Many Pathways:

The Access to American Indian Recovery (AAIR) Program

Planting Seeds for Communities in Recovery





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To learn more about AAIR, call toll-free: (866) 350-8772
or visit: www.crihb.org/aair

An Invitation…

Access to American Indian Recovery (AAIR) is, I believe, one of the most important programs that I have encountered in over three decades of community service. Recognizing that sustainable recovery is built on client choice, and is community centered, AAIR creates space at the table for non-traditional providers such as peers in recovery, faith organizations, and Native cultural and spiritual practitioners.

In this era of shrinking budgets and healthcare reform, AAIR recognizes that partnerships and collaborations among organizations are critical, and that ultimately all people are accountable for the health and wellness of their community. All have a role to play.

This book is built around the metaphors of planting, cultivating, harvesting and sustaining. It documents key activities of an Access to Recovery Tribal grantee (planting). It addresses the critical needs we face in Year Two of this grant program: meeting client targets and increasing expenditures by motivating existing providers to enroll more clients and recruiting new providers to the program; it also includes materials that supplement training and technical assistance opportunities for providers (cultivating). It honors the achievements of AAIR provider organizations and their clients (harvesting). It provides links to key ideas and to a host of resources—many of them free or low-cost—for those engaged in the work of promoting community wellness and healing (sustaining). For none of us walk this path alone.

In that spirit, we recognize the diligent support of the CRIHB Board of Directors, AAIR Advisory Board and AAIR providers, CRIHB staff, and contractors, as well as the staff and consultants of the funding agency, SAMHSA, whose contributions have made a significant impact upon the success of this endeavor.

My fervent wish is that this book serves as a call to action, as it illuminates the many pathways that have improved the lives and work of clients and their families, of provider organizations and their staff, and of all the communities that we serve. May our work encourage others to share in this journey of planting seeds for communities in recovery.

In gratitude,

Vicki Sanderford-O'Connor
Former AAIR Project Director

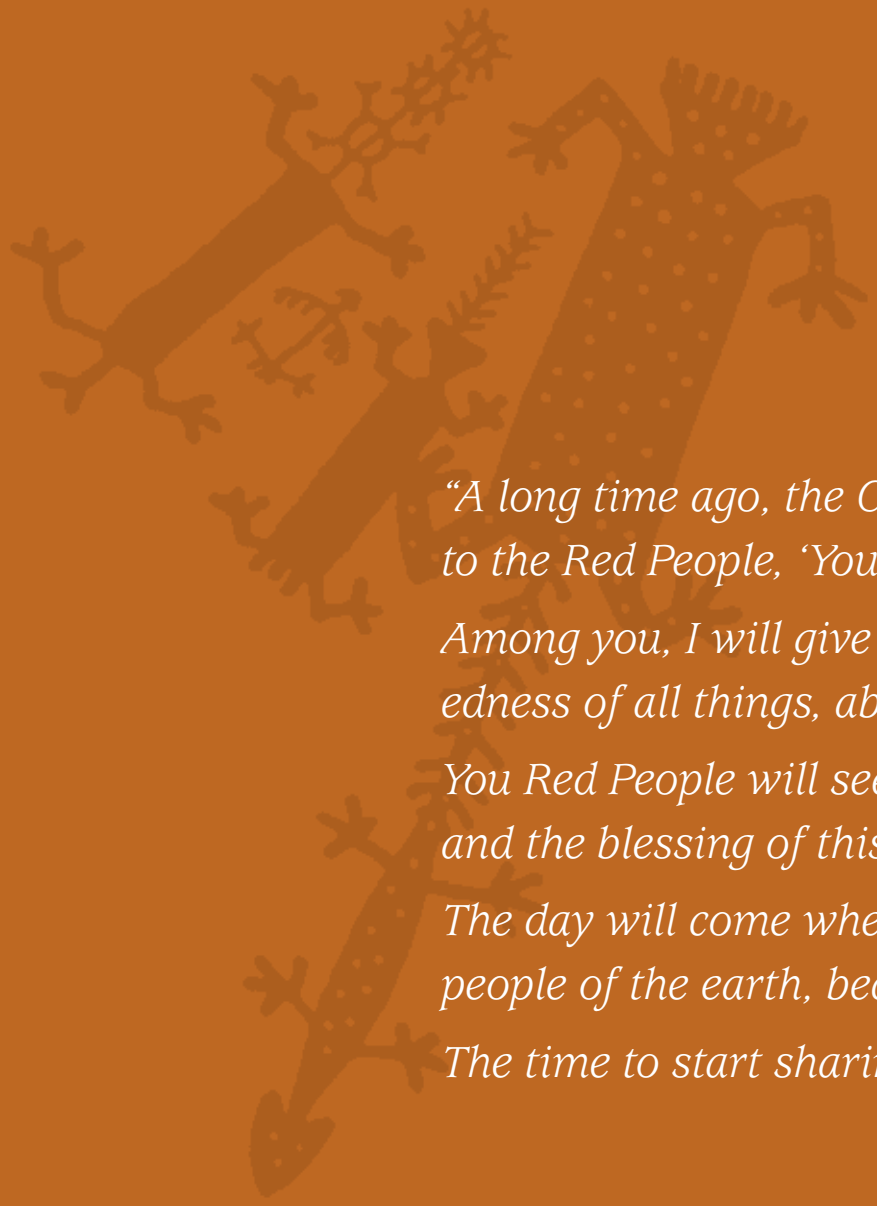
"Behold this day, for it is yours to make."

Black Elk





Table of Contents



"A long time ago, the Creator came to Turtle Island and said to the Red People, 'You will be the keepers of Mother Earth.

Among you, I will give the wisdom about Nature, about the interconnectedness of all things, about balance and about living in harmony.

You Red People will see the secrets of Nature. You will live in hardship, and the blessing of this is you will stay close to the Creator.

The day will come when you will need to share the secrets with other people of the earth, because they will stray from their Spiritual ways.'

The time to start sharing is today."

Don Coyhis, Mohican

Chapter 1

Planting Seeds through Access to American Indian Recovery (AAIR)

Introduction: The Focus of Access to American Indian Recovery

In September 2007, California Rural Indian Health Board, Inc. (CRIHB), was awarded over $14 million as part of the Access to Recovery 2 (ATR 2) program to fund substance abuse treatment and recovery services for more than 6000 American Indian/Alaska Native (AI/AN) people in California, Oregon, Washington, and Idaho.

This funding is intended to provide a hand up to Native communities engulfed by historical trauma, poverty, and drug-related crime. Some communities and healthcare facilities have been overwhelmed by the impact of drugs and alcohol. Yet few AI/AN people have adequate access to healthcare, especially clinical treatment and recovery support services for substance misuse.

Expect these problems to get worse. The *National Drug Threat Assessment 2009* points to international Drug Trafficking Organizations as the most serious threat to rural Native communities today and predicts drug trafficking, substance abuse, and violence in Indian Country will only get worse in the future.

With few resources to address these problems, Native communities may pay an even higher price tomorrow than they do today. That's one area where the AAIR program may be able to help.

One answer, many pathways

The Access to American Indian Recovery program (AAIR) encourages clients to choose their own path to recovery. It won't be the same for everyone. That's why AAIR wants to expand capacity of the provider network: by increasing the number of clinical treatment and recovery support service providers and the types of services offered. More providers and services mean more choices for AI/AN people.

Services provided to AAIR clients are reimbursed as fees for services. An automated voucher management system handles client enrollment, approvals, data collection, billing, and related activities, including generating reports and scheduling reminders.

What AAIR offers

AAIR offers behavioral health and recovery support services to AI/AN people with substance abuse issues who cannot otherwise pay for these services. To the provider organizations in the network, AAIR offers prompt fee reimbursement, staff training and technical assistance, and other resources.

The AAIR program promotes four key areas:

1. Expanding the continuum of care by funding recovery support services.
2. Encouraging communities of recovery by advocating sustainable partnerships.
3. Supporting methamphetamine users in recovery by dedicating special funding.
4. Strengthening providers ability to track client outcomes.

In the pages that follow, these areas are outlined and expanded upon to increase understanding and participation in the AAIR program.

Recovery support services

Expanding the continuum of care by funding recovery support (RS) services is an essential part of AAIR. RS services include a variety of activities, from aftercare and sober living housing to peer groups, parenting classes, educational or employment assistance, as well as a variety of cultural and spiritual practices that help clients sustain lifelong recovery.

RS services may be delivered by peers, professionals, faith-based or community organizations. Many RS programs have cultural, spiritual or faith-based components that AAIR clients say enhances their healing process.

Building partnerships

Decades of underfunded healthcare and other factors have left many rural and urban Native people with few options for help with substance issues. To address this barrier to access, AAIR encourages provider organizations to partner with other providers, as well as with faith- and community-based organizations. As the provider profiles in Chapter 3 show, some AAIR providers incorporate cultural and spiritual components into their existing programs, while others partner with groups or organizations who offer these alternatives.

While the recovery path may be different for each person, partnerships and alliances help expand the options available and create opportunities for clients to choose their unique pathways to wellness. Partnerships make it easier to cut through red tape, improve service delivery, and share Native best practices.

Methamphetamine users

Methamphetamine use has reached epidemic levels in some areas. Since 2000, meth use among AI/AN people has increased more than 40 percent (National Drug Threat Assessment 2009). The drug has "devastated Native American Tribal communities" causing "dramatic growth in violent crime, suicide, and child neglect" ("Meth in Indian Country," One Sky Center, 2007).

As part of SAMHSA's goal to reduce the impact of meth, 30 percent of AAIR treatment and recovery funds have been allocated for AI/AN clients recovering from meth use. Today, nearly two years into the program, over 40 percent of AAIR clients have self-reported meth use and over 50 percent of AAIR funds have been spent on meth-related recovery.

Reporting GPRA outcomes

How well are your programs working? Do you know? The Government Performance and Results Act (GPRA), SAMHSA requires data collection from AAIR clients three times: at intake, at discharge, and at six months after intake. This requirement may sound like busy work for the government, but there's a big payoff for providers: you'll find out what impact your work is having on clients. Being able to document performance is a great advantage to providers interested in new or continued funding.

