



BEHAVIORAL HEALTH PROGRAM 2017 ANNUAL REPORT

MISSION

The purpose of the Saginaw Chippewa Indian Tribe Behavioral Health Program 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.

For More Information or to Receive Services:

**2800 S. Shepherd Rd.
Mt. Pleasant, MI 48858**

Behavioral Health
Ph# 775-4850
Fax# 775-4851

Nami Migizi Nangwiihgan
Ph# 775-4400
Fax# 775-4851



- Outpatient Counseling
- Intensive Outpatient Program (IOP) for Substance Use
- Case Management
- Adult Residential Treatment Center (RTC) for Substance Use
- School Based Consulting Clinician
- Psychiatric Services
- Supportive Living Program (SLP) for Substance Use
- Helping Healer
- Nami Migizi Nangwiihgan (NMN) Domestic Violence Services – Assistance, Advocacy, Counseling
- Traditional Healer
- Holistic Specialty Treatments: Acupuncture, Energy Healing
- Jail Liaison – Substance Use Outreach
- Healing to Wellness (Tribal Drug Court)
- Native Connections Project
- Prevention
- After Hours On-Call Crisis Services
- Niijkewehn Mentoring Program
- Graduate Level Internship Opportunities
- Community Presentations and Consultation
- Intensive Community Treatment Program

SERVICES PROVIDED

2017
Annual Report

Meetings & Groups

- Substance Abuse Drop-In
 - NA Group
 - Domestic Violence Support Group
 - Meditation/12 Step Group
- O'Des Wahn Ning—Sweat Lodge
 - Cleansing Ceremony
 - New Spirit—12 Step Meeting

Waywaynah Bozhoo

My Relatives; my name is David Garcia; my father is from the La Pan tribe of the Apache Nation. This is my second year as the Behavioral Health Administrator at Behavioral Health and I continue to feel blessed to be able to serve this tribal community.

This past year has been one of growth, stabilization and excitement for Behavioral Health and its programs. We continue to fill open positions with quality personnel and are close to being fully staffed. Programs such as Case Management and Domestic Violence, which have been semi-dormant, are now fully staff and actively reaching out to serve the tribal community. We have implemented several new programs into the collection of Behavioral Health services; Intensive Community Treatment, Native Connections, Acupuncture and Energy Work. We have actively been working with the Grants department to continue to obtain funding for existing programs and to bring in new programs. And we continue to work towards establishing healthy collaborative relationships with other tribal programs. We received our 3-year CARF accreditation acknowledging the quality of the work we do.

As we look forward to this coming year, our goal and focus will be to improve the quality of services. I'm excited to have new coordinators for the Residential Treatment and Prevention programs. We will be looking at programs such as Intake services, Prevention services, Helping Healer services, Traditional Healer services, Psychiatric services and Residential Treatment to evaluate how they can better serve members. We have a new grant to continue the Nijjkewehn – after school mentoring program and that will begin in January. Establishing effective and positive communication with other departments will be essential for collaboration of member services. In collaboration with Nimkee, we hope to identify and implement a new Electronic Medical Record system that can be utilized by tribal departments to address the HealthCare Initiative and improve the sharing of vital client information. To always remember, that what we do for the tribal community today, influences the next Seven Generations. The commitment of this Behavioral Health administration and its staff has been and always will be “to provide the tribal community and its members with quality, comprehensive, individualized and holistic services and programming in order to help and heal themselves”.

Miigwetch

BUSINESS SERVICES

2017
Annual Report

Administrator
David Garcia



Our front office is the hub of our organization. Front office staff work diligently to ensure Behavioral Health Program functions as smoothly as possible. Staff work to keep the clinicians structured and provide constant communication regarding clients and schedules. Staff are responsible for completing referrals, scheduling appointments, and completing reminder calls. Behavioral Health Program's front office staff are often the first person an individual will talk to when they are in crisis. Staff are compassionate, understanding, and take the time to listen. They know what an individual needs to get them connected to services. They also assist in other areas with regards to medical records, billing, faxing, filing, psychiatric dictations, and much more.

