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.
Fiscal Year 2011 proved to be a busy, yet very successful year for the Behavioral Health Prevention Team. Throughout the year the team made contact with a total of 8,286 people through participation and implementation of numerous sober, family-friendly community events. The team’s mantra “Culture is Prevention” continued to be prevalent 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 help the community learn about, experience, and embrace a life of well-being.

Prevention Team Members

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

“Culture is Prevention”
2011 Programs/Activities

**Education**
- Elders ATOD Prevention Education Bingo (monthly)
- RTC Cultural Education (weekly)
- Youth 12 Steps to Wellbriety Program
- Saginaw Chippewa Academy Red Cliff Prevention Program
- Niibin Summer Prevention Workshop
- Behavioral Health Family Dinner Series (monthly)

**Life skills Education**
- Daughters and Sons of Tradition
- Families of Tradition

**Peer-to-Peer Groups**
- Men’s Circle (weekly)
- Anishnabe Friendship Circle (weekly)

**Community Activities**
- American Indian Sobriety Movement Events and Fundraisers:
  - Sober Super Bowl Party
  - 12 Sobriety Month Events
  - Assisted Youth Task Force Events
  - Truck or Treat
  - 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
At the Residential Treatment Center, we continued to be blessed with the ability to provide holistic and comprehensive services to those suffering from addiction. In the 2010-11 Fiscal Year, through financial support from Tribal Council and funds made available via the Access to Recovery Grant, 89 Anishinaabe men and women who were unable to maintain sobriety and were experiencing increasing physical, emotional, legal, family, and social consequences were able to live in an inpatient setting to receive services. These services included therapy, cultural and spiritual guidance, reengagement in the community, access to healthy supports, and case management services aimed at increasing the likelihood of achieving and maintaining recovery. This attention to the whole person has allowed many of our Anishinaabe clients to increase their personal skill sets, address pain and suffering, engage in the community, and take advantage of opportunities to give back to others.

Our services continued to be supported through our relationship with Tribal departments and service providers including but not limited to Nimkee Medical, Public Health, and Fitness, 7th Generation, Ziibiwing Cultural Center, Human Resources Training and Anishinaabe Workforce Development, Information Technology, and Behavioral Health Prevention, Domestic Violence, and Outpatient Services. The programming at the Residential Treatment Center continues to thrive based on this support. Clients, on a weekly and daily basis, are exposed to caring and supportive people who believe in the power of recovery and have committed themselves to assisting others to achieve wellness. It is through these interactions, that the clients we serve are able to gain a sense of self and community. As a means of exposing clients to healthy activities and instill the principles of service work and giving to others, we continue to be involved in many community activities including Birthday Bingo, Angel Tree, Tobacco Harvesting, Repatriation Ceremonies, Powwow, Sacred Fire Keeping, preparation and attendance of Sweat Lodges including travel to secure medicines and Grandfathers, and assistance to other programs during and in preparation for cultural teachings and events.

In addition to the many dedicated staff throughout the community array of services, the staff at the Residential Treatment Center provide meaningful and compassionate services to current, past and future clients of the program. As a 24/7 staff, they are available to work with clients on a variety of issues and needs during non-traditional hours. They provide support, guidance, opportunity for healing, feedback, and growth opportunities during what is a very difficult time for the clients in the program. This year we were blessed to work with Michigan State and Central Michigan Universities to host two Master’s level interns who provided direct clinical services approximately 40 hours a week. Along with the two interns, our primary counseling staff member worked diligently this year to continue to use Western and Anishinaabe approaches together in order to best meet the clients’ needs. The addition of auricular acupuncture last year has continued to benefit the clients this year in reduction of anxiety, pain, cravings and other barriers to wellness.
Overall, this year has been one of many successes and challenges. We continue to see amazing growth and potential for the clients we serve as well as their families and the community but we have much work ahead of us. New drug combinations, increasing levels of addiction and heavy use by younger populations continue to be a problem. However, with the dedication of the Tribal Council, Community, various departments and providers and the willingness of individuals to continue to seek help, we believe that there is hope for a healthier community founded on traditional values and beliefs.

While all of the staff members at RTC are dedicated, professional, and caring, the Support Technicians, as a whole, have excelled this year. The Support Tech Staff play a major role in assisting the clients in the program. Through support, guidance, and redirection, they are able to provide the clients with immediate feedback and opportunity to practice the skills and approaches they are taught through therapy and other activities which are part of the regular curriculum at RTC. While not clinical staff, they are the ones with direct and ongoing contact in a variety of settings, which gives them a unique perspective on the well being and progress of the client. We have been blessed to bring together a diverse, kind, and considerate group of staff members, dedicated to providing high quality services to the clientele. Their ability to engage clients on many levels and provide real time information and feedback is invaluable.

Recognizing that addiction whether it be to marijuana, alcohol, prescription drugs, heroin, cocaine or a combination of many substances, does not exist alone, we continue to focus on the many causes, symptoms and underlying mental health issues which occur along with addiction. As a whole, the Support Tech Staff have dedicated themselves this year to increasing their skills and knowledge regarding co-occurring issues.