In testimony before the Senate Committee on Indian Affairs, the Honorable Rachel A. Joseph, chairperson of the Lone Pine Paiute-Shoshone Reservation and of the Toiyabe Indian Health Program, calls GPRA one of the most important improvements in the Indian health system in the last five years. Ms. Joseph points out that GPRA data provide:

- A benchmark to measure program competence.
- The ability to track progress toward goals.

GRPA reports can tell you which programs and activities are most effective and what needs improvement. They can alert you to potential problems. GPRA reports give solid answers to questions we once had to guess at. In these days of cost-cutting and growing competition for shrinking dollars, good GPRA reports could save the day for some provider organizations.

Underfunding: causing under-utilization?

Chronic underfunding of Native healthcare means there's a huge unmet need for substance abuse services in Native communities. Yet as we near the end of AAIR's second year, the problem we face is not the large number of AI/AN clients who apply for services.

Instead, under-use of services threatens the life of the AAIR program. Too few AI/AN people are receiving AAIR services, too few

providers participate actively in the AAIR program, and so AAIR funds are going unused. The stakes are high: the lives of AI/AN people and the wellbeing of their families and their communities. The survival of provider organizations and continued funding for programs and staff positions could also be at stake.

Call to action

By working together, sharing ideas, learning new approaches, and restoring cultural and spiritual wisdom, we have a chance to make a difference.

AAIR can help. Please, get involved. Lives depend on our willingness to do the right thing.

AAIR: Planting the Seeds for Communities in Recovery

Several providers have asked if AAIR brings enough money to fund the total unmet need for substance abuse services by AI/AN people in California, Oregon, Washington, and Idaho. The answer is: "No."

Instead, think of AAIR as planting seeds for a broader healing to occur, not only for clients, but also for their families and communities. Rather than working to build larger treatment programs and organizations, it is important to "expand each community's natural recovery support resources" (White, 2004).

AAIR creates a unique opportunity by funding conventional drug treatment and recovery services—as well as Native cultural and spiritual healing practices.

"Culture is healing"

…says Don Coyhis of White Bison. Today many people recognize that Native cultural and spiritual practices can be more effective than conventional clinical and medical approaches in addressing substance abuse issues, especially with AI/AN clients. These Native practices do more than just stop substance use—they help heal longstanding spiritual and emotional wounds and help people reconnect with their families and communities.

AAIR creates an environment in which these cultural and spiritual practices can be passed on to future generations, by funding direct services to people in need. As Native people in recovery become involved as peers helping others walk the Red Road, interest in traditional cultural practices will grow and spread, from one peer to another, from family to family, across communities.

Now is the time for Native provider organizations and Tribal communities to work together to develop sustainable models of recovery support services that make sense to them. These may involve talking circles, sweat lodges, ceremony, and other traditions.

Not every community will do things the same way. That's okay. The important thing is that people work together to integrate service delivery with indigenous institutions that support sobriety and honor cultural and spiritual traditions. Then we can form alliances strong enough to stand up to substance abuse—and win.

Indigenous treatment models

"There are some things that we hold in common among our people. Number one is that substance use or abuse in not condoned. Traditionally, we don't allow that." Ray Daw (Navajo)

Working together, AI/AN people can draw on the wisdom of indigenous cultural institutions that promote sobriety. From individuals walking the Red Road to peers in recovery, to healing communities, now is the time to move forward together. We can build the future our children deserve. AAIR creates the opportunity for us to work with others to build healthy, drug-free communities in recovery we can believe in and support.

AAIR Provider Organizations and Fee Reimbursements

Payments to active AAIR Provider Organizations (April 2008 through May 2009):

The following list includes 70 active providers in the AAIR network. Some participate much more actively than others, as the table shows, with total payments for the year ranging from a low of $320.00 to a high of $294,842.45.

Alcohol Drug Care Services, Inc.	$ 23,835.00	First Nations Counseling Center	$ 15,863.86
Alpine Center for Healing & Recovery	15,006.00	Friendship House Association	281,535.00
American Indian Changing Spirits	48,990.00	Grandview Foundation	1,924.00
Amity Foundation	5,655.00	Greenville Rancheria Tribal Health	485.00
Benewah Medical and Wellness Center	7,139.00	HASP Jordan Recovery Center	119,815.00
Carol Sawyer	1,595.00	Hilltop Recovery	39,385.00
Casa de Las Amigas	320.00	Hoopa Valley Division of HHS	4,915.00
Changing Echoes, Inc.	1,485.00	Humboldt Recovery Center	20,380.00
Cherokee House	32,850.00	Indian Health Council	4,175.00
Choices of Long Beach	93,109.38	Just Like Home	1,690.00
Comprehensive Community Alcoholism	1,076.00	Karuk Tribe of California	18,062.37
Confederated Tribes of Grand Ronde	3,629.67	Klamath Alcohol & Drug Abuse, Inc.	24,411.00
Cornerstone Recovery Systems	43,190.00	Klamath Community Treatment Center	78,314.00
Cowlitz Indian Tribe Tribal Treatment	5,074.00	Loni Ison	3,140.00
Drug Abuse Alternatives Center	4,860.00	Mendocino County Primary Purpose	6,835.00
Eagle's Gift	1,500.00	Native American Rehabilitation Assoc.	115,673.00
Eastern Oregon Alcoholism Foundation	11,565.00	Native Directions, Inc.	103,988.00
Empire Hotel Residential	24,180.00	New Change for Positive Alternatives	69,451.10

Nimiipuu Health-Nez Perce Tribal	25,768.58
Nisqually Indian Tribe	3,809.29
Nor-Cal Clean and Sober Living, LLC	1,422.00
Northern California Treatment Services	5,360.78
Northwest Indian Treatment Center	48,101.00
Oak House Recovery	15,975.00
Park Hill Houses	1,595.00
Pit River Health Services	2,413.56
Reconnections Alcohol and Drug	3,157.00
Redding Rancheria Tribe	8,602.79
Redding Treatment Network, Inc.	2,868.00
Riverside-San Bernardino Indian Health	78,360.68
Riverside Recovery Resources	1,260.00
Rossmore House, Inc.	13,070.00
Sacramento Native American Health Center	49,139.27
San Diego American Indian Center	84,991.14
Shoalwater Bay Indian Tribe	2,848.00
Sierra Tribal Consortium - Turtle Lodge	278,252.00
Siletz Tribal Alcohol, Drug Program	2,081.24
Skyway House	248,018.00
Sobriety Services, Inc.	2,955.00
Sonoma County Indian Health Project, Inc.	34,295.00
Suzanne Moineau	14,300.00
Tahana Whitecrow Foundation	4,653.00
Tarzana Treatment Center	33,300.00
The Consortium	5,121.00
The Ranch Recovery Center	72,410.00
Toiyabe Indian Health Program	5,025.00
Tri-County Treatment	25,860.00
Tule River Indian Health Center	100,694.45
United Indian Health Services	143,579.97
Wemble House	60,000.00
Whiteside Manor	294,842.45
Women of Worth Recovery House	98,185.00

AAIR Funds Put to Good Use

AAIR helps providers directly by paying fees for services to AAIR clients. These fees bring in dollars that can be used to support under-funded treatment and recovery support services, underwrite staff positions, or for other priorities of the provider or Tribal organizations.

The table below groups the fees paid to the 70 active AAIR providers, to show the larger impact of AAIR-generated fees on provider organization revenues.

"By implementing AAIR, NARA wins, the Tribes and their people win, and AAIR wins too. The money goes to the right place to do the right thing."

Michael Watkins
Chief Operating Officer
NARA NW
Portland, Oregon

Summary of AAIR Provider Reimbursement (4/08 - 5/09)

AAIR Amount	Number of providers
Less than $10,000	33
$10,000 - $49,999	20
$50,000 - $99,999	8
$100,000 - $249,999	6
$250,000 or more	3
Total active AAIR providers	**70**

Notes:

- 24% of AAIR providers billed AAIR for over $50,000 in AAIR client services for the year.
- More than half of AAIR providers generated fees that offset the cost of one or more staff positions.
- The 9 largest providers of AAIR services accounted for nearly $2 million of the $3 million spent during the year.
- About 30% of AAIR providers elected not to enroll a single AAIR client during the year.
- Number of clients served to date by AAIR providers: 2731 (CSAT, 9/11/09).
- AAIR clients identified as methamphetamine clients: 1211 (44%) (CSAT, 9/11/09).

Chapter 2.

Cultivating Native Best Practices & Improving Service Quality

Evidence-Based Practices in Native Communities

Today more healthcare funding decisions are focused on evidence-based practices—healing approaches proven effective by evaluating outcomes. In Oregon, for example, the Dept. of Health Services is required to spend 75 percent of its budget on evidence-based services.

While evidence-based practices work, "best practices" for one ethnic group are often less effective with other ethnic groups. "In communities of color, the individual, the family and the community are inseparable. To wound one is to wound the other; to heal one is to heal all" (Wellbriety, White Bison, 2002).

That's why the state of Oregon encourages many pathways, urging Native American people to actively participate in identifying the healing practices that work best for them, and this has been a productive strategy.

"Tribal programs, Tribes themselves, and American Indians and Alaska Natives across the country actually have enriched understandings of how to recover and how to avoid and step away from illness," said Dale Walker, M.D. (Cherokee), professor of Psychiatry and Public Health and Preventive Medicine and Director of the Center for American Indian Education and Research, One Sky Center. "We need to include that knowledge in evidence-based practices."

As Dr. Walker points out, the goal of this approach is to identify and adopt programs and practices that work. He identifies 13 Tribal Practices found to be effective:

- Adventure-based
- Ceremonies & Rituals
- Cultural Camp
- Family Unity
- Canoe Journey/Family
- Cradle Boards
- Domestic Violence Group (Men)
- Round Dance
- Sweat Lodge
- Tribal Crafts
- Tribal Youth Conferences
- Talking Circle
- Tribal Family Activities

Other evidence-based Native American practices include:

- Gathering of Native Americans (GONA)
- American Indian Life Skills Curriculum
- Horse Program (equine therapy)
- Project Venture (service learning)
- Family Strengthening Program
- Native HOPE (Helping Our People Endure)
- Motivational Interviewing.

While SAMHSA advocates the use of evidence-based best practices, AAIR funding often does not stretch far enough. For example, the best practice called "Meth Matrix" is too costly to be included as a service option to AAIR clients.

