and still receive constant support services through NMN.

Women’s Support Group

The Women’s Support Group meets every Monday from 6pm-8pm. The goal of the group is to provide a safe environment for women, who have been affected by violence, and to support or be supported by other women who have also been affected. The group is focused on the effects of violence, but allows open discussion to empower and support those affected by physical, emotional, sexual, and verbal abuse. In 2012 Nami Migizi Nangwiihgan hosted thirty groups facilitating topics that power and control wheel, self-esteem activities, and traditional/cultural teachings, the groups during the year ranged from four to nine participants.

Kaa-Miigaazosii Batterer’s Group

The Kaa-Miigaazosii Batterers class is for men who have been convicted of a domestic violence charge and are ordered through tribal court to receive services to learn how to live a life without abusing their loved ones. It is taught in a group setting with two facilitators (one male and one female). Sessions are 90 minutes long for a minimum of 30 weeks. The class was offered at Behavioral Health from February-October 2012, and one participant successfully completed during this cohort.



Domestic Violence Services

2012 Annual Report

Nami Migizi Nangwiihgan “Under the Eagle”



Outreach/Education Services

Outreach plays a major role in services for victims of domestic violence, therefore Nami Migizi Nangwiihgan provides educational presentations and outreach campaigns throughout the year, however one of our largest was the 2012 “Paint the Rez Purple” Outreach campaign held in October, Domestic Violence Awareness Month.

We started off strong on October 1st with a walk to show our support of victims of Domestic Violence. It was inspiring to see the community wearing purple shawls as we walked down Broadway with the support of Tribal Fire Department and Tribal Police. We ended the walk at the Behavioral Health “backyard” where we were able to listen to empowering words from John Haycock, Women’s Aid Director, and Steve Pego and share a meal donated by SCIT Housing Department.

On October 4th with help from Nimkee Health we were able to hold a Self Defense Class with the support of Parks and Rec

in the tribal Gym where women were taught basic self-defense techniques by instructor Kirk Dewitt. We left with a few tips and tricks to protect ourselves in case of an attack and more importantly with a message of strength and power within ourselves.

On October 11, Seventh Generation graciously hosted our Honor Night event where we honored 11 individuals who are making an impact in the community with their hard work, support, and dedication to the issue of domestic violence. We were able to thank these individuals with an amazing meal prepared and provided by Nimkee Public Health and graciously hosted by Seventh Generation in the ceremonial building.

On October 18 Parks and Rec again welcomed us into the Gym and helped us with our Empowerment Night. A wonderful meal of Soup, Chili, and Fry Bread was prepared and served by Behavioral Health Prevention Team. Almost 100 participants got the opportunity to get pampered and relax while having hair, make-up, eyebrow waxing, yoga and belly dancing, and massage in order to renew and feel good about themselves. We had several businesses and individuals volunteer their time, talent and products.

We ended the month with our Annual *Paint the Rez Purple* Competition on October 25th, where six departments from the tribal operations took time and went above and beyond to show their support and awareness. It was a great way to end a very fun and busy month.

The efforts and support bring forth the issue of Domestic Violence and help Nami Migizi Nangwiihgan open the doors on an issue that is too often kept in the dark. These events allow victims to step out of these shadows and know that there is safety and support in their community.

Clinical Services

2012 Annual Report

Meet the Clinical Staff

Clinical Services Coordinator

Clinical Service Coordinator-*Jan Burton, LMSW*

Clinical Team

Psychiatrist/Medical Director-*Kate Regan, MD*

Senior Therapist-*Sandy LaCross, MA, LPC, CAADC*

Intake Specialist-*Camille Sumpter, LMSW, CAADC*

Intake Specialist-*Lacie Kelly, MA, CADCM*

Clinical Therapist -*Amy Kisel, MA, LLPC, CAADC*

Clinical Therapist-*Dianna Chipp, MA, LPC, CAADC*

Clinical Therapist-*Rita Lutes-Pulley, M.MFT, LPC, LMFT, CAAC*

Clinical Therapist -*Deanna Scott Hicks, MA, LPC, CAADC*

Clinical Therapist-*Adam Philo, MA, LPC, CAADC*

Clinical Therapist-*Art Cicalo, LMSW, CCDP-D, ADS*

Clinical Therapist -*Dawn Hughes, LMSW*

Substance Abuse Outreach Counselor-*Stacie Stanton, MS, CADC*

School Based Consulting Clinician-*Shane Brooks, MA, LPC*

Case Management Team

Case Manager-*Josh Lintz, BS*

ATR Client Services Worker-*Anita Hinmon*

Helping Healer

Helping Healer-*Beatrice Jackson*



Clinical Outpatient Services

The Clinical Services department of Behavioral Health has seen many changes and improvements over the past year. These changes have helped to eliminate the waiting list and ensure that client receive the help they need in a timely manner. Clinicians strive to provide the most efficient and effective treatment in order to help clients bring balance back to their lives. The clinical staff participated in a variety of trainings and seminars to enhance their skill level and provide treatment interventions that benefit the clients.