This has resulted in support staff being more well-rounded and responsive to client needs and their dedication to continually improve services is already making a significant impact on the clients and is expected to continue to improve even further in the New Year.
Nami Migzi Nangwiihgan Shelter

The Domestic Violence Shelter is an 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, and stalking and their children. While in shelter victims can receive support services, case management, counseling, and safety from their abuser. In 2011 the Nami Migzi Nangwiihgan provided shelter for 45 women and 76 children.

Case Management

Assistance is also available to both female and male victims of domestic violence, sexual assault and stalking who are not in need of emergency shelter. For many people, finding the resources and services they need can be complex and confusing. Case Management services can assist victims/survivors with finding the appropriate resources by developing and following through with a client-directed case service plan. In 2011 our 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 Migzi Nangwiihgan was awarded in 2009, case managers are able to assist victims with car repairs, day care, legal services, scholarship monies, and employment assistance. This grant has allowed the Nami Migzi Nangwiihgan case managers to allocate $25,639.28 in 2011 helping victims gain more independence in order for them to live a life free from abuse.

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. Five women signed leases and were apart 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 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 2011 Nami Migizí Nangwiíhgan hosted twenty groups facilitating topics that included effects of domestic violence on children, self esteem activities, and cultural teachings. Groups during the year ranged from three to 11 women.

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 – September 2011 and five men successfully completed.

Outreach/Prevention Services
Outreach plays a major role in services for victims of domestic violence, therefore Nami Migzi Nangwiíhgan provides educational presentations and outreach campaigns throughout the year. In 2011 several programs were facilitated through the community and surrounding service providers on the issues of domestic violence and sexual assault. A new campaign began in April to promote sexual assault awareness month which include a interactive presentation which gave further explanation about the issue of sexual abuse and its affects on a victim. In October, Nami Migizi Nanwiihgan held its fifth annual Domestic Violence awareness month campaign which included events such as Paint the Rez Purple, self defense classes, an honor night, and an empowerment night for victims. Each of these events are focused on speaking out about domestic violence and educating the community on its affects on the entire family and what we can do to stop it. There were also presentations and events throughout the entire year of 2011 on the effects of domestic violence on children, the impact of domestic violence on victims, and resources and referral information from the Nami Migzi Nangwiíhgan program. In all there were 18 events facilitated by NMN that provided information and education to over 326 community members and service providers. This number does not reflect the number of individuals who received information about Domestic Violence, Sexual assault and stalking through information booths and community events.
Clinical Services

Currently we have 15 clinicians providing substance abuse and mental health treatment in the outpatient and residential programs. We are committed to providing the highest quality, evidenced based treatment to help community members achieve positive changes. Clinicians receive ongoing training to ensure that they are providing the most up to date, effective, and comprehensive treatment to our clients.

New Clinical Assessment and Treatment Plan
This past year the clinical program began using a new assessment and treatment plan that honors the Four Directions of the Medicine Wheel. Most agencies use a “Biological, Psychological, Social” Medical model assessment which focuses on the “things that are wrong” with the individual. The dominant culture assessment ignores the spiritual and cultural aspect that is so essential to a well-balanced life. The new assessment and treatment plan focus on the individuals strengths while honoring their Native identity.

Coping Skills Group
Behavioral Health offers a coping skills group patterned after the Dialectical Behavior therapy model. This evidenced based therapy model teaches members coping skills to deal with life’s challenge. 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 every Thursday from 10am to 11:30am.

The Intensive Outpatient (IOP)
Group continues to provide services to assist clients with a substance abuse issues to recover. Clients learn techniques to manage the desire to use and identify triggers. The group embraces Anishnaabe culture and incorporates Native traditions in their activities. The IOP group meets for nine hours a week, Tuesday through Thursday from 1pm to 4pm. Clients are referred to the group either through the Intake process or by their primary therapist.
School-Based Program
The School-Based Services program offers a combination of traditional and non-traditional mental health services to children and adolescents with academic, emotional, and behavioral issues. In addition to identifying children with mental health needs and linking them to needed services, the School-Based services program offers coordinated service planning between educators and mental health professionals, as well as linking families to the appropriate services within the community. Program staff will work collaboratively with schools to ensure that youth and their families have the necessary support to achieve school success.

Internships
Behavioral Health has provided several internship opportunities for both Bachelor level and Master’s level students. Students are provided supervision while they learn. These internships serve to help students practice their clinical skills while providing exposure to Anishnaabe culture and traditions.

Community Events
Clinicians are committed to helping community members improve their lives. This past year they have volunteered with Behavioral Health Dinners, Pow-Wows, the Freedom Walk, and the Health Fair.

Future Directions
Embracing the culture and the Seven Grandfather Teachings are important to us at Behavioral Health. Our goal for the future is that each of our clinicians will model a balanced life by having their own professional, personal and cultural goals. Their clinician goals could include learning about new therapeutic interventions or improving their skill level; cultural goals may include attending a Sweat Lodge Ceremony, participating in language class or volunteering at a community event. Progress toward the clinician’s goals for improvement are reviewed annually during their performance evaluation.
We are fortunate enough to be able to serve our tribal community members and descendants 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 Descendant which makes up 84.3% of our service population.