FY2017 Behavioral Health Funding Sources
(Excluding Tribal Support and Indian Health Services)

- SAMHSA Native Connections Grant
- OVW CTAS Grant for Victim Services Grant
- ITC Mental Health
- DHHS Family Violence Prevention Grant
- Tribal Behavioral Health Implementation (TBHI) Grant
- Access to Recovery (ATR)

Psychiatric Services

Dr. Kathleen Regan provides psychiatric services and serves as our Medical Director. She is in the building every Wednesday, but is available via telephone when needed. In FY2017, Dr. Regan provided services to 178 individual clients. She had a total of 350 appointments scheduled. Of those 350 appointments, 287 appointments were attended. The overall show rate for psychiatric services was 82%. in FY2017. Dr. Regan works collaboratively with Nimkee Clinic and also approves admissions to Residential Treatment Center.

BUSINESS SERVICES

2017
Annual Report

Office Staff

Business Services

Coordinator

Elizabeth Evans
Lacie Kelly (hired March, 2017)

Office Manager

Sheila Mullen

Administrative

Assistants

Debbie Peterson
Samantha Snyder
Shannon Ley

Psychiatrist

Dr. Kathleen Regan

Quality of Services

Behavioral Health Program is committed to continually monitoring the effectiveness of the services we provide. We rely on feedback from the individuals we serve as well as from the agencies and programs we collaborate with. There is always room for improvement and we strive to implement changes to ensure we are meeting the needs of the community.

BUSINESS SERVICES

2017

Annual Report

I was given the opportunity by Behavioral Health staff to give input into my health/treatment/service needs.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Strongly Agree	72.7%	82.3%	76.5%	79.2%
Agree	20.5%	9.7%	23.5%	16.7%
Neither Agree or Disagree	6.8%	8.1%	0.0%	4.2%
Disagree	0.0%	0.0%	0.0%	0.0%

Behavioral Health staff were friendly and helpful to me.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Strongly Agree	72.7%	88.7%	76.5%	83.3%
Agree	22.7%	11.3%	23.5%	16.7%
Neither Agree or Disagree	2.3%	0.0%	0.0%	0.0%
Disagree	0.0%	0.0%	0.0%	0.0%

I would recommend Behavioral Health services to others for help with their health needs.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Strongly Agree	59.1%	83.9%	76.5%	83.3%
Agree	31.8%	9.7%	23.5%	16.7%
Neither Agree or Disagree	6.8%	6.5%	0.0%	0.0%
Disagree	0.0%	0.0%	0.0%	0.0%

Overall, I am satisfied with the services I receive from Behavioral Health.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Strongly Agree	65.9%	88.7%	88.2%	83.3%
Agree	20.5%	9.7%	11.8%	16.7%
Neither Agree or Disagree	13.6%	1.6%	0.0%	0.0%
Disagree	0.0%	0.0%	0.0%	0.0%

CARF ACCREDITATION

In June, 2017, we received a 3 year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement of services that center on enhancing the lives of persons served.

FY2017 Outpatient Clinical Services Numbers:

Average case load size for clinicians: 39 clients
Counseling sessions: Up to 30 scheduled sessions per clinician/per week
Counseling sessions attended: 16 to 18 on average per clinician/per week
Number of clients open to outpatient services: 210 for individual counseling services
Number of crisis walk-in services: 66 sessions between 20 and 90 minutes each
After-hours crisis call services: 97 calls
Total number of appointments scheduled: 6612 (includes all outpatient services)
Total number of appointments attended: 5077 (438 were for intake appointments)

Training and Professional Development

Staff participated in a variety of off-site trainings including:

- Co-Occurring Recovery Oriented Assessment & Treatment Using Current Practices
- Social Work Ethics
- Human Trafficking
- FASD Training
- Substance Use Disorder webinars
- Group Therapy with Substance Use Clients
- A variety of in-house skill building/training regarding treatment planning, case presentation, historical trauma, safety review, HIPAA, etc.

Intake and Assessment Services

Purpose of Intake:

- To gather information about the client that allows Behavioral Health to understand what the underlying problem is, and to match up the client with the appropriate treatment and or/counselor.
- To assess and respond to the urgency of a client's situation.
- To familiarize client with Behavioral Health Program services, policies, and counseling process.

Intake Numbers:

- On average, the Intake Specialist conducts between 6 and 9 sessions per week, which includes completing a thorough clinical assessment.
- In FY2017, 438 intake s were completed. This is an increase of 55 compared to FY2016.