However, indigenous best practices are often more effective with AI/AN people with substance use issues, and they often cost very little to deliver. Some clients may need a combination of Native and conventional healing practices, says Ray Daw (Navajo), who works with White Bison and also serves as a SAMHSA consultant. His list of indigenous best practices includes:

- Sweat Lodge
- Tobacco Ceremony
- Smudging
- Talking Circle
- Herbal Medicines
- Blessings

Mr. Daw's work embraces the complex interconnections between substance abuse and historical trauma.

Using GPRA Data to Market, Manage & Improve Your Programs

GPRA reports can help you improve access to quality of treatment and recovery support services for AI/AN people. GPRA reports are collected at three points during contact with an AAIR client: at intake, at discharge, and six months following the initial intake. These reports produce detailed information about client experiences and provider performance in several areas:

- Drug and alcohol use
- Criminal justice
- Social support
- Employment and education
- Family and living conditions
- Records management

GRPA reports can help you sustain, market, manage, and improve your programs more easily. Thanks to an arrangement with SAMHSA and CSAT (Center for Substance Abuse Treatment), AAIR providers can now receive outcome reports on their organization.

These reports will tell you at a glance how well your clients are doing. You'll also find out if clients are falling through the cracks. If that happens, staff may benefit from coaching to help them understand the importance of collecting GPRA data.

No "extra" staff work

Like other services you provide to clients, you will be reimbursed for every completed GPRA interview. Your staff is paid for these interviews and AAIR offers a $20 gift card to clients as an additional incentive for them to participate. You can conduct this follow-up interview between 5 and 8 months following initial intake.

Reach more people

How much do you know about the people you serve? Are you reaching the people you most want to serve? Are they employed? Involved with the criminal justice system? Isolated? Homeless? GPRA reports provide answers to these and other questions. When you look closely at the challenges your clients face today, you may identify new ways to reach more people or to be more effective with existing clients. You may also discover more effective approaches to reach the underserved, to provide them with needed care. Such information can be very helpful in suggesting where to look for potential partners in other areas of the community.

Manage your program

In these uncertain times, people may feel so busy and so stressed out, that it's hard to keep priorities in mind. It's not always easy to know what services are being provided most frequently. New staff may not know all they need to know to serve clients well, and at the same time, complete GPRA reporting requirements. That could mean lost opportunities for staff, clients, and your organization.

Improve your programs

You can use GPRA information as evidence of the value of services and programs you offer and proof of their effectiveness. Potential clients will be interested. So, too, will potential partner organizations and referral sources. High GPRA follow-up rates show your ability and commitment to your clients. Positive GPRA outcomes demonstrate the success of the services your staff provides. Less-positive outcomes may suggest areas for Technical Assistance & Training to address the changes needed.

GPRA reports can help you leverage your accomplishments and build relationships to sustain needed services beyond the life of the AAIR grant. GPRA opens doors to those who are committed to improving the lives of those they serve.

Tracing pathways of recovery

GPRA data gives us the ability to trace the pathways of recovery, as clients rebuild their lives. In an era of budget shortfalls and declines in funding, your positive GRPA results can help convince funders to continue support of your programs. Providers who track and report GPRA outcomes will gain a serious advantage with funding agencies today and in the years to come.

Tracking Client Outcomes to Support Provider Programs

What's working? How well is it working? GPRA data provides us with solid answers to these questions. GPRA results provide accurate measures of the impact of services on clients. That's why provider organizations have a vested interest in GPRA outcomes—to help them save funding, preserve programs, reduce staff cuts, and attract increased support so they can continue to operate. Their survival may depend on it.

GPRA data: good for clients & providers

Funding agencies, provider organizations, staff, clients, families and communities all want mental health and substance abuse prevention, treatment, and rehabilitation services to work—to make a positive difference in clients' lives.

One of the most direct ways to hold onto funding in these tough times is to improve GPRA results and use these results as evidence of program effectiveness. GPRA offers:

- A means to measure progress toward goals;
- Insight into areas needing improvement;
- Direction as to where to focus changes;
- Lessons about what works and what doesn't.

GPRA gives us an effective tool for strengthening programs and for moving toward formation of a sustainable network of service providers and cultural programs that will continue this important work when the AAIR program ends in 2010.

We know AAIR providers have made a difference in clients' lives thanks to GPRA follow-up reports. These reports show that the services provided have had a positive and measureable impact on clients' lives. How much of a difference? The "Improvements Reported by AAIR Clients" table shows us exactly how much clients benefitted from the help they received.

Improvements Reported by AAIR Clients in their Follow-up Interviews*

GPRA Indicator	Improvement
No substance use	increased 37%
No arrests	increased 5.5%
Found employment	increased 36.5%
Social connectedness	increased 4%
Housing	increased 28%

** Taken from aggregated GPRA reports gathered as of July 17, 2009.*

Interventions provided to these clients led to dramatic increases in the number of people abstaining from substance use and in the number who found employment—nearly 40 percent in each category. The number of clients finding housing also showed improved significantly, almost 30 percent. These outcomes show clearly how the AAIR program has improved the lives of 2452 AI/AN people as of July 17, 2009.

Falling through the cracks

Now, let's turn to another GPRA outcome from AAIR providers:

- Aggregate completion rate of the six-month follow-up GPRA report for AAIR clients…under 50%

What does that tell us? The connection between AAIR providers and clients breaks down more than half the time. More than 5 of every 10 AAIR clients lose touch with their provider within 6 months. How do providers stay in contact with clients? Locator information is often important. Ongoing contact could also be critical to clients striving to stay clean and sober in areas with few aftercare services, build relationships to sustain needed services beyond the life of the AAIR grant. GPRA opens doors to those who are committed to improving life and healthcare for AI/AN people and to tracing the pathways of recovery.

Does It Work? How (and Why) to Measure Client Outcomes

We all want to provide services effective to clients. But provider organizations often have a hard time showing that they "do a good job." Finding evidence of successful programs is increasingly important to attract and sustain funding for drug and alcohol clinical treatment and recovery support services for American Indian/Alaska Native (AI/AN) people.

Has your organization felt the impact of budget cuts? The AAIR program has. Low client enrollment led to an initial cut of $250,000 from AAIR's Year Three budget. To faraway decision makers, underutilized services suggest a program is not needed by the people it was meant to serve. At a time when nearly every healthcare program is searching for more money, it's hard for funding agencies to understand how available funding goes unused. One thing is certain, however, as the recession causes deeper cuts in treatment and recovery programs nationwide, provider organizations will compete with one another for fewer and fewer dollars for the foreseeable future.

Finding funding for Native programs

How can you increase the chances your organization will attract the funding and community support needed to fulfill its mission? Here are some tips to keep in mind when going after funding.

Need, alone, is not enough to convince funding agencies to make a grant award. Funders must be convinced that a program is **worth** funding.

Whether you are applying for grant money, competing for a contract, or appealing for community or corporate support, you increase your chances of success when you focus on the results your work produces—how well your organization does what it does. Follow these guidelines to increase your success when communicating about your organization:

- **Speak and write simply and clearly.** Assume your audience knows little about the issues involved.
- **Answer the question, "So what?"** Look for simple ways to show and tell people why they should care about your cause and how people are directly affected by what you do.
- **Use strong visuals and themes.** Photos, drawings, and metaphors bring your message to life and make your mission memorable to people inside and outside your circle of staff, volunteers, clients, and supporters.
- **Remember that numbers count.** Which of your programs is ***most*** successful? How do you know? GPRA reporting makes it possible to be specific about the impact of your work on the lives of your clients.
- **Focus on success stories.** Stories emphasize the human side of an issue. Gather client stories about how they overcame obstacles and improved their lives through recovery. Stories remind clients, staff, and funding agencies alike that they CAN help themselves and others, too.

More than anything else, potential partners, allies, and funding agencies want to know about the results of your work. When you tell strong stories about the people you've served and how their lives improved, and support these stories with evidence from GPRA outcomes, you make the best case for the value of your work. You'll greatly increase your chances to make a positive impression on the people you want to reach.

Gathering solid GPRA data from clients and former clients gives you the ability to state specifically how well your programs perform. If you have questions about completing GPRA reports or about using GPRA data to manage or improve your programs, be sure to contact AAIR administration at (916) 929-9761.

The GPRA Report Honor Roll

The following table shows GPRA completion rates for AAIR providers exceeding the SMAHSA requirement, as well as the number of clients they served. These providers include large and small organizations, as well as residential and outpatient facilities.

	Aggregated Follow-up Status	
Provider Organization	Completed	Other
dba Amity Foundation (Epidaurus)	1 100%	0 0%
First Nations Counseling Center	9 100%	0 0%
Klamath Community Treatment Center	21 91.3%	2 8.7%
Mendocino County Primary Purpose	3 100	0 0%
Native Directions, Inc.	17 94.4%	1 5.6%
San Diego American Indian Center	45 100%	0 0%
Tarzana Treatment Centers Main Office	7 100%	0 0%
Tule River Indian Health Center	47 95.9%	2 4.1%
United Indian Health Services	51 87.9%	7 12.1%
Whiteside Manor, Inc. Men's Residential	94 97.9%	2 2.1%
Women of Worth Recovery House	7 87.5%	1 12.5%

**Data source: 6 month follow-up GPRA reports filed by AAIR providers through April 30, 2009. Includes only clients enrolled in the AAIR program more than 6 months.*

AAIR Provider Organization Enrollment as of September 11, 2009

Provider Type	Number
Recovery Support Services (RSS) providers:	
Faith-based RSS providers	47
Community or Secular RSS providers	50
Total RSS providers enrolled to date	97
Clinical Treatment (CT) providers:	
Faith-based CT providers	46
Community or Secular CT providers	48
Total CT providers enrolled to date	94
Total RSS & CT provider organizations	**107**

How to Expand Capacity in an Era of Cutbacks

Partners help expand capacity

Why bother to build relationships with other agencies or groups? Because valuable resources can be shared through such alliances. Each partner gets the chance to focus on what they do best and, by streamlining service delivery, providers find ways to cut costs, while improving the quality of care they deliver. Partnerships may also produce a steady stream of referrals for a provider.

Ellen Johnson, former Behavioral Health Director of the Sacramento Native American Health Center, believes it is more important than ever that providers work with internal staff and other organizations, to:

- Encourage leadership development
- Share ideas and information
- Promote teambuilding
- Speak candidly and frankly about concerns
- Engage in resource development for the long term.

