

ANNUAL REPORT

Let's Get Moving

By: Hunter Genia, Behavioral Health Administrator

The 2010 fiscal year kept us very busy with our regular palate of prevention, clinical, cultural and outreach of services but add some conferences and trainings to reach new heights and the community was abuzz on what comes next.

This past year we certainly have seen our share of tragedy with losses but we also have to acknowledge gains and new expectations as a result when we factor in the community wellness movement that continues to canvass the tribal community here.

We have seen our evolving relationship with Native Wellness Institute create some exciting training including the Adults Working with Native Youth Conference and the Native Youth Leadership Academy.

Both of these conferences and trainings have given many of our community members both young and old reason to hope that the wellness of our future generations can be obtained and within our grasp.

It is our hope that anticipated exciting developments in 2011 will transpire that will keep our Community Wellness and Wellbriety hopes, dreams, and aspirations moving forward into continued action. We



anticipate that Behavioral Health will continue to push, pull, and advocate for this community wellness initiatives and that more of our people will be able to experience these positive action focus events.

We certainly couldn't do it without tribal administration and tribal council support and belief that these events are important to the future health of our community. Behavioral Health is also a proud recipient of the Access to Recovery (ATR)

grant for another four years and that will assist us in fostering even further positive tribal program relationship developments in our community.

The ATR has allowed us to continue supporting some key positions within Behavioral Health that provide valuable services to our community from case management, clinical therapy, and cultural services that impact our community and services greatly. Inter-Tribal Council of MI, Inc. has done fantastic work with our tribe and department to allow making sure that grant work to our community's betterment easier.

Behavioral Health also continues to initiate relationships with Universities and State organizations that have allowed us to present state-wide trainings that are aimed at the social work field that desire more knowledge about our specific population. We feel that impacting as many people in one setting with information and knowledge that will assist those organizations in

(Continued on pg. 11)

INSIDE THIS ISSUE:

Prevention	2
Clinical Program	3
Domestic Violence	5
Business Services	7
Access to Recovery	7
Residential Treatment Center	9

Behavioral Health Prevention 2010 Annual Report

By: Jen Crawford

Meet the Team

Jennifer Crawford, MSA, CPC-M
Prevention Coordinator

Consuelo Gonzalez
Prevention Specialist

Mary Heintzelman, CPS-M
Prevention Specialist

Brian Loney, BS, CPS-M
Prevention Specialist

John Johnson, CPC-M
Prevention Specialist



In the Works for 2011

- * Youth Leadership Camp
- * Prescription Drug Initiatives
- * Community Families of Tradition



“Culture is Prevention”

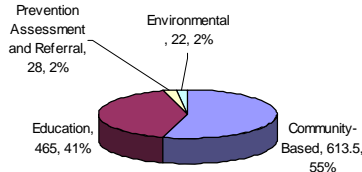
Fiscal Year 2010 was yet another busy, yet very successful year for the Behavioral Health Prevention Team. Throughout the year the team made contact with a total of 9,517 people through participation and implementation of numerous sober, family-friendly community events. The team’s mantra “Culture is 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. By teaching the youth and community as a whole about traditional ways and including them into prevention-specific programs, we are working to create a Healthy Forest.



Cultural Activities

- Full Moon Ceremony
- Sweats
- Assisted with Journey for Forgiveness
- Assisted with Recovery Weekend

Prevention Units by Strategies FY2010



2010 Programs/Activities

Education

- Elders ATOD Prevention Education Bingo (monthly)
- RTC Cultural Education (weekly)
- Youth 12 Steps to Wellbriety Program
- Niibin Summer Prevention Workshop

Life skills Education

- Daughters and Sons of Tradition
- Families of Tradition

Peer-to-Peer Groups

- Men’s and Women’s Circle (weekly)
- Women’s/Little Women’s Hand Drum Group
- Anishnabe Friendship Circle

Community Activities

- American Indian Sobriety Movement Events and Fundraisers:
 - Sober Super Bowl Party
 - 11 Sobriety Month Events
- Assisted Youth Task Force Events
 - Community Trunk or Treat
 - Community Halloween Party
 - Christmas Bingo
 - Easter Egg Scramble
 - MI Indian Day Celebration
- Behavioral Health Info Booths
- Spring Day Camp Coordination (2 days – 30 youth)
- Coordinated Girls on the Run of Isabella and Gratiot Counties
- Wellness Institute Native Youth Leadership Academy
- Men’s and Women’s Retreat
- Summer Youth Coordination and Mentoring
- Sober Softball Teams
- Billboard Campaign



Clinical Programs 2010 Annual Report

By: Elizabeth Husbands

This year we completed the second phase of the Eye Movement Desensitization and Reprocessing (EMDR) certification process for the majority of the Clinical staff. We now have the distinct honor of being one of the only Tribal Behavioral Health programs in the nation with a clinical team who offers this unique therapeutic tool to their clients.