OUTPATIENT SERVICES 2017 Annual Report

Clinical Team

Outpatient Clinical Coordinator

Debbie Robb

Lead Therapist

Deanna Scott-Hicks

Intake Specialists

Camille Sumpter

Lacie Kelly (until March, 2017)

Clinical Therapists

Amy Campbell

Andrea Hall

Shelby McCliggott

Rita Lutes-Pulley

Dawn Mena

Case Manager

Amanda Chapman

Case Management Services

Case management services work to assist clients in gaining access to needed resources in the community such as medical, social, educational, housing, employment, etc. Core elements of case management include planning, linkage, coordination and monitoring. Services are provided in a responsive and effective manner focusing on process and outcomes.

Types of case management services offered:

- Residential: Clients in RTC receive case management services during and following treatment.
- Outpatient: Clients may receive services as a standalone service or in conjunction with outpatient counseling services.
- Domestic Violence: NMN offers case management as a standalone service or in conjunction with outpatient domestic violence counseling.
- Psychiatric: Clients receive outpatient case management services as part of psychiatric services and/or as part of medication management.
- Intensive Community Treatment (ICT): Clients work with a case manager and clinical therapist as a treatment team.

Case Managers may have up to 30 clients on their caseloads. This number is adjusted based on the client's level of need. Some case management services require meeting once per month while other require weekly contact.

Intensive Outpatient Program (IOP)

- IOP is a 12 week, psycho-educational group to help individuals develop coping skills, improve their mental health, improve and strengthen recovery skills, and to enhance their ability to maintain sobriety.
- IOP integrates the disease concept of substance use with cognitive-behavioral approaches, motivational counseling, cultural teachings, and principles of the 12-step program.
- IOP meets for a total of 9 hours per week on Tuesdays, Wednesdays, and Thursdays from 1pm-4pm. Clients are also assigned to an individual therapist.
- IOP functions as a step-down program from partial hospitalization, detoxification program, or residential services.
- IOP serves to minimize the need for a more intensive level of treatment for individuals who do not require residential treatment but need something more intensive than traditional outpatient services.

IOP Numbers:

- IOP provided group treatment to 33 participants in FY2017.
- IOP scheduled 432 group sessions.

OUTPATIENT SERVICES

2017

Annual Report

Substance Abuse Outreach

Jail Liaison Services

- Complete intake and assessment for individuals who are incarcerated and who are requesting services upon their release.
- Assist individuals who are incarcerated and are already open to counseling services.
- Assist with the direct admission from jail into Residential Treatment Center (RTC).
- Work with Healing to Wellness (HTW) clients sanctioned to jail to assist with possible increased level of care.

The Substance Abuse Outreach Counselor averages 3 hours of face-to-face time in the jail weekly and requires approximately 3-4 hours of follow-up for documentation and care coordination.

School Based Consulting Clinician Services

The School-Based Consulting Clinician (SBCC) program strives to improve access to diagnosis and treatment for children and adolescents. In addition to identifying children with mental health needs and ensuring access to services, SBCC services focus on assisting with the coordination of service planning between educators, mental health professionals and families. Educators, Social Service providers, Juvenile Justice Officials, and mental health specialists work collaboratively to develop and implement effective services as well as link children and families to additional supports in the community.

SBCC Services:

- Active Clients—up to 60
- Over 900 students eligible to receive SBCC services
- Consultant/liaison to 26 identified schools

SBCC Assistance:

- Special education services referrals
- Referral for outpatient therapist at Behavioral Health Program or another agency, if needed
- Psychiatric and medication monitoring
- Mentoring programs
- Referral to prevention/youth programs
- Referral to Helping Healer
- Advocacy
- Behavioral observation
- Behavioral testing, ADD/ADHD
- Crisis intervention
- Other services as needed

Barriers to SBCC Services:

- Truancy
- Parent/Guardian decline services

SBCC future plans include working on improving school attendance by reducing truancy. Regular school attendance as an early intervention can assist with positive outcomes for learning and can improve academic development. SBCC is working to increase the awareness of the important role the school plays in meeting the social and emotional needs of students by supporting the effort to work on creating trauma sensitive programming.