The AAIR program emphasizes partnerships between provider organizations and other providers, agencies, groups, and organizations. We want to engage both traditional and non-traditional providers of clinical support and recovery support services, including faith-based institutions, Native American cultural and spiritual leaders, and peers in recovery previously ineligible for Federal funds. By building grassroots partnerships, providers help create formal and informal support systems that expand the continuum of services available and extend access to more people.

Questions for potential partners

How do you get started looking for partners? Start with your own organization:

- What is your mission?
- Are you achieving it?
- What do you need to achieve at a higher level?
- Who supports your program?
- What successes can you show to enlist the help of others?

Once you know what you want as an organization, and what your staff is willing and able to do to achieve it, you are ready to begin your search. Here are a few tips:

- Look for organizations in your community and make friends.
- Tell them stories about your work.
- Write articles and give short presentations.
- Let people know what your organization does well and what you need to be even more successful.

Reach out. You may be surprised to learn how many people are willing to support your activities.

Resources to grow your circle

The National Center for Mental Health Promotion and Youth Violence Prevention website provides an excellent overview on partnership building and collaboration to make a lasting difference in your community. The site includes many effective tools and resources related to sustainability planning, marketing your programs in your community, leadership development, evaluation, program assessment, program models, and a Virtual Library filled with free, downloadable materials:
http://www.promoteprevent.org/Resources/ legacy_wheel/partnerships.html

Where to Look for Partners & Allies

In addition to clinical treatment providers, what other organizations would be good partners for us?

Think about the broader needs of your clients and their families, from spiritual needs and social supports to sober housing, basic food and clothing, parenting skills, childcare, literacy tutoring, and job training.

You may find allies and advocates from organizations in the following areas:

- Recovery support groups
- Native American cultural groups
- Churches & religious organizations
- Alcohol/drug prevention coalitions
- Criminal justice system programs
- Law enforcement agencies
- Mental health organizations
- Social service programs/agencies
- Community-based groups
- Housing organizations
- Homeless shelters
- Child care providers
- Neighborhood groups
- Job training programs
- Literacy programs
- Businesses
- Schools
- Parent-teacher groups
- Recreational programs
- Library services
- Universities
- Youth groups
- Food banks & meal programs
- Healthcare/dental care providers
- Public transportation/ride programs
- Foundations/nonprofit organizations

Once you identify potential partners, find out how you might work together to make resources more accessible to your clients.

If clients of our partner organizations include AI/AN people with substance abuse issues, be sure to let them know you bring something to the table: AAIR funding for treatment and recovery support services.

"Strong collaborations take an investment of resources, time, and energy, to establish trust. Agencies that take these steps stand to improve their day-to-day operations as they expand the array of services available to clients. Partnerships make it easier for clients to navigate services across organizations, since many of our clients require services beyond what we offer. Good partnerships help us, as providers, to serve clients better and build stability further on down the road."

Sean Zullo, Executive Director,
Choices Recovery Services

MOUs Help Providers Develop Partnerships that Work

In a 2007 survey of providers in CRIHB's first Access to Recovery grant, known as the CAIR program, 85% of the organizations in the provider network developed new partnerships and collaborative relationships with other agencies and organizations. Many of these relationships opened doors to new resources and opportunities for providers and clients.

Forming alliances with outside organizations expands capacity of the AAIR provider network by increasing the number and type of services available to AAIR clients.

Increased capacity gives AAIR clients more choices. That's important for AI/AN people. AAIR clients may choose conventional treatment or recovery services. They may also chose providers who offer services with cultural components

SAMHSA encourages providers in the AAIR network to form partnerships and alliances with other organizations. These relationships usually work much better when their terms are put down in writing.

Memorandum of Agreement

Complex agreements between organizations or agencies are often spelled out in a Memorandum of Understanding (MOU). While less formal than a legal contract, an MOU specifies mutual commitments, responsibilities, and processes to be used between the organizations.

MOUs often cut through red tape and smooth the way for cooperation and improved efficiency, with fewer delays, and less paperwork. The result is improved service delivery and a higher standard of care for clients. MOUs can be especially useful to:

- Identify clients and services provided by each agency
- Simplify communication between organizations
- Reduce waiting time.
- Improve service quality.

The goal of partners to an MOU is working together to achieve better results than either could achieve working alone.

The key to success

Each organization needs to decide what it can and will deliver on a consistent basis. MOUs can help you expand a system of client care throughout a community. Without putting agreements in writing, systems of care are unlikely to become self-sustaining.

Memorandum of Collaboration

Agreements with multiple partners are often written in a Memorandum of Collaboration (MOC). Achieving broad healthcare goals, such as improving the health of a community, requires the cooperation of several key groups and organizations.

A community partnership to improve healthcare delivery for American Indian/Alaska Native (AI/AN) people with drug or alcohol-related issues might engage participants from both Native and non native organizations to work together to transform the current situation.

Organizations might include community-based health and religious organizations, businesses, and schools, state and local government agencies.

See the list of resources under "Partnerships & Sustainability" in Chapter 4. See also Appendix 1, for templates you may use to develop your own MOUs and MOCs.

The Seeds of Change: Stories of Healing & Transformation

Long ago Caterpillar Man and Caterpillar Woman were very much in love. They spent all their days and nights together. One sad day, Caterpillar Man met with misfortune and died. Caterpillar Woman, overcome by sorrow at losing her mate, wrapped her grief around her like a shawl and began to walk. She walked for days and weeks and months, knowing nothing but sorrow. And because the earth is a circle, after one year, Caterpillar Woman had walked all the way around the world and returned to the place where she started. The Creator looked down and took pity. "You have grieved long enough," he said gently. The Creator clapped his hands, and Caterpillar Woman's shawl was transformed into colorful wings. She turned into a beautiful butterfly and flew away. Warm Springs Traditional Story

In this touching story, the butterfly serves as a metaphor for renewal and transformation, one that can apply to healing individuals and healing whole communities. This story of love, loss, healing, and spiritual recovery, inspired the AAIR logo created by graphic artist James Marquez (Oglala Lakota/White Mt. Apache).

The butterfly image of the AAIR logo is a visual reminder that recovery is possible, even after great loss and terrible suffering. We can find our way back to wholeness when we open our hearts.

Healing stories bring us together

The Butterfly Woman story is used by the Center for Substance Abuse Prevention's Gathering of Native Americans (GONA) and the National Native American AIDS Prevention Center uses this and other healing stories in community programs.

Healing stories shift attention away from a focus on individuals one at a time. They direct our attention instead to the larger context, to the connections with family, community, and spirit so vital to supporting and sustaining people through lifelong recovery. The story of Butterfly Woman reminds us we are not alone in sorrow as we walk our healing path.

The "Healing Forest"

In its Wellbriety! program, White Bison, Inc. draws on the forest as a metaphor of the interdependence between individual and community. In this compelling story, trees represent individuals and the forest represents the community.

In this world, some trees and some forests are sick. An ailing tree cannot heal itself while living in a forest of diseased trees. Even if a sick tree, removed from the forest, recovers completely, it will again fall ill if it returns home to the unhealthy forest. By the same token, the children of sick trees cannot grow strong and healthy. Instead, "You must create a healing forest."

In this view, alcoholism and substance misuse are symptoms of deeper problems: an unhealthy root system embedded in layers of anger, guilt, shame and fear that often extends back across generations of lives reshaped by historical trauma.

According to the Healing Forest Model, both surface symptoms and deep-rooted emotional pains must all be addressed "together and simultaneously" because they are so tightly interwoven. By choosing a cultural and spiritual approach to community development, we can address both the roots and symptoms of the disease, to reconnect and restore balance to lives, while returning hope to families and communities.

For information on the Wellbriety! Movement, visit White Bison's website: www.whitebison.org For additional links and resources, see "Working with Healing Stories" in Chapter 4.

"We continue to rekindle the Spirit of life. That's why we still exist as a people. For all my relations, we can do this together."

Lauri Hayward
Commission Services Director,
Redding Rancheria

Chapter 3.

Harvesting AAIR Success Stories

How Success Stories Make a Difference

The Access to Recovery program emphasizes client choice and many pathways. That's because we've learned there is no single "right way" to recover from drug and alcohol problems. The paths to recovery are as different as the people who choose them.

Choosing recovery can often be a lonely road. People in recovery (including their families and loved ones) find hope, support, and inspiration in recovery stories.

Personal stories

Personal stories can be healing, for both teller and listener. Reading and reflecting on these stories amplifies their healing effect. Personal stories serve as evidence that recovery is possible.

Stories play an important role in helping people reconnect and reengage with family, community, and culture. Stories have a unique capacity to engage and inspire others. Sharing our stories means we never walk alone. Just realizing that can be healing.

The larger story of American Indian/Alaska Native recovery stretches back nearly 300 years. Learning about and reclaiming the storytelling tradition can promote family and community healing, as well as individual recovery. Stories help people connect with their own strength and resilience—reminding all of us that we CAN help ourselves and others, too.

Provider organization profiles

Stories also play an important role in healthcare services. Now, more than ever, funding agencies want evidence that programs are working. They want to know what happens to the people you work with.

How are your clients directly affected by what you do? Measure and quantify the results of your work, and be honest about the costs involved.

Use stories to bring the numbers to life. Stories emphasize the human element, and enable people to connect emotionally with your cause. They remind potential supporters that your work is already making a difference.

This chapter

The stories that follow include:

- Clients who have benefitted from the ATR program, and
- Profiles of organizations doing great work in the AAIR provider network.

We share these stories to recognize the hard work and achievements of clients and of the provider organizations who make a real difference in the lives of those they serve. We are so grateful for their dedication and commitment.

Staying Connected: A Story of Recovery

My life is different today. A lot different. In November 2007, I was released form prison into a transitional program, then I was introduced to Sacramento Native American Health Clinic (SNAHC) and the Red Road. SNAHC took me under their wing. I have a lot to thank them for.

Today, I've got my kids back, I got an apartment, I went back to school, and I still work on my recovery every day. Before I went to prison, I wasn't connected with anybody. That changed when I got out. Through SNAHC, I got involved with Warrior Down. We drum together, eat together, and connect outside the group. We're a strong group with a solid core of people who have been involved for a while. We welcome new people too and give them a hand when they need it. If they need rides, we support them; we listen when they need to talk.