As a reminder EMDR is a clinical tool that is used to help individuals dealing with traumatic experiences. EMDR is a form of psychotherapy that was developed to resolve symptoms resulting from disturbing and unresolved life experiences. It uses a structured approach to address past, present, and future aspects of disturbing memories. The approach was developed by Francine Shapiro to resolve the development of trauma-related disorders as resulting from exposure to a traumatic or distressing event, such as rape or military combat and post-traumatic stress disorder (PTSD).

We also created and filled a new position on the Clinical team; of Intensive Out-Patient (IOP) Group facilitator/Clinical Therapist. This grant funded position was

supported with funds gained through the ATR II grant. The position provides services to clients who may need more support than what is provided through outpatient weekly counseling. The IOP program provides intensive support for clients as they are working to walk the Red Road, but may not meet the criteria for Residential (inpatient) Treatment. The IOP group meets three times weekly, Tuesday to Thursday, from 1:00 PM to 4:00 PM. Clients participating in the IOP group are also assigned a primary therapist and have the option to meet individually with a clinician on a weekly basis, as needed.

Also with the aid of ATR II grant funds we were able to hire a clinician specifically for the Residential Treatment Center (RTC). By doing this we were able to round out the services provided to client while in treatment. Client are now able to see a Master's level clinician for individual counseling while in treatment and can return from up to six-weeks of after care sessions with the same therapist before transitioning to a clinician on the out patient side of the building. This just one more step in the process of implementing a seamless continuum of care for clients.

We have also hired a contractual Psychologist for 32 hours, which is more hours than we have had

in the past. Tammie Fogal comes to us with many years of experience in many areas that will benefit the community including). Fetal Alcohol Spectrum Disorders, Autism Spectrum Disorders, Advances in Neuropsychological Assessment, Assessment and Intervention of Childhood disorders and Family Systems Therapy. Tammie brings with her a wealth of training and experience working with a variety of populations including many of the area law enforcement agencies. She has been a tremendous asset to the program and the clients and has changed the way we provide psychological assessments for the better good of the clients.

The Clinical staff has been working on improving our understanding of Anishinaabe Culture and Traditions. We have set aside regular time monthly for training with Steve Pego, our Helping Healer and have been methodically working through The Mishomis Book.

Clinical team members are strongly encouraged to actively participate in cultural events and activities. One of our program goals is that 75% of Behavioral Health staff will participate in at least one cultural activity each year. The Clinical Team members have met and exceeded this goal this year. Staff members have participated in the Stone Street project in Flint, as well as many of the cultural events that take place here on the Reservation.

(Continued on pg. 4)



(Continued from pg. 3)

Team members have participated in Sweat Lodges and attended Naming Ceremonies, Full Moon Ceremonies, Memorial Feasts and Sacred Fires. Clinical Team members continue to integrate traditional ways into therapy sessions at the request of clients by using smudging, the Sacred Medicines, the Lodges, or meetings with the Helping Healer or the Traditional Healer when he is in town.

A major change in staff scheduling this year allowed us to incorporate four hours blocks of crisis time. Doing made it possible to have Crisis-walk-in hours available all day for community members who may be in crisis or distress. Individuals in distress simply need to present in the lobby anytime between 8:00 AM and 5:00 PM and there will be a clinician available to

meet with them and assist them in their hour of need or distress.

An individual in crisis can also call the Front Office at 989/775-4850 and request to speak to the Crisis Worker if they are unable to present in the lobby and the Crisis Worker can assist them as best as possible over the phone. Since the implementation of the Crisis-Walk-in times in February, we have responded to 90 individuals in crisis via the phone during our Crisis-walk-in hours this year. We have also had 68 individuals present in the lobby in distress of crisis for a total of 158 people taking advantage of this new service. The Clinical staff have collectively spent about 58 hours responding to individuals in crisis during the Walk-in times.