SCHOOL BASED CONSULTING CLINICIAN (SBCC) 2017 Annual Report

School Based
Consulting Clinician
Sarah Winchell-Gurski

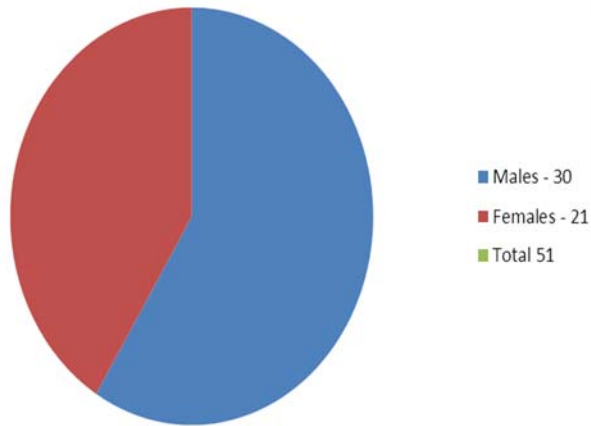


The Behavioral Health Program Residential Treatment Center offers a community based program catering to the needs of Native Americans who want to begin their journey to recovery. The program is financed through financial support from SCIT Tribal Council and monies made available through Indian Health Services and the Access to Recovery Grant.

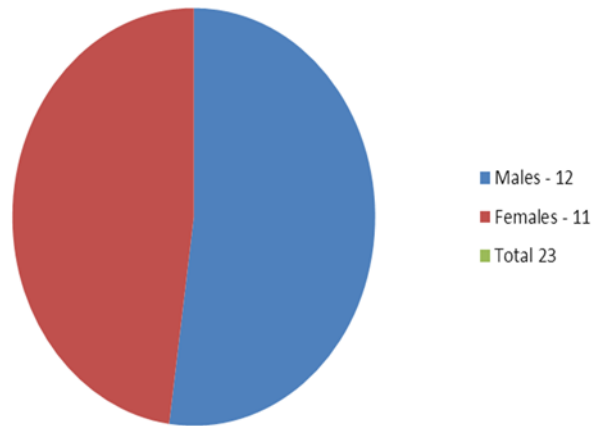
The Residential Treatment Center houses a 12-bed (6 male, 6 female) Residential Treatment Center and a 6-bed (3 male, 3 female) Supportive Living Program. Programing consists of individual and group therapy sessions, case management; mindfulness, acupuncture, energy healing, life skills, and a variety of other services. Tribal and community agencies/programs are utilized support individuals as they work towards personal goals related to their spiritual, physical, emotional, and mental wellbeing.

RESIDENTIAL TREATMENT CENTER 2017 Annual Report

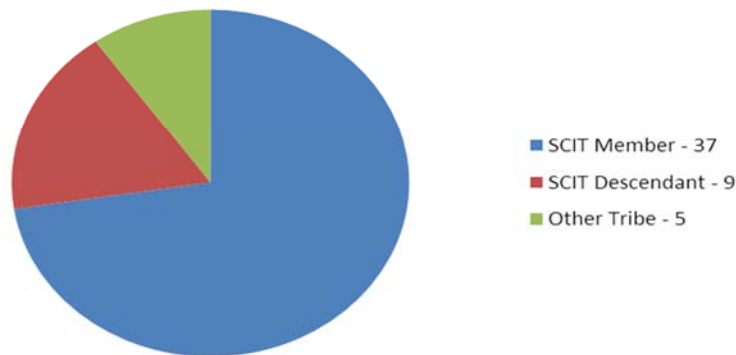
FY2017 RTC Admissions by Gender



FY2017 SLP Admissions by Gender



FY2017 RTC Admissions by Membership Status



RTC Team

RTC Coordinator

Diane Littel
Aaron Graveratte
(hired October, 2017)

Support Staff

Kim Hinmon
Theresa White
Chrystina Lightfoot
John Johnson
Jenna Gilginas
Michelle Yoder
LeeAnn Price-Fortino

Case Manager

Christa Gomez

Substance Abuse Counselor

Robert Storrer

Clinical Therapist

Dianna Chipp

Nami Migizi Nangwiihgan (NMN) Victim Services

NMN services began at Behavioral Health Program in 2005. Over the years, changes have occurred within the program due to funding as NMN is a program that is completely grant funded. In FY2017, NMN hired all new staff under the OVW CTAS grant. This is a 3 year grant and employs a Coordinator, Counselor, Case Manager, and Support Technician. Below are some of the accomplishments that occurred in FY2017.