For me, the most important part of my recovery has been being around my people and reconnecting with my culture. I intern at SNAHC and go to workshops at CRIHB, and I stay connected with positive people.

It wasn't easy. I didn't think I was an alcoholic. But, as I started listening to what people said, I started seeing things differently. It was humbling. I experienced a lot of dissonance. For a long time, every day was a struggle. I didn't know what I was doing. I felt like I didn't deserve something better. Those were hard, frustrating days, and I did what I had to do. I didn't look back.

But change is good, however you do it: Red Road, White Bison, NarcAnon, whatever your road, there's help. You don't have to do it all by yourself. You've got support, you've got people who care. I know that if I can do it, you can do it!

Sure change is scary. Maybe alcohol is your comfort zone, but give recovery a chance. It opens doors to many things you even dreamed of: be it a good day or a good job or getting your family back. You can do it! You could be the baddest guy there is, but can do it if you want to change. There's a lot of good programs available and a lot of good Indian people to help.

I got to be part of the Sacred Hoop when it came here. That was moving. I believe the Creator does everything for a reason. And I would go through it all again, to be the person I am today. I'm happy with who I am. I give back to people. For me, it's about the community.

It's good to be back. I'll have two years of sobriety on June 22, 2009. My two youngest kids, my son Sisario and my daughter Love, are 4 and 3 years old. They're one big reason I'm working to put my life back together. My parents have also very much been a part of my recovery.

I've got my kids in a cultural school, Buena Vista Child Development Center. They each have their little drums and stuff. It's good. Sure it's work and sometimes frustrating, but I'm really happy. It's so fulfilling. I thought I was saving my kids, but they saved me.

Thanks to Michael Duncan, a counseling intern at Sacramento Native American Health Clinic, for sharing his journey of recovery.

Reconnecting to Family: Recovery Across Three Generations

I've been 28 months clean. I've had more support this time around. I didn't have to struggle. The [Access to Recovery I, California American Indian Recovery] CAIR program was such a blessing to me. It didn't do everything, but at the most important time I needed it, it was there.

Today I live in a four-bedroom house with two daughters in recovery and two younger daughters. We have to stay strong and where we live is a big incentive to us. I feel wonderful. We're a family now. We work the steps. We go to sweats at Potawot [United Indian Health Services, Inc. (UIHS)] and Brush dances. We go to church. My teenagers are now on the right path now.

We were homeless for years. I was sick and tired of living that way—not just the drugs, but because of what our kids went through. To provide for my kids, I'd have to go out and hustle, and I'd fall back into it. When I couldn't get them clothes, they wouldn't go to school. Now they are getting As and Bs.

It's a big thing for me to be able to feel good about myself. Before, I was always so disappointed in myself and always mad, because I didn't have nothing to give to my kids. Now I am able to give to them and show them by example that if you do the right thing, good things come to you.

My teenagers are now on the right path. You know if you have battled addictions and got clean, well, your kids went through your addiction too, and they need counseling. My girls also take drumming classes, and we are supposed to have more traditional classes. We want more. I would like to learn to be a basket maker. We benefit from these cultural classes when they are offered.

When I meet other people in recovery, I give them my phone number. I let them know I will come and pick them up, if they need it, or talk to them. This is part of the service work we do when we're in recovery. Listen, give her rides, sometimes a kind word or a few dollars. I don't have much, but a few dollars can sometimes make a big difference.

Life is better for us now. I don't think we would have ever got there without the CAIR program. Now I know: never give up on yourself, no matter how many times you have to start over, there are people out there who care. UIHS is there to help. I feel safe there. The program was such a blessing. It helped me get where I am today and I'm very grateful.

Thanks to Robinn Baird, Eureka, California, for sharing her story of recovery.

The Path to Recovery Means Finding Inner Peace

I've been clean and sober since November 2006. It's changed my life. Now I've found inner peace.

Before that, I was in an abusive relationship. We were both using. One night, he was beating me. My neighbors called the cops. My boyfriend went to prison. I went to a Humboldt domestic violence shelter. That's when I lost everything.

At the shelter, they introduced me to the Potawot Outpatient Program at United Indian Health Services. I had never heard of it before. They helped me so much. I really don't know what I would have done without the California American Indian Recovery (ATR CAIR) program.

Coming out of that abuse, I had nothing. Literally nothing. Oh, my gosh. No money, no clothes, nothing for my kid to wear, no high school education, no car, no driver's license. I was beat up so bad, I couldn't even apply for welfare. CAIR helped me buy baby clothing and helped with rent.

Today, I'm a single parent trying to go somewhere. I go to school through New Beginnings. I'm trying to stay out here, not go back to Hoopa. There's nothing for me there. No jobs. There's nothing there to go back to.

To others who want to get clean, I would say that it gets better. If they're ready, it'll work. I'd tell them how much inner peace I've found. I'd say, "Do it before it's too late. Life is short and before you know it 15 years are gone."

The turning point for me was that I got sick and tired of being in that situation. Ever since I was 16, I've lived in abusive situations. Not anymore. And now my desire to use is gone.

People have helped me with that. My most important example is Jeri, the director at New Beginnings. I live here with 17 other women. We help each other by being there, by listening, calling each other on our stuff, praying. Prayer really does work.

Thanks so much to CAIR for all the help.

Thanks to Trish Hostler, Hupa, for sharing her recovery story.

Providing Services in Remote Rural Areas: United Indian Health Services, Inc.

United Indian Health Services (UIHS) in Arcada, California is a private, Indian owned, non-profit organization that provides outpatient healthcare for 15,000 Native Americans and their families in Del Norte and Humboldt counties. Traditional values and customs have been part of daily activities at UIHS since its founding in 1968.

UIHS built Potawot Health Village in the 1990s, a facility that integrates individuals, community, and environmental health. The restored grounds surrounding Potawot enhance wetlands and prairie habitat, with space to grow food and native plants and to hold traditional ceremonies.

Many people in this area live in remote, beautiful places, beside rivers, the ocean, or in the mountains. They live with high unemployment, poverty, and poor transportation options, and a suicide rate double other California counties.

Alan Schrader, LCSW, was recently promoted to Clinical Director of Substance Abuse and Mental Health at Potawot after over a year at UIHS's Smith River clinic. He has worked in residential treatment since 1976.

Despite extensive experience working with alcohol, heroin, and barbiturates, the current drug situation is "baffling," Mr. Schrader says. "Methamphetamine and the world transfer of illegal drugs through reservations and Rancherias have shown us that we did not know as much as we thought" about substance abuse.

Potawot clinic is designed to welcome all who enter. "What you will feel and see as you come into our offices is that you are important as a client and as a person whose family we know and want to support. It is true that funds are less and residential treatment is harder to get into, but you, as a client are important, and we will work with you," says Mr. Schrader.

"During orientations, UIHS CEO Jerry Simone tells employees that our clients are the organization. In effect, they are our bosses, because the community and a group of local tribes created the UIHS healthcare program. Clients not only give input, but also make decisions in the organization by sitting on the board of directors and on committees that review the daily governances."

AAIR at work

AAIR helps UIHS by providing a major part of the budget for the seven-member drug/alcohol treatment staff. AAIR also helps improve the quality of client care with standard intake procedures, assessments, and measurement tools (GPRA) for all clients. The ability to measure outcomes makes a big difference when it comes to searching for funding.

Mr. Schrader points out, "AAIR values Native American Spiritual providers." That's important because the UIHS program includes access to purification sweats, Native American healers, and traditional foods and herbs for total mind/body/spirit balance.

Partnerships count

Partnering with other organizations enables UIHS staff to make it easier for clients to access needed services. UIHS counselors work with all the local Tribes, Temporary Assistance to Needy Families (TANF), Tribal TANF, drug courts, and probation departments (adults and youth).

It isn't easy to work with groups with both county and Tribal Nations members. "Each group has its own goals, priorities, and cultural adjustments," and its own way of doing things. "For instance, in one county we work actively with the County Drug Court program," Mr. Schrader explains. "In the other county,

Drug Court sends us referrals. As Tribal Drug Courts develop, we'll add new roles and partnerships."

Building the future

Recently, Mr. Schrader began encouraging Tribal governments to become AAIR providers and run sober living homes. Clients in early recovery have a hard time finding safe, drug-free housing. Sober living homes are affordable and effective. They could be run using Tribal social service and AAIR funds.

Sober living homes could play a key role in addressing the problem of clients falling through the cracks. Today, providers too often lose touch with clients, resulting in low completion rates of follow-up GRPA reports. Low outcome reporting means providers lack solid evidence of program effectiveness. That could lead to steeper funding cuts in the future.

Mr. Schrader also suggests holding teleconferences with other Tribal governments "focused discussions and planning sessions that lead to more AAIR providers in the Tribal areas. More AAIR services means more clients served." That's our goal.

Learn more at www.uihs.org/

How to Offset Budget Cuts: Native American Rehabilitation Association

NARA—the Native American Rehabilitation Assn. of the Northwest, Inc.—provides a full continuum of drug and alcohol clinical treatment and recovery support services to about 900 American Indian/Alaska Native (AI/AN) clients every year. Located in Multnomah County, Oregon, which includes Portland, NARA operates three specialized Alcohol and Drug treatment centers, and serves clients from the immediate area and from surrounding states, including Washington, Montana, California, Idaho, and elsewhere.

NARA's mission is "to provide education, physical and mental health services and substance abuse treatment that is culturally appropriate for American Indians and Alaska Natives. The agency strives to raise the health status of Native Americans to the highest possible level." Recent problems in the economy have made that mission more difficult to achieve.

Like other healthcare providers, NARA faced funding cuts. Then NARA Executive Director Jacqueline A. Mercer told Chief Operating Officer Michael Watkins about AAIR. Mr. Watkins recognized the opportunity AAIR offered, and he decided to become an AAIR champion.

Funding behavioral health services in today's economy

Funding for AI/AN healthcare services comes from a patchwork of contracts and grants. NARA receives funds from about 50 different sources. But some of these funds have already been reduced or face cuts in the near future. As budget problems spread across the economy, healthcare providers have few options:

- cut staff
- reduce services
- find new money to offset shortfalls.

That's where the AAIR program can help. Providers are paid on the basis of fees for services. AAIR providers are reimbursed for services delivered to AAIR clients. Enrollment, authorizations, and reimbursements are handled through a web-based Voucher Management System (VMS).