For the second year in a row the Behavioral Health Programs staff were actively involved in the

Health Fair, this year's theme was Walt Disney and the combined efforts of the staff of many of the programs we presented Snow White and her Dwarfs. Although we were not the first place winners this year, the staff that participated had a lot of fun and were able to provide program information to the hundreds of people that attended over the course of the day.

We have worked hard to keep clients moving through services and spending prolonged periods of times waiting for services. Through out the course of the FY 2009/2010 the average length of stay on the Waiting List was 12 days. Most clients were scheduled for an Intake Appointment within 24 hours of making their referral and were assigned to a Primary Therapist within 14 days of completing their Intake Appointment.



TRUNK OR TREAT ON THE RESERVATION



HALLOWEEN HEALTH FAIR

Nami Migizi Nangwiihgan Services 2010 Annual Report

By: Angie Makomenaw

When we began Nami Migizi Nangwiihgan Services in November 2005, there was only the coordinator and the case manager. Through our effects at writing and retaining grants we have expanded our program services and personnel. We now have a team of 11 full time staff to assist our community's needs.

Our most recent grant, OVW Recovery Act-Grants to Indian Tribal Governments Program, this has allowed us to purchase a mini van for transporting clients, offer array of new assistance with daycare, legal, car repairs, education, job placement and counseling, hire an administrative assistant, support technician, and clinician.

Service Stats

From October 1, 2009 to September 30, 2010, 42 women and 89 children received emergency shelter services.

251 crisis calls were received October 1, 2009 to September 30, 2010.

34 clients have seen or are seeing our new clinician, Jenn Heinz.

Jenn started working with clients in the middle of January.



Paint the Rez Purple October 2009 Competition

The Second Annual Paint the Rez Purple Competition consisted of six brave departments "showing their love" for purple. The Domestic Violence Advisory Committee was amazed and awed throughout the competition by the resourceful and inspirational displays. They appreciated the purple treats, too!

For the Purplification category, we were looking for the department that hit us with so much purple that when we closed our eyes we still saw purple. This department had amazed us from head to toe, with their purple light coverings, purple lights, purple hair and clothes, and purple tree. We felt like we walked into a haze of purple. The certificate for Purplification goes to the Call Center.

For the Education category, we were looking for the department that took on the responsibility of educating the community. This department had created a wall utilizing the Tribal Observer Police Beat with the domestic assault incidents and made the statement, "You hear about it, you read about it, but what are you going to do about it?" They also created a wall with pictures of celebrity abusers and asked "Who is your role model?" The participants of the Intensive Outpatient Program showed their support by making a beautiful display describing the possibilities that could happen when you choose the red road over the other roads. Paper t-shirts were strung throughout the hallways describing positive affirmations. The certificate for Education goes to Behavioral Health.

For the Creativity category we were looking for the department that wowed us with their imagination and vision. This department utilized purple skeletons with the phrase "Take the skeletons out of the closet". Each office had its own purple theme. One of the hallway displays had the phrase "We are following in your footsteps, where will they lead us?" with moccasins walking across the wall. They had community members cut out paper handprints and describe other ways to use hands instead of using them for violence. The certificate for Creativity goes to Anishnaabeg Child and Family Services. For the Community Support category we were looking for the department that encouraged community members to get caught up with the cause.

This department encouraged community members to sign pledges to have a violence free home. They gave away purple insulated shopping bags to community members who accepted the pledge challenge. Gigantic purple and pink ribbons promoted domestic violence and breast cancer awareness.

(Continued on Pg. 6)



(Continued from pg. 5)

The certificate for Community Support goes to Tribal Housing. For the winner of 2009's Paint the Rez Purple Competition; this department rendered us speechless as soon as we walked into the door. Every inch of space was covered with purple and a domestic violence awareness message. They had a memorial wall with stories of domestic violence homicides. They created buttons with awareness messages. Their team members dressed up and participated in an interactive display. The winner of 2009's Paint the Rez Purple Competition is...Nimkee Public Health.

A special miigwetch goes out to Andahwod, Cardinal Pharmacy, and Sagamok Shell Station. These departments took on a whole other challenge by raising funds and donations for Nami Migizi Nangwiihgan Domestic Violence Services. Without the continued support of the community and departments we would not be here. Chi-Miigwetch!

Chi-Miigwetch for all the departments for your hard work and support. You demonstrated that your department cares and are willing to do what ever it takes to make it known.

And Chi-Miigwetch to everyone who wore purple this month to demonstrate your support for Domestic Violence Awareness. We at Domestic Violence Services appreciate all that you do. You inspire us to continue in our work.