October, 2016:

Domestic Violence Color Run took place on 10/22/16. There were 122 participants and 165 in attendance.

October, 2016 – September, 2017:

NMN provided services to 72 clients

October, 2016 – September, 2017:

After-hours Sexual Assault Response Team (SART) provided face-to-face advocacy to 2 victims of sexual assault. Nine staff members from Behavioral Health Program, NMN, and Victim Advocate volunteer to be a part of the on-call rotation.

October, 2016 – September, 2017:

28 Moving Beyond bags were provided to victims of sexual assault, \$494 worth of bus passes were given to individuals who needed transportation assistance to/from appointments, \$510 gas cards were given to individuals, \$898 was paid in rental assistance, \$184 was paid in vehicle repairs. Clothing, laundry soap, personal hygiene items, diapers, and other personal items were given on an as-needed basis.

December, 2016:

Sexual Assault Nurse Examiner (SANE) Contract/Agreement signed and McLaren took over financial responsibility of the SANE program.

May, 2017:

Victim Services Counselor hired. She is currently working with 32 clients.

July, 2017:

Victim Services Case Manager hired. She is currently working with 20 clients.

August, 2017:

Domestic Violence Task Force (DVTF) was created. Members of the DVTF include Prosecutor, Magistrate, Tribal PD, Helping Healer, Substance Abuse Counselor, School Counselor, Victims of Crime Advocate, Ways to Wellness, and Public Health.

August, 2017:

Victim Services Coordinator hired.



2017 Annual Report

NMN Team

Victim Services Coordinator
Mary Mummaw

Victim Services Counselor
Heather Bartlett

Victim Services Case Manager
Erin Gauthier

Victim Service Support Technician
Currently Vacant

Domestic Violence, Sexual Assault, and Stalking can affect anyone regardless of race, culture, sex, and/or age. Nami Migizi Nangwiihgan provides assistance for anyone who has been affected by violence in their life.

Prevention Program Activities

Behavioral Health Program's Prevention Team works diligently throughout the year to provide healthy activities and to promote education. Regular activities include quarterly family dinners, quarterly teen dances, weekly beading group, weekly men's group, and quarterly prevention newsletters. Staff serve on several committees and are often asked to work collaboratively with other SCIT departments and community agencies. American Indian Sobriety Month (AISM) is a highlight of prevention. The activities for 2017 are listed below.

July/August

7/29 – Freedom Walk: 209 participants (105 were SCIT Tribal Members)

7/31 – Niibing (last day)

8/3 – Behavioral Health Program Open House

8/8 -8/9 – Youth Gathering of Native Americans GONA (snacks/meal preparation)

8/9 – Rez Ball 3 on 3 Basketball Tournament (collaboration with Recreation)

8/16 – Elders Bingo

8/17 – AISM Youth Fishing Tournament

8/20-8/23 - Niijkewehn Cultural Camp (GTB Language Camp)

8/23 – AISM Youth Cupcake Wars

8/24 – K12 Back to School Event (Behavioral Health booth with school supplies)

8/31 – AISM Family Dance – Celebration of Sobriety and Recovery

8/31 – International Overdose Awareness Day (media campaign was held throughout the month)

PREVENTION PROGRAM

2017

Annual Report

Prevention Team

Prevention Coordinator

Jennifer Crawford

Shuna Stevens

(hired November, 2017)

Prevention Specialists

Alice Jo Ricketts

Kevin Ricketts

Guadalupe Gonzalez

Undergraduate Intern

Leadership Program

Carrie Carabell



Helping Healer Program

There are many workshops that happened over the course of this past year. The Helping Healer has worked with many departments to provide cultural services to the employees or clients of the those departments. The Helping Healer performed ceremonies on an individual level as well. On a community level, the Helping Healer performed ceremonies, storytelling, and/or cultural teachings for various activities that took place, such as Honoring, Healing, and Remembering in June and the Paint the Rez run in October. There were group sessions with Residential Treatment Center to help the residents connect to their traditional ways. The first and third Wednesday of the month is dedicated to traveling to the Saganing community. The Helping Healer also held several cultural teachings and made many crafts with the community in Saganing.