The advantage of fees for services is that there are no restrictions of how these funds are used by AAIR providers, once the approved services have been delivered. Provider organizations use these revenues as they see fit—for example, to offset funding cuts in other areas.

Mr. Watkins gives this example: If a provider organization saw 30 AAIR clients and staff delivered a total of $24,000 in approved services to these clients, the $24,000 in revenue generated could be used to pay for a staff position or to offset costs in underfunded program areas.

Patricia Bloker, a certified alcohol and drug counselor, is the AAIR project manager at NARA. Ms. Bloker conducts AAIR intakes and assessments, connects clients with services, and manages all NARA's VMS information. She also works with clients referred to NARA by the Rocky Mountain Tribal ATR project.

Ms. Bloker sees firsthand the impact of the ATR programs. She's seen some clients come full circle. "It's benefitted our people so greatly in an area where there's such a desperate need. I could spend the entire amount [of AAIR funds] right in this area!"

The VMS can be "a little intimidating at first," she admits. But to really make a difference, "it's going to take rolling up our shirt sleeves." That's how she made the AAIR program successful at NARA. To date, NARA staff have delivered more than $115,000 in services to AAIR clients.

NARA at work

The funds earned through working with AAIR clients help support the valuable work of NARA, where American Indian healing and spiritual traditions are combined with modern Western medicine to address the whole person. NARA's treatment philosophy is based on the Medicine Wheel and the goal of a life in balance. The Four Directions of the Medicine Wheel correspond to the four dimensions of life: physical, mental, emotional, and spiritual. This philosophy guides NARA staff, programs and facilities, which include:

- **Residential Treatment Center:** treatment and recovery services for adults (age 17+), and Child Development Center for children (age 0–5) of parents in treatment. This unique program allows parents to bring their children with them into treatment.
- **Outpatient Treatment Center:** from intensive outpatient treatment to aftercare for adults (age 17+).
- **NARA Indian Health Clinic:** medical and mental health services for all ages.
- **Star Shield Family Wellness Program:** a culture-based program that provides behavioral health services, parenting education/support, links to community resources, case management, home visits, youth groups, and health services to all ages. Also home to NARA's youth outpatient alcohol/drug program and a gambling addiction treatment program.
- **Oswego House:** transitional housing for up to five women (and their children) actively engaged in NARA's outpatient treatment center.

AAIR revenues help NARA offset funding cuts. AAIR pays for services that NARA already provides to clients without the means to pay and to support other needed and underfunded services, such as residential treatment or intensive outpatient services. Today, clients once unable to pay for services can now receive them thanks to AAIR.

Through dedicated leadership and hard work, the AAIR program is making a difference in the Portland area and beyond. As Ms. Bloker put it, "I'm excited about the possibilities. It's about the people who really need these services. AAIR makes a real difference in their lives. Recovery changes everything."

To learn more about NARA programs visit www.naranorthwest.org.

Partnerships Help Build Capacity: Sacramento Native American Health Center, Inc.

September 2008, Recovery Month, was the perfect time to visit Sacramento Native American Health Center, Inc. (SNAHC). Dozens of people participated in an all-day program that included compelling stories of recovery, drumming, panels of youth and elders, a Native American Dating Game, as well as plenty of good food and a raffle with lots of winners. Tribal organizations and local businesses donated many of the prizes.

Celebrating, sharing, and good food are a tradition at SNAHC. Behavioral Health Program Manager Albert G. Titman, Sr., heads a team that includes Dean Hoaglin, Carlos Rivera, Susan Mirada, and Patricia Roche. White Bison, Inc. recently honored Albert and Carlos as "Firestarters of the Year" at the 7th Annual Wellbriety Conference.

SNAHC's model program combines mental health and substance abuse counseling with traditional healing practices for Native American families, with treatment and prevention efforts geared toward restoring balance and well-being for the individual.

Programs and services include: Individual, Family, and Group Counseling, Case Management, Substance Abuse/White Bison, Out-Patient Services/Residential Referral, Community Outreach, Risk Reduction Counseling, 12-Step Recovery and Group Therapy, Teen Services, Talking Circles, Traditional Healing, and Residential Treatment and Case Management.

In addition to providing direct services, SNAHC has also developed a wide variety of partnerships with other service providers. Why? "Then we have more resources at our disposal, so we can offer clients an array of choices," says Ellen Johnson, a former SNAHC Behavioral Health Program Director. She pointed out that in the past it was harder to form strong partnerships with other providers. SNAHC was seen as a competitor for scarce funds, rather than as a potential ally. Now they bring resources to the table.

As an AAIR provider, SNAHC has something to bring to partnerships—the ability to pay for services to AAIR clients. That makes a big difference. While expanding resources is an important benefit of partnership building—it goes further than that, Ms. Johnson explained. "We feel supported in our work when we have partnerships in the community. It puts us on the same side. Instead of competing for patients, we're assisting one another."

In today's economy, there is less to go around and greater need. Yet there are small pots of money out there, so Ms. Johnson urges providers get to know the people in county agencies, and let them know what you do. Find out about funds available for prevention, mental health, and addressing health disparities.

By reaching out, you can build capacity, attract funding, and add to your client base. It takes a little work at first, but the rewards can be tremendous.

To learn more about SNAHC programs visit www.snahc.org.

Building Urban Programs: Friendship House of San Francisco

"The mission of Friendship House is to promote healing and wellness in the American Indian community by providing a continuum of substance abuse prevention, treatment, and recovery services that integrate traditional American Indian healing practices and evidence-based substance abuse treatment methods."

Friendship House Association of American Indians, Inc. of San Francisco is a nonprofit 501(c)(3) organization that operates a nationally accredited residential treatment for American Indians (AI) through two residential facilities: an 80-bed center for adults in San Francisco and a center for AI women with their children in Oakland, California.

Both facilities take an holistic approach that focuses on the whole person, to restore mind, body and spirit. Medical, mental health and substance abuse issues are attended to during treatment. Rehabilitation includes education, job training, housing referrals, and reentry support. Prevention incorporates wellness education, parenting skills, and traditional American Indian spiritual and cultural values.

Friendship House Assistant Director Orlando Nakai points out a key difference between Friendship House and other programs, "We don't tear clients down to build them back up. We believe our American Indian children are born sacred, spiritual beings. Influences in their life got them off that path, so we bring these strong spiritual values back to help them realize their innate capacity."

Healing begins even before clients enter Friendship House. In the courtyard, all are greeted by an American Indian sweat lodge. "This is a very powerful healing concept integrated into the treatment modality," Mr. Nakai says.

Cultural enrichment comes in many forms. Native American counseling staff often share their own spiritual traditions and knowledge to help clients. They use stories and songs and participate in drumming groups and talking circles. A traditional healer, Richard Moves Camp, provides cultural and spiritual guidance in many of these cultural components.

Since 2007, Friendship House has delivered nearly $300,000 in services to AI clients. It hasn't been easy. For example, eligibility requirements demand documentation, but many homeless applicants have lost their papers. While eligible clients can receive services, there's no AAIR funding for family members, despite the evidence for the important role of families in recovery support and prevention. Funding limits also prevent access to Friendship House's culturally-appropriate Meth Matrix program. However, Friendship House staff work with other providers and agencies to do as much as possible.

The dedicated Friendship House staff work long hours and afterhours. They often advocate on behalf of clients, participate on boards and working groups, and engage in outreach with tribes across the country.

This level of commitment takes time and energy. Mr. Nakai says, "You have to be well within yourself to operate at this capacity." But the work they do at Friendship House is making a difference every day. "I tell our staff, we may not be doctors or EMTs, but we're still saving lives, and saving and healing the community."

Learn more at http://www.friendshiphousesf.org/

Taking Aftercare to Tribal Communities: Wemble House

Wemble Naalam T'at'sksni Youth Residential Treatment Center, in Klamath Falls, Oregon, was named AAIR Provider of the Month for its efforts to expand the continuum of care and deliver high-quality services to Native youth.

"Wemble Naalam T'at'aksni," which means "Heal Our Children," is an intensive residential program for dual diagnosis Native American youth, 12 to 17 years old. Wemble House serves the 43 tribes of the Northwest, with 16 treatment beds.

Clients at Wemble House participate in 12-step recovery programs and also learn life skills that are part of a productive, sober life. Programs focus on several areas, including Education, Culture and Heritage, Family, and Recreational Activities. Most program funding comes from Indian Health Services as part of a 638 contract and from the State of Oregon.

What's different about Wemble House, according to Angie Wilson, Program Director, is its foundation in cultural values. Their motto is "Principles First." The values of honesty, respect, generosity, love, wisdom, laughter, and kinship play a part of all action taken and decisions made at Wemble House. By living these values daily, Ms. Wilson says, people get connected to one another, like a family.

Wemble House staff also connect with clients, their families and their communities. Care doesn't end when clients leave the residential facility. Instead, as part of a continuum of care, clients receive aftercare services for up to a year. Some young clients return to communities that offer few recovery support services, so Wemble House promotes culturally based activities to help restore a sense of spiritual identity. Serious issues are addressed, from grief and loss to suicide and sexual abuse.

Ms. Wilson and the staff at Wemble House have a keen sense of the big picture and understand what's at stake. "The need is so great in Indian Country, not only for prevention and intervention, but also for the whole continuum of care. At Wemble House, we recognize that our clients are the future. We want to teach them these values looking out for the seventh generation. We must treat them with respect so they know how to treat others with respect."

How does AAIR help? "AAIR helps fund things that are important, but that you can't get at the outpatient clinic, that support the continuum of care for life. AAIR is a perfect example of a way to go back out to the kids, involve them in their culture, and of having families able to come for family therapy," Ms. Wilson says. "No one else pays for this."

Find out more about Wemble House at:
http://www.klamathtreatment.com/wemble.html

Building Partnerships and Collaborations: Choices Recovery Services

Choices of Long Beach (California) operates the only network of recovery homes certified by both the Sober Living Coalitions of Los Angeles and Orange County, and the Orange County Sheriff's Department.

All Choices programs take place within a campus of Substance Abuse-Mental Health recovery homes. These include residential and outpatient treatment, residential recovery, and program support facilities. Choices offers housing facilities in Long Beach, Atwater Village, and Santa Ana.

According to Choices founder and Executive Director, Sean E. Zullo, the AAIR program helps by enabling Choices to serve additional Native American clients who would otherwise be unable to pay for services. AAIR's emphasis on partnerships and collaborations also makes a difference.