Internship Opportunities

We have partnered with Central Michigan University and Michigan State University this past year to provide training and supervision to two Master's level candidates. This afforded the interns the opportunity to work in a Native community and expand their understanding of the Anishinabek culture. Clinical Services receive requests from students throughout the year requesting to participate in an internship. Internship candidates go through an interview process are selected solely on their qualifications and fit with the program.

Personal, professional and cultural goals

This past year the clinical staff was directed to identify a personal, professional and cultural goal that they would strive towards during the year. Many of the staff member's personal goals were to get healthier, lose weight or "run the rez." Professional goals focused on learning about different issues or learning different methods to help clients. Cultural goals included attending a sweat ceremony, learning about the different medicines or attend a pow wow. The purpose of this activity was to challenge staff to set goals and make healthy improvements in their lives. It is our hope that our clinicians model a healthy lifestyle for the community. All clinical staff members were able to achieve their goals last year and this will continue to be an annual activity.

Clinical Services

2012 Annual Report

Treatment is a Process According to the Merriam Webster Dictionary, **Treatment** is defined as the act or manner of treating someone or something. The techniques or actions customarily apply to or in a specific situation-(drugs and alcohol).

Plans for 2013

- * **Intensive Case Management services**
- * **Services for youth in the community**

Groups offered at Behavioral Health

Behavioral Health continues to offer Intensive Outpatient services Tuesday through Thursday from 1pm to 4pm. This group is beneficial for people with substance abuse issues. Clients learn techniques to manage the desire to use and identify triggers. The group embraces Anishinabek culture and incorporates Native traditions in their activities.

The Coping Skills group is helping in learning coping skills to deal with life's challenges. The group is beneficial for people with poor impulse control, strained relationships, emotional issues and poor coping skills. In this psycho-educational group setting, clients learn mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness. The group meets Thursday's from 10am to 11:30am.

Future Directions

As we look to the future the Clinical Services department has identified two areas of focus for the upcoming year. One direction that we will focus on is Intensive Case Management services. Many clients need more intensive services than weekly outpatient services but need less than residential treatment. We will explore, develop and hopefully implement a program that would give clients treatment interventions that provide for their safety, stability and assist them in maintaining balance in their lives. Another area of exploration and development would focus on improving services for the youth in the community. It is our hope that our youth will one day receive all the services they need here in the community rather than having to go elsewhere to improve their lives.



Business Services

2012 Annual Report

Meet the Business Staff

Business Team

Business Services Coordinator-Elizabeth Evans, LLMSW
Accreditation/Quality Assurance Specialist-Don Mac-Donald, MA, LBSW, CADC, CCS

Front Office

Office Manager-Tina Holley
Asst. to Psychiatrist-Evelyn Recker
Medical Records & Billing-Jean Abbot
Asst. to the Administrator-Julie Thomason, BS, BM
Asst. to Clinical Services-Sheila Mullen

Maintenance

Maintenance-Andrew Steele

Housekeeping

Housekeeping-Sandy Smith
Housekeeping-Shaun Ice

Diversity of Individuals Served

We are fortunate to be able to provide our tribal community members and descendants as well as other members of federally recognized tribes living in our service area mental health and substance abuse programs to assist with the diverse needs of individuals and their families.

Behavioral Health provides a majority of its services to Saginaw Chippewa Tribal Members and Saginaw Chippewa Indian Tribal Descendants making up 83.7% of our service population.



Persons Served by Tribe FY 2012

Tribe	1st QTR.	2nd. QTR.	3rd. QTR.	4th. QTR.
Sioux Tribes	1		1	1
Bad River Band				
Bay Mills Indian Community		1	1	1
Cherokee Nation	1	1		
Confederate Tribes and Bands				
Gay Head Wampanoag		1		
Grand Traverse Band	10	12	15	10
Hannahville Indian Community	2	2	2	1
Ho-Chunk Nation	1	1		
Huron Potawatomi	3			
SCIT DESCENDANT	75	91	83	100
Karuk Tribe				
Keweenaw Bay	1	1		
Kiowa Indian Tribe				
Lac Courte Oreilles	1	2		
Lac Du Flambeau				1
Lac Vieux Desert		1	1	
Leisnoi	1	2	2	2
Little River Band	13	12	9	11
Little Traverse Bay Band	11	17	16	17
Match-E-Be-She-Wish Band		1	3	2
Menominee Indian Tribe	2	3	2	1
Navajo Tribe	2	2	2	1
Northern Cheyenne				
Pokagon Band	1	1	1	1
Red Cliff				1
SCIT MEMBER	306	338	319	308
Sault Ste. Marie Tribe	22	21	24	22
St. Regis Band		1	1	
Standing Rock Sioux				1
Turtle Mountain Band	1	2	2	2
Three Affiliated Tribes	1	1	2	1
Total	455	514	485	483
	QTR. 1	QTR. 2	QTR. 3	QTR. 4
SCIT Decendants	16.5%	17.7%	17.1%	20.7%
SCIT Members	67.3%	65.8%	65.8%	63.8%
Total	83.7%	83.5%	82.9%	84.5%

Business Services

2012 Annual Report

Program Service Satisfaction

We at Behavioral Health want to make sure that we are meeting the needs of the community as well as keeping a pulse on how well the individuals, who access our services, feel about the services they are receiving.