Traditional Healer

The Native practitioner uses traditional plant medicines that help with healing the physical, emotional, and spiritual. These medicines can also assist in living a healthier way of life. In addition to using the plant medicines, the practitioner uses the healing spirit to assist in healing or removing what is causing the distress within the body, mind and spirit. Donnie Dowd provides services at Behavioral Health two times per month.

Alternative Therapies

Behavioral Health is pleased to offer acupuncture on a regular basis to the community. Acupuncture is offered at Behavioral Health every Thursday from 4-6pm. Acupuncture is also offered in Saganing two times per month (on the first and third Wednesdays). Acupuncturists participated in health fairs at Saganing and Andahwod.

Dianna Chipp, Clinical Therapist, is trained in Energy Healing. This program is in the developmental stage and will be offered on a regular basis in FY2018.

HEALING SERVICES

2017

Annual Report

Helping Healer

Steve Pego

Traditional Healer

Donnie Dowd

Leadership Apprentice

Samantha Kirklin

Trained Acupuncturists

Deanna Scott-Hicks

Robert Storrer

Stacie Stanton

Sarah Winchell-Gurski

Rita Lutes-Pulley

Kim Hinmon

SAMHSA Native Connections Project

The overall goal is to engage community knowledge and experience to assess and enhance the tribe's ability to prevent, monitor, and address issues of suicide and substance abuse and misuse among young people up to and including age 24. The grant is funded by Substance Abuse and Mental Health Services Administration (SAMHSA). The project period is 3/30/16 to 9/29/21.

Overview of Activities:

- Project Coordinator hired May 30th, 2017.
- Administrative Assistant II hired July 5th, 2017.
- Conducted CRM interviews on the issue of Suicide Prevention from August 2-10, 2017.
- Sponsored a Youth Gathering of Native Americans (GONA) in collaboration with the Summer Youth Work Program in which 43 youth (14-24 years old) participated on August 8-9, 2017.
- Michigan State University-Native American Institute (MSU-NAI) contract finalized on August 23rd, 2017.
- Watched 20 out of 24 webinars as of September, 2017.
- Data Evaluation Analyst hired September 11th, 2017.

Next steps include establishing an Anishinaabe Bimaadiziwin Edbaamjigejik (ABE) Advisory Board, hiring a Case Manager to be stationed at Nimkee Clinic, implement CRMs, develop educational and outreach materials, present Native Connections approach at the Program Directors meeting, and outreach and formal affiliation with youth serving programs and groups, and substance abuse programs and groups for collaboration and support of shared efforts.

Intensive Community Treatment (ICT)

ICT is a culturally sensitive approach to the delivery of services for Native American adults with serious and persistent mental illness or co-occurring mental health and/or substance use disorders. What sets ICT apart is that it is a more intense "community based" approach than traditional outpatient counseling and case management services. ICT is funded through a block grant. The grant supports the addition of two providers, a clinical therapist and a case manager. Both were hired in September, 2017. ICT staff work as a team and have a smaller caseload due to the intensive provision of services.

The program is intended to identify and work with:

- adults who have been diagnosed with persistent mental illness or co-occurring mental health and alcohol/substance use disorders and have difficulty adhering to or benefiting from traditional treatment;
- adults with serious mental illness at risk of incarceration or psychiatric hospitalization; and
- adults who have significant difficulty performing daily living tasks required to function in the community due to persistent mental illness or co-occurring mental health and/or alcohol/substance use disorders.

ICT services include community based psychotherapy and counseling, case management, assistance accessing traditional healing and cultural teaching/traditions, skills development, care coordination, advocacy, and support for employment, education and housing.

WHAT'S NEW AT BEHAVIORAL HEALTH? 2017 Annual Report

Native Connections
Project Coordinator
Lisa Kennedy

Native Connections
Administrative Assistant II
Marilee Fleming

Native Connections
Data Evaluation Analyst
Lorry Crawford

Intensive Community Treatment
Clinical Therapist
Chelsea Caley

Intensive Community Treatment
Case Manager
Sasha King