If you would like to see pictures from the various participating departments, click on the link: <http://www.sagchip.org/behavioralhealth/events/2009/RezPurple/RezPurple09.htm>

Outreach and Prevention

We had the opportunity to teach for a variety of age groups. We talked about domestic violence with adults in the Intensive Outpatient Program offered through the Saginaw Chippewa Indian Tribe for adults struggling with their substance abuse addictions (1/13/10 and 5/11/10). On 10/14/09 we talked and created collages with the Daughters of Tradition about what is a healthy friendship/relationship. We talked to a variety of kids about "Hands are Not Made for Hitting" and made t-shirts with the slogan including Ganaird's kindergarten classes (12/7/09), Niibing Summer Program (7/12/10), and CMHD Health Fair (7/15/10). During the annual Featherlink Tea (an event to honor breast cancer survivors), we presented information about our services (10/13/09).

For various events we utilized booth space to inform the public about our services and resources: 10/10 American Indian Health & Family Services, 10/21 Halloween Health Fair, 10/29 Trick or Treat at Andahwod, 11/21 At-Large Health Fair, 12/5 At-Large Event, 2/20 SCIT Community Meeting, 3/14 Round Dance, 6/24 Family Fun Day, 6/25-27 Holistic Health Fair, 7/7 Health, Wellness, Lifestyle Expo, 7/15 CMHD Health Fair, and 7/22 Saganing Health & Safety Fair.

Fundraising

We receive 98.3% of our funding through grants obtained from the federal government. Unfortunately, grants come with strings and restrictions. For example, we are not allowed to by a can of paint with grant dollars. 1.7% of our funding is from tribal support. This money goes directly to supporting ½ of our domestic violence specialist position. We want to be proactive in continuing our services. For example, this year we ran out of dollars to support the transitional housing program. We were able to support the program through dollars raised through fundraising efforts.

In June, Miss Margo raised \$660 for our program through a silent auction and collecting donations at her Holistic Health Fair held at the Birch Run Expo.

This year we did a Mom-to-Mom Sale 8/22/10 in the Tribal Gym. This gave the opportunity for community members to shop and sell their children's old clothes and toys. Through this sale, we raised \$160.

At our 2nd Annual Riders Against Domestic Violence Ride held on 9/19/10. Through participation fees and donations, \$1246.85 was raised.



Business Services and Access to Recovery 2010 Annual Report

By: Elizabeth Evans

Person's Served by Tribe

FY 2010

Tribe	1st QTR.	2nd. QTR.	3rd. QTR	4TH QTR.
SCIT Descendents	82	92	89	88
<i>Little River Band</i>	10	11	10	9
<i>Little Traverse Bay Band</i>	10	15	14	15
<i>Match-e-be-nash-she-wish</i>	4	4	4	6
<i>Menominee (Wisc.)</i>	3	2	2	2
<i>Navajo AZ, NM, UT</i>	3	4	2	3
<i>Nulato Villiage</i>		1		
<i>Northern Cheyenne</i>	1			1
<i>Pokagon Band</i>	1	1	1	1
<i>Lac Viuex Desert</i>	1	2	1	
SCIT	342	325	349	355
<i>Sault Tribe</i>	19	20	21	21
<i>Gambell Native Village</i>	1			
<i>Tohono o'odham</i>	1	1		
<i>Cherokee (Oklahoma)</i>	1	1		
<i>Crow Tribe</i>				
<i>White Earth</i>	1	2		
<i>Bad River</i>		1	1	2
<i>Gay Head Wampanoag</i>	1			
<i>Other Tribes</i>			6	9
<i>Gila River</i>				
<i>Grand Traverse Band</i>	9	10		9
<i>Hannahville Indian Comm.</i>				1
<i>Keweenaw Bay Indian Comm.</i>		2	2	1
<i>Huron Pottawatomi</i>	1			2
Total	491	494	502	525
	QTR. 1	QTR. 2	QTR. 3	QTR. 4
SCIT Members	69.7%	65.8%	69.5%	67.6%
SCIT Descendents	16.7%	18.6%	17.7%	16.8%
Total	86.4%	84.4%	87.3%	84.4%

We are fortunate enough to be able to serve our tribal community members and descendents and other members of federally recognized tribes living in our services area. The majority of the demographic we serve through Behavioral Health Services are Saginaw Chippewa Indian Tribal Members and Saginaw Chippewa Indian Tribal Descendent which makes up 85.6% of our service population.