### PROGRAM SERVICE SATISFACTION

The Behavioral Health Program makes continuous efforts to improve services provided to the community and one of the ways that we check in with the people we serve is through satisfaction surveys. Of the 233 clients surveyed in 2011 an overwhelming majority felt positive about their experience with our services. The following questions (Utilizing the CSQ-8) help us gain perspective on whether or not we are meeting the service needs of the clients:

1) **How would you rate the quality of service you received?**
   98% surveyed rated the quality of service good to excellent.

2) **Did you get the service you wanted?**
   92% felt they generally or definitely got the service they wanted.

3) **To what extent has our program met your needs?**
   90% felt that we met almost all their needs to most of their needs.

4) **If a friend were in need of similar help, would you recommend our program to him or her?**
   93% said generally to definitely yes they would recommend our services.

5) **How satisfied are you with the amount of help you received?**
   91.6% were mostly to very satisfied with the amount of help received.

6) **Have the services you received help you to deal more effectively with your problems?**
   99% said it helped somewhat to a great deal.

7) **In an overall general sense, how satisfied are with the services you have received?**
   96% were mostly to very satisfied with the services they received.

8) **If you were to seek help again, would you come back to our program?**
   96.6% said generally to definitely yes to coming back to our program again for help.
ACCESS TO RECOVERY
In September 2010, SAMHSA awarded the Inter-Tribal Council of Michigan another round of Access to Recovery grant, called ATR III, which enables all the federally recognized tribes in Michigan and American Indian Health and Family Services in Detroit, 4 more years to continue to expand client care in our communities.

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

We just finished up year one of the four year grant cycle and it was a time of transitioning from one project to another without any gaps in ATR services provided to the clients which we have managed successfully. We look forward to our continued success with ATR.

ATR has been able to support and sustain the cultural and spiritual components that are vital pieces of someone’s treatment and recovery. We 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. An new to ATR III is the addition of the Anishnaabeg Language Revitalization Program that has come into our treatment groups to provide language and cultural teachings woven into their recovery.

The Access to Recovery provides an opportunity for the tribe and its programs to voucher for services that are not traditionally 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.
Lead – Be Anishinabe

By Giwesi

Growing up I would often hear Mishomis talk about “Indian Education”. I wondered what that even meant. It was a seed planted in me as a young child and it wouldn’t be until much later in life that it took a life of its own and has meant something more personal to me. Being Anishinabe is a great gift if we open and discover all the teachings that await the individual making the choice to open it. The hard part for some to understand is that it is a lifelong journey that is unique to that individual. While some choose to be “Indian” there are many others who are choosing to be Anishinabe and discovering what it means to them. The key is to unlock it and make a decision to open it. While some will focus on the “right way” or “wrong way” I believe each journey is their own. I remember an elder a few years ago had shared with me using the phrase, “mirror mirror on the wall who is the greatest Indian of us all.” He told me to be careful for those that carry themselves in that way. For me I try to remain open to receiving these gifts as they come from all directions and even right under my nose. I feel I am an infant on this path myself and remain humble with humility. Being Anishinabe there is so much to be proud of but often we struggle with what is under our noses instead of the bigger picture. As a small and semi–closed community we will not be able to avoid hardships, grief, and losses individually or as a nation. Hardships have come along that path of all that live and breathe on earth but we can receive them as teachings along the journey. I remember the simple values growing up “respecting our elders”, “kindness”, “humility”, “service”, “generosity” and “honesty” just to name a small few and I’ve met some awesome people in Anishinabe Country including here that exemplify that. Anishinabek are helping to move tribal nation’s forward as we face some tough issues on a daily basis. A common denominator that I see in great leaders is having a solid grounding of who they are as an Anishinabe. They can take a struggle or misfortune and turn it into a positive for the whole. They are able to see differences and similarities and still find common ground. They are able to bring people together who have never been able to sit at the same table and still make progress. We are fortunate that at the Saginaw Chippewa Nation we have leaders who have some of these qualities and have been or are being successful in moving some critical areas of the tribe and programs forward. In my opinion when you are being Anishinabe you see hurdles as another opportunity for understanding and a teaching.

I feel fortunate to be asked by Tribal Council past and present to continue to assist our community through our Behavioral Health Services. I feel very fortunate to work with an awesome staff that believe in the spirit of our mission and make our workplace and community a better place. There are numerous other staff, programs, departments and organizations that assist us in moving forward and I express my gratitude to you. One thing for certain is to not lose sight of who we are as Anishinabe as we strive to improve and move forward to elevate the health of our nation. As we move Behavioral Health Services forward I will continue ensure to the best of my ability to never lose sight of who we are. Sometimes it is difficult to keep that balance in a workplace with many regulations outside of our nation but it is always one worth striving for.

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