What does it really take to build a successful program? Success, Mr. Zullo emphasizes, requires attention not only to the clinical side of service delivery, but also to the business-side of healthcare facility operations. It starts with a clear idea of the specific clients served and their unique needs.

Choices focuses on serving clients with co-occurring mental health and substance disorders. "Smaller organizations like ours can tailor our programs to the specific needs of this unserved/underserved population."

"We also build complementary collaborations," Mr. Zullo reports, with such organizations as American Indian Changing Spirits and the Los Angeles County Dept. of Mental Health. These organizations provide specific services clients need that Choices doesn't offer. In some collaborations, Choices requires written agreements that clearly specify the responsibilities of each party. By spelling these out, each partner knows what is expected of them and what to expect from their partner in the collaboration.

Choices also builds partnerships with organizations that serve as "most favored" vendors or allies: medical providers (hospitals, doctors, crisis clinics, dentists, optometrists), law enforcement (probation, parole, alternate sentencing courts), neighborhood associations, local businesses, and others, on the basis of memoranda of collaboration.

In addition to formal partnerships, Choices gets involved with community activities. Clients often participate in community cleanup efforts (schools, sidewalks, parks, neighborhoods, beaches) and graffiti removal—and people notice. These relationships "open doors" for Choices and its clients, Mr. Zullo explains. "Our good reputation produces tangible benefits for our program. So does our solution-oriented approach. We don't get involved in petty drama; we believe in 'Principles before Personalities.'"

Communication skills are central to successful partnerships, says Mr. Zullo, who urges other providers to look for opportunities to create partnerships—and put the agreements in writing. Develop a template that you can use over and over with different organizations, just making minor changes appropriate to each new partnership.

"Don't hesitate to reach out," Mr. Zullo says. "Clear, open communication is essential to building partnerships—and the time it takes is always worthwhile."

For more information about Choices, visit www.choicesoflongbeach.com

"Here the destruction stops.
We will heal ourselves,
We will heal our wounded relationships,
We will heal our children,
We will heal our nation,
On this day, our future history begins."

From ***The Red Road to Wellbriety in the Native American Way***
(White Bison, 2002)

Chapter 4.

Sustaining Recovery: Resources for Clients, Families, Providers & Communities

Recovery Management: Healing in Indigenous Communities

A new point of view

For more than ten years, addiction has been widely accepted as a "chronic progressive disease" (White, 2004). Today, there's a new model, the Recovery Approach, based on four key values:

- Self-determination
- Empowering relationships based on trust, understanding, and respect
- Meaningful roles in society
- Elimination of stigma and discrimination.

This approach calls for a change in culture, through "a concerted effort of consumers and allies working to bring about changes in beliefs and practices at every level of the system [and] building alliances [based on the] recovery principles of trust, understanding, and respect by all involved."

Involving peers in recovery, their families, and community members in this effort and increasing the cultural competence of care providers are important elements of this approach to building recovery communities.

This new view is especially important in American Indian/Alaska Native (AI/AN) communities, for whom substance use problems are part of a larger legacy of intergenerational trauma, unresolved grief, institutional racism, poverty, and other issues.

Years of research has shown that treating the individual client alone doesn't work in indigenous communities.

"In communities of color, the individual, the family and the community are inseparable. To wound one is to wound the other; to heal one is to heal all" (White Bison, 2002).

Rather than working to build larger treatment programs and organizations, it is important to "expand each community's natural recovery support resources" (White, 2004).

How can we do this? Mr. White summarizes Recovery Management into seven key elements, expressed below as questions, so that we can begin to think about practical ways we might address them:

1) How can clients, families and culturally competent service providers work together through locally designed systems of recovery supports?
2) How can we link provider organizations, recovery groups, community services, healthcare services and coalitions to indigenous institutions?
3) How do we confront community members who promote drug/alcohol misuse?
4) How do we enhance the community assets available to promote recovery?
5) How do we encourage and support the growth and visibility of indigenous structures that support recovery?
6) How do we provide recovery education within indigenous communities?
7) How do we involve indigenous role models in recovery to serve as living examples of the truth that recovery is possible and that there are multiple pathways to recovery?

In other words: how do we help rebuild indigenous communities, restore indigenous cultural, spiritual, and healing practices, and reengage individuals, families, and communities in this rebuilding process? The key to change is community engagement.

Community engagement

No one can tell people what to do and expect to be successful. People and communities are their own healers, and they must find their own pathways to recovery and wellness.

Community Engagement, writes Hildy Gottlieb, is "the process of building relationships with community members who work side-by-side with you as ongoing partners, in every way imaginable, building an army of support for your mission, with the end goal of making the community a better place to live." (2007)

How is community engagement different from coalition building?

1) Community engagement involves two-way relationships between the cause we care about and other stakeholders in the community.
2) Relationships must be real, honest, cooperative, respectful, ongoing, and actively working for shared goals.
3) Listening is a key tool in building real relationships; communication is a two-way street.
4) The purpose of working together is not about just raising money. It's about seeing beyond money to identify the resources available and developing creative ways to work together to address these needs.
5) Discussion and planning are followed up by action—people follow through on their commitments, share their passion, and help others see the value of the work.

From community to sustainability

What's AAIR got to do with it? At its core, sustainability means the people in the communities AAIR serves can rely on the services AAIR provides in the long run—after the grant runs out.

How can we make sure that such services won't disappear?

We can't be sure unless communities are integrated into the process of providing these services. If we believe AAIR provides worthwhile services, then it is our responsibility to tell others about the AAIR program and to find ways to sustain those services after the grant runs out. For example:

- Involve partners and communities in searching for solutions that work for them.
- Identify the assets available and resources needed.
- Go after additional funds and resources to fill the gaps.
- Recognize that AAIR provides seed money—it's up to us to bring in additional resources and to include Native cultural and spiritual teachers and leaders.
- Accept that it's not just about money; it's really about promoting the growth of communities in recovery—encouraging true community engagement for mutual benefit, growth, healing, and wellness.

How is it possible to envision sustainability without focusing first and foremost on money? Community engagement is more than an activity, it's a way of approaching all activities. Gottlieb suggests three strategies for this shift in perspective:

1) **Community focus.** Because communities are the focus of sustainability efforts, it is time to ask these questions:

- What are the real benefits we provide?
- How does the community see the results AAIR produces?
- Are we working to create a better future or are we attempting to hold a bandaid in place for a short time?
- What does the community really need in this area (clinical treatment, recovery support, indigenous best practices, etc.), and how can we help provide that?

- What other community-based and indigenous organizations can help us do this work?

2) **Shared resources.** Connect with others working for the same cause—and get to know them. Work together to identify ways to share existing resources to accomplish our common goals. We improve sustainability by the vital act of sharing both resources and responsibilities.

- Before developing a budget, list everything it will take to accomplish each goal: what facilities, what services, how many volunteers, what materials, products, etc.
- Then find out who else shares these goals, and approach them. Build trust, and find ways to work together.

3) **Asset-based resource development.** Look closely at all the resources your organization already has, and all the things it already does. Ask: How can these assets generate more resources? Organizational assets include:

- Everything you already do to fulfill your mission: programs, operations, processes, day-to-day activities.
- People: staff, management, board members, volunteers, and all the people these people know.
- Physical assets: office space, other facilities, equipment, etc. Be specific. Look for unused or underused space and other assets. Can they be used more productively?
- Community assets you have access to, even if the organization doesn't own them.

The act of looking at each person, provider, partner, and community in terms of their resources, talents, skills, and energies is a strength-building and morale-building exercise.

The stronger your asset base, the more you have to offer when building community-based partnerships. Working together, you can achieve your mission and accomplish more in the communities you serve. As assets are used more productively, they become more valuable, so they enrich what can be achieved in the future—leading to greater sustainability. It doesn't happen overnight. But it can happen.

You are invited to be part of the change now under way. You are equal to the task ahead. And you are not alone on this path. Many will walk beside you and many more will join as they see that recovery is a reality. For that, we are very grateful.

Drug/Alcohol Resources

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) is a one-stop resource for information about substance abuse, grants, criminal justice statistics, violence, child abuse, prevention campaigns, and more. NCADI offers a wide variety of free and low-cost materials for providers in the mental health, and substance abuse treatment and prevention fields. Here are a few examples:

- ***TIP 25: Substance Abuse Treatment and Domestic Violence.*** An introduction to the field of domestic violence to give providers information on the role of substance abuse in domestic violence. Includes techniques for detecting and eliciting such information, ways to modify treatment to ensure victims' safety, and methods for stopping the cycle of violence in both parties' lives. Discusses legal issues, including duty to warn and confidentiality.

- ***Native American Children's Program Kit.*** Educational materials useful in support programs for children of clients in substance abuse treatment. Includes approaches to problem solving, coping, social competence, autonomy, and developing a sense of purpose and future. The toolkit offers activities for children of all ages, from elementary through high school. Also includes materials for therapists to share with their clients, to help parents understand their children's needs; as well as training materials, posters, and DVDs for substance abuse treatment staff who offer support groups for children.

- ***Children of Alcoholics: A Guide for Community Action.*** A guide for individuals and organizations who want to unite their communities and raise awareness about the effects of alcohol abuse and alcoholism on children and families. The guide contains talking points, a fact sheet, feature story ideas, a drop-in article, radio and print public service announcements, a sample pitch letter, tips for holding media events, and additional media resources.

- ***Fetal Alcohol Spectrum Disorders among Native Americans.*** This fact sheet describes the scope of FASD among Native American populations, discusses why FASD is a problem in these populations, and includes what is being done on the issue.

Many of these materials are available free online. Some can be downloaded directly from the NCADI website. http://ncadi.samhsa.gov/

SAMHSA's eNetwork. Register online to receive regular updates and/or alerts about new materials available on the topics that interest you most. The eNetwork gives you a personal link to SAMHSA for the latest news about grants, publications, programs, statistics, and reports. To sign up, go to: http://www.samhsa.gov/enetwork/

- ***Substance Abuse and Suicide Prevention: Evidence and Implications—White Paper,*** Center for Substance Abuse Treatment, DHHS Pub. # SMA-08-4352. Rockville, MD: SAMHSA, 2008. http://www.samhsa.gov/matrix2508SuicidePreventionPaperFinal.pdf or call SAMHSA's Health Information Network (877) 726-4727.