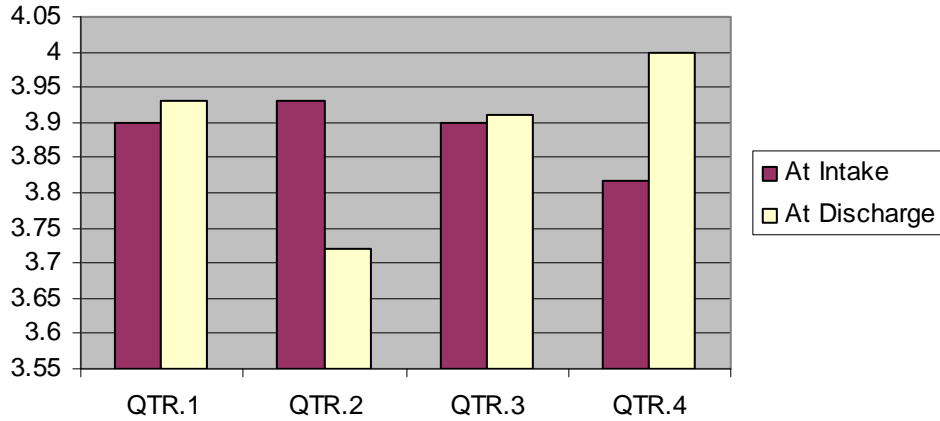


Business Services and Access to Recovery

2010 Annual Report

By Elizabeth Evans

Behavioral Health Services Satisfaction Rates



Behavioral Health also has seen moderate and steady rates of satisfaction at both Intake and at Discharge. On a scale of 1-4 the average Intake satisfaction rate is 3.88% and at Discharge the rate is 3.89%.

ACCESS TO RECOVERY

2010 is the final year of a 3 year grant initiative, Access to Recovery (ATR), which was awarded to the Inter-Tribal Council of Michigan to develop and implement a voucher based substance abuse system. Twelve Michigan tribes participated with the initiative serving close to 6000 Native Americans and their family members across the state.

The Saginaw Chippewa Indian tribe made significant contributions to the initiative by providing Residential Treatment Services, Clinical Outpatient Services, and Recovery Support Services to those participating with the ATR.

The Behavioral Health program collaborated with other tribal programs and departments within the Saginaw Chippewa Indian Tribe such as Ziibiwing Cultural Center, Seventh Generation, Nimkee Public Health and Fitness, Nimkee Medical, Human Resources, and Internet Technology to provide individuals participating in the ATR program to access services they felt would benefit them in their recovery and sobriety.

We were able to work together to provide clients the counseling that they needed and at the same provide job training and interview techniques that once completed with services they were able to gain employment.

Another piece of the ATR that is outstanding is the cultural and spiritual components that are vital pieces of

someone's treatment and recovery. We have been able to bring in a Traditional Healer who meets with clients as requested as well as provides sweat lodges monthly for clients and staff. Ziibiwing offers a curriculum that concentrates on who the client is and where they came from; they are able to incorporate cultural teachings of the clan system and creation, as well as educate them on tribal history.

Seventh Generation provides classes that teach stone sculpting or wood shop, organic gardening just to name a few. The Access to Recovery provided the opportunity for the tribe and its programs to voucher for services that were not traditionally

(Continued on pg. 9)

(Continued from pg.8 ATR)

billable under private or public insurance options. This provided the tribe a wonderful funding stream to supplement and support programs that have been offered to community members for many years but have not been able to generate revenue due to the nature of the services. With the ATR, the Saginaw Chipewewa Indian Tribe and its programs was able to voucher and

receive more than 1.5 million over the three year grant period.

In September 2010, SAMHSA awarded the Inter-Tribal Council of Michigan another round of an Access to Recovery grant which enables all the federally recognized tribes in Michigan and a recent addition, American Indian Health and Family Services in Detroit, 4 more years to continue to expand client care in our communities.



Residential Treatment Program 2010 Annual Report

By: Gwen Alwood

This year has been an exciting one for RTC. Over the course of the year, we were able to serve 95 people through the Residential Program- the most served in a year since the opening of the program. The Access to Recovery Grant allowed more people to enter inpatient treatment as well as increase access to and knowledge of community programs, teachings, and supports for recovery.

ble programming. This focus on healing the mind, body and spirit of persons afflicted with addiction, is incorporated into the entire Behavioral Health Program and it is through these partnerships that people admitted to the program are able to fully meet their potential and increase their chances of sustained recovery.

up and tear down at local community events, making of tobacco ties, offering of smudge and medicines, constructing lodges, and as fired keepers at Sacred Fires. Their willingness to step up and help others is greatly appreciated by those whose lives they have touched through these acts of selflessness.