Each quarter we ask a series of eight (8) questions and the responses are compiled, analyzed and reviewed to see how we are doing and if we need to make any changes to services, or our environment, to insure individuals are comfortable while in our facility and getting their needs met by our program. The following are two questions we asked and responses.

How would you rate the quality of service you received? 97% of those rated the quality of services they received as good to excellent.

Did you get the service you wanted? Over 95% felt that they generally or definitely got the service they wanted.

To what extent has our program met your needs? 86% feel that our program met all or most of their needs.

If a friend were in need of similar help, would you recommend our program to him or her? 96% said they would generally or definitely recommend our services to a friend who needed similar help.

How satisfied are you with the amount of help you received? 88% they were mostly to very satisfied with the amount of help they received.



Have the services you received helped you to deal more effectively with your problems? 96% our services helped them deal more effectively with their problems.

In an overall, general sense, how satisfied are you with the services you have received? 93% were mostly to very satisfied with the services they received at behavioral health.

If you were to seek help again, would you come back to our program? 94% would generally or definitely come back again to our program for help.



Business Services

2012 Annual Report



Access to Recovery

The Behavioral Health program continues to collaborate with tribal programs and departments within the Saginaw Chippewa Indian Tribe such as Ziibiiwing Cultural Center, Nimkee Public Health and Fitness, Human Resources, Anishnaabeg Language Revitalization, and Information Technology to provide individuals participating in the ATR program access to services they feel would benefit them in their recovery and sobriety. The goal is to provide access to Recovery Support Services within the community to enhance and strengthen their road to wellness.

ATR has been able to support and sustain the cultural components of the Behavioral Health program which are vital pieces of someone's treatment and recovery. We are able to bring onsite a Traditional Healer who meets with clients as requested as well as provides sweat lodges monthly for the community. We are also coordinate many community cultural activities and provide support as needed to other tribal programs offering cultural programming.

The Access to Recovery provides an excellent opportunity for the tribe and its programs to voucher for services that are not traditionally billable under private insurance or public insurance options. This provides the tribe a wonderful funding stream to supplement and support programs that have been offered to the community for many years but have not been able to generate revenue due to the nature of services.





PHILOSOPHY

Behavior Health programs shall be to help the community members to identify those tools and resources necessary to achieve a balance in their life. The medicine wheel concept of integrating the four components of spiritual, emotional, physical and intellectual aspects of a person's life into a holistic model of recovery is the heart of Nog-da-win-da-meg "Taking care of one another"

Program Goals

- * Promote balance and harmony within individuals and the community
- * Provide services aimed at reducing personal, family, social, physical, emotional, and spiritual distress to individuals.
- * Provide an environment that is met with honesty, humility, love, truthfulness, bravery, respect, and wisdom.
- * Provide documentation and evaluation of services pertaining to all client activities, planning, management, support services and training.
- * Provide coordinated professional referral sources as a network of recovery support linkages.



Anishinaabe Social Worker

By Giwesi

Administrator

Administrator-Hunter Genia LMSW, CAADC

The social work field has been a rewarding and enlightening experience over the past twenty years but what makes it even more rewarding for me is our cultural and traditional values and teachings that many of us as Anishinaabe learn on our path in life.

In many respects it is the first step that helped me prepare for the more academic western philosophy of social work and human services related fields. Knowledge, practice, and familiarity with our traditional and cultural teachings particularly with roles and responsibilities of being Anishinaabe influence and enhance our services and help shape policy. In a Native American human service and related programs these values and principles should be the foundation of these and many other direct services program in a tribal community.

While growing up in an urban community where we had a Native American community center and a pretty vibrant and active Native American community I often witnessed and observed these principles first hand. Watching first hand as the obligations were carried out or even how people carried themselves with respect, care, and love around our ceremonies, pow wows, and family had a very positive and impactful influence on me. I also saw first-hand in my family and community the same health disparities and social issues as in our community here.

However the positive experiences culturally and way of life are very much a part of who I am. As a social worker professionally, one aspect is advocacy which many people might refer to the term interchangeably as an “activist”. I sort of smile and giggle because many of us that might be termed activist know that it’s just being Anishinaabe and giving voice and carrying out the roles and responsibilities.

All who read this, I hope that many blessings come to you in the new year and that perhaps you will consider joining forces with events, activities, and planning committees who’s goals are to create positive healthy community. These ef-
responsibility as An-
ture generations can
and walk on. Migwech.



and social change in our
forts are a part of our
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have a good path to live

**For More Information or Services Please Contact:
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