This year we also saw growth in the Supportive Living component of the program, which allows for extended stays after the completion of the residential component and encourages and supports healthy lifestyles, connections with family members and employment and education. Through this program 24 people were able to acquire additional clean time, gain employment, attend school, and/or improve their living environments through additional counseling, case management and support from staff at RTC. Throughout the year, we continued to work with fellow Tribal Departments in our quest to provide holistic and culturally sensitive and responsi-



A large part of recovery and the principles which guide it is service work- a genuine and humbled giving of self for the betterment of others. These principles were continually put into practice as part of the programming at RTC. Clients of the program throughout the year were often called upon to provide assistance with set

As the Coordinator of RTC, I have continued to experience the support of Tribal Council and Administration as well as the Behavioral Health Administration. Through their foresight and dedication, I have been fortunate enough to continue to expand and maintain the staffing levels of RTC. The addition of a case manager position last year and an additional counselor this year has significantly improved the services we are able to offer and assist us in providing a very personalized and meaningful experience for the people served.

(Continued on pg. 10)

(Continued from pg. 9 RTC)

Research continues to show that length of clean time improves likelihood of maintaining long term sobriety and it is through the support of Administration and Council that we continue to be able to provide extended residential stays for clients rather than be driven solely by funding issues which in other settings significantly shorten the service length for clients.

It is this kind of support that continues to urge us on in our efforts to improve the program. For example, we continued to look at service offerings and research the availability and effectiveness of treatment approaches. This year, we determined that AcuDetox, was a good fit for what we

do here. AcuDetox is a method of acupuncture determined to be helpful in reducing the effects of withdrawal and assisting the individual in managing anxieties and stressors in order to focus on treatment. Through allocation of training dollars and the support of Administration, we were able to send a staff member to for training to become an AcuDetox Specialist so that the service could be offered on site to the clients in RTC.

I would like to say Chi Miigwetch to all of our partners from Ziibiwing, 7th Generation, Human Resources, Nimkee Public Health, Medical and Fitness, as well as the Information Technology Training Department and many com-

munity members, individuals from the recovery community and dedicated Behavioral Health staff for your support and commitment to provide services which continue to enhance the program.

I would also personally like to thank each and every person who came through the program. I continually reflect on the bravery it takes to enter through the doors of a program such as this and ask for help. I truly consider these individuals to be pioneers leading the way for others in the community to look at the issues which are causing distress for themselves and seek help.



Smudging



Constructing a lodge



AcuDetox

(Continued from pg. 1)

improving services to Native American populations can only improve the experience of our people who need to access the mainstream organizations and agencies. This also puts the visibility of our tribal nations on the forefront where often we are

invisible.

Other changes and movements within our department include expanding our GUI/EHR system and improved policies and procedures that will improve effectiveness of our services. These internal changes and improve-

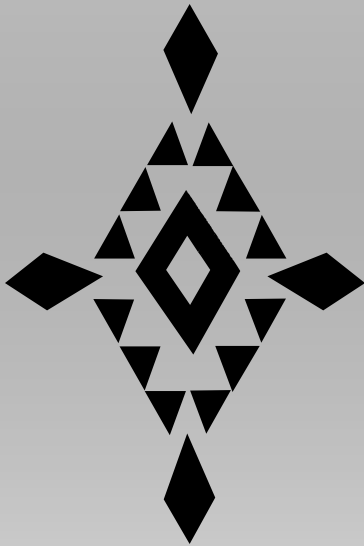
ments will have an impact on our services that our community will feel and benefit from.

Migwetch and we hope that 2011 will be as exciting for you as we anticipate it will be for us here.

GONA 2010



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Behavioral Health provides Mental Health and Substance Abuse Services for children, adolescents, adults, and elders to include:

- Adult Residential Substance Abuse Treatment Program
- Outpatient counseling Service
- Case Management
- Domestic Violence Services
- Anger Management
- Intensive Outpatient Services
- Psychological Testing and Referral
- Out Patient Psychiatric Services
- Driver License Evaluations

Provide Individuals with culturally based programs such as Helping Healer group and linkage to other cultural programs if desired.

- Healthy Lifestyle Promotions
- Small group sessions
- Media Campaigns