- ***"Perspectives on Suicide Prevention among American Indian and Alaska Native Children and Adolescents: A Call for Help,"*** F.A. Gary EdD, RN, FAAN, M. Baker PhD, RN, and D.M. Grandbois MS, RN, *Online Journal of Issues in Nursing*, May 2005. http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/No-2May05/ArticlePublishedHirsh/PerspectivesonSuicidePrevention.aspx

- ***Journal of the National Center*** (Nov. 2008 issue) American Indian and Alaska Native Mental Health Research. Download free at: http://aianp.uchsc.edu/ncaianmhr/journal/pdf_files/15(2).pdf

- ***National Drug Threat Assessment 2009.*** from the National Drug Intelligence Center (NDIC). The report focuses on drugs Indian country is discussed in the report on pages 41-42, predicting that problems will continue to worsen in the foreseeable future. Free download: http://www.usdoj.gov/ndic/pubs31/31379/31379p.pdf

- ***"Methamphetamine and Child Abuse in Native America."*** Brief report by Roe Bubar, J.D., School of Social Work and Ethnic Studies, Colorado State University, and Diane Payne, Children's Justice Specialist, Tribal Law Policy Institute. Download free: http://www.ncai.org/ncai/Meth/Methamphetamine_and_Child_Abuse_in_Native_America_Article.pdf

Historical Trauma

- ***Historical trauma resources website.*** Hosted by Dr. Maria Yellow Horse Brave Heart (Oglala/Hunkpapa Lakota) and Ray Daw, M.A. (Navajo), this website offers training, trainers, and references, as well as information on the roots, impact, and legacy of historical trauma. http://www.historicaltrauma.com/home.html

- ***"Historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration,"*** Maria Yellow Horse Brave Heart, *Journal of Psychoactive Drugs*, 35, 7-13, 2003.

- ***"The American Indian holocaust: Healing historical unresolved grief,"*** Maria Yellow Horse Brave Heart & L. DeBruyn, *The Journal of the National Center,* 8, 60-79, 1998.

- ***"Trauma in American Indian Communities,"*** Aaron Morsette, SAMHSA Trauma Intervention Specialist, http://www.giftfromwithin.org/html/amindian.html

Improving Treatment & Recovery

- ***AAIR Posters & Brochures.*** How does your organization attract clients into the ATR/AAIR program? Most ATR 1 clients learned about the program by word of mouth—from family or friends. Few ATR 1 clients were referred by doctors or other healthcare providers. That means many ATR-eligible people who needed services did not find out about ATR. Does everyone on your staff know about AAIR? Are AAIR brochures and posters available in waiting areas and public spaces? Do you distribute brochures at health fairs, pow wows, and other events? AAIR posters attract attention. AAIR brochures make it easy for people to pass along program information. Need more AAIR brochures or posters? Contact AAIR administration at (916) 929-9761.

- ***Network for Improvement of Addiction Treatment (NIATx).*** NIATx helps behavioral healthcare organizations achieve new levels of excellence in access and engagement. NIATx offers both public and private treatment providers innovative ideas and strategies to improve service delivery and strengthen the business side of operations. NIATx is a partnership between the Robert Wood Johnson Foundation's Paths to Recovery program, the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program, and many independent treatment organizations. www.niatx.net

- ***SAMHSA's Road to Recovery.*** Stay informed about activities leading up to National Alcohol & Drug Addiction Recovery Month, September 2009, by signing up for the Road to Recovery Update. This year's theme for Recovery Month is "Join the Voices for Recovery: Together We Learn, Together We Heal," to emphasize the need to use all available resources to educate and help provide assistance to those with substance use disorders, their families and loved ones. Recovery Month celebrates those who walk their pathway to recovery. It also celebrates the power of organizations and communities working together to support and

sustain lifelong recovery. www.recoverymonth.gov

Native Best Practices

- ***"Integrating Native American Indigenous Healing Practices in the Eurocentric Behavioral Health Care System of New Mexico,"*** Ray Daw, Powerpoint presentation, 2007, available at www.wellbriety-nci.org

- ***Tribal Practices: The Good Ways, Mental Health & Substance Abuse Prevention, Treatment & Rehabilitation Services,*** Dale Walker, M.D., One Sky Center, Powerpoint presentation, 2009. The One Sky Center website includes many resources on best practices, addiction treatment, and traditional medicine, among other topics. http://www.oneskycenter.org/education/presentations.cfm

- ***Tribal Best Practices: There are Many Pathways,*** Caroline M. Cruz. State Prevention Coordinator/Tribal Liaison, Oregon Dept. of Human Services. Powerpoint presentation, 2008. http://www.oregon.gov/DHS/mentalhealth/ebp/native-american/presentation.pdf

- ***Tribes Know Best: To Provide Effective Healthcare to Indian Populations, Nurses Must Understand the Complexities of Tribal Governance,*** Judy Goforth Parker, RN, PhD and Lee Anne Nichols, RN, PhD, Minority Nurse, Summer 2001, http://www.minoritynurse.com/underserved-populations/tribes-know-best

Partnerships & Sustainability

- ***A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country,*** U.S. Commission on Civil Rights (Washington, D.C., 2003)

- ***Asset Building & Community Development,*** Green, Gary Paul and Anna Haines (Sage Publications: Thousand Oaks, California, 2002)

- ***"Building & Sustaining a Methamphetamine Community Coalition: A Resource Guide for California Communities,"*** California Governor's Prevention Advisory Council Methamphetamine Implementation Workgroup (2007). http://www.adp.ca.gov/Prevention/pdf/Meth_Resource_Guide.pdf

- ***Building Communities from the Inside Out: A Path toward Finding and Mobilizing a Community's Assets,*** Kretzmann, John P. & John L. McKnight (ACTA Publications: Skokie, Illinois, 1993)

- ***Community Engagement: Step-by-Step Action Kit*** (2006) and ***FriendRaising: Community Engagement Strategies for Boards Who Hate Fundraising but Love Making Friends***, Gottlieb, Hildy (Renaissance Press: Tucson, Arizona, 2007). Help 4 NonProfits Community Driven Institute provides a variety of resources to help nonprofit organizations and communities work together to create a greater impact on their world. http://www.help4nonprofits.com

- ***Community Participation: How People Power Brings Sustainable Benefits to Communities,*** Reid, J. Norman (USDA Rural Development, Office of Community Development, 2000). http://www.rurdev.usda.gov/rbs/ezec/Pubs/commparticrept.pdf

- ***Doing Democracy: Conflict and Consensus Strategies for Citizens, Organizations, and Communities,*** Hyman, D., J. McKnight, & F. Higdon (Erudition Press: N. Chelmsford, Mass., 2001)

- ***Guide to Memorandum of Understanding Negotiation and Development,*** provides detailed information and sample MOUs in this free 27-page booklet from the U.S. Dept. of Health and Human Services: http://aspe.hhs.gov/daltcp/reports/mouguide.pdf.

- ***The CAEAR Foundation*** website provides many helpful worksheets, models, and other materials free to organizations looking at developing or formalizing their partnerships and cooperative agreements: http://www.caear.org/foundation/page04b.html.

- ***Memorandum of Agreement & Memorandum of Collaboration templates.*** AAIR has developed two templates for use by AAIR providers. See Appendix 1.

- ***National Center for Mental Health Promotion and Youth Violence Prevention*** website provides an excellent overview on partnership building and collaboration to make a lasting difference in your community. Wondering about how to develop partnerships that work for your organization? This site includes effective tools, as well as dozens of resources related to sustainability planning, marketing your program in your community, leadership development, evaluation, and program assessment, along with a variety of model programs. Virtual Library, with many free, downloadable materials. http://www.promoteprevent.org/Resources/legacy_wheel/partnerships.html.

- ***Sustaining Grassroots Community-Based Programs: A Toolkit for Community- and Faith-Based Service Providers,*** SAMHSA, U. S. Dept. of Health & Human Services (Washington, D.C., 2008) http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17868

- ***"How to Tell & Sell Your Story: A Guide to Developing Effective Messages and Good Stories about Your Work,"*** Center for Community Change, Community Change, Issue 20, 1998. http://www.progressivecommunicators.net/en/toolbox/68

Recovery Management

- ***Pathways from the Culture of Addiction to the Culture of Recovery: A Travel Guide for Addiction Professionals,*** William L. White, (Hazelden: Center City, Minnesota, 1996)

- ***Recovery Management,*** William L. White,, Ernest Kurtz, and Mark Sanders (Great Lakes Addiction Technology Transfer Center, 2006) http://www.nattc.org/recoveryresourc/docs/RecMgmt.pdf

- ***"Recovery Management and People of Color: Redesigning Addiction Treatment for Historically Disempowered Communities,"*** William L. White and Mark Sanders (2004): http://www.bhrm.org/papers/peopleofcolor.pdf

Technical Assistance & Training

Following a discussion with the AAIR Advisory Board in February 2008, James Crouch contacted Rose L. Weahkee, Ph.D. (Navajo), a Public Health Advisor at Indian Health Service Headquarters. Here's her list of technical assistance and training resources.

- ***Kauffman & Associates, Inc.*** received SAMHSA funding to establish the Native American Center for Excellence (NACE), Prevention Technical Assistance Resource Center, a new national initiative to promote and enhance substance abuse prevention programs for American Indians and Alaska Natives. This 3-year effort supports information gathering and distribution, technical assistance and training, and services for the national Indian Country Methamphetamine Initiative. http://www.kauffmaninc.com/

- ***One Sky Center,*** a National Resource Center for American Indians and Alaska Natives**,** works to improve prevention and treatment of substance abuse and mental health issues in Indian Country by identifying and sharing culturally appropriate, evidence-based mental health and substance abuse prevention and treatment practices that can be applied successfully across diverse tribal communities. Current initiatives include Methamphetamine and Suicide Prevention. http://www.oneskycenter.org/

- ***SAMHSA's Co-Occurring Center for Excellence (COCE),*** the first national resource for co-occurring mental health and substance use disorders, provides technical assistance and training. You'll find a wide range of information resources on its website. http://www.coce.samhsa.gov/

- ***Pacific Southwest Addiction Technology Transfer Center*** (PSATTC) at University of California, Los Angeles, was formed to improve knowledge and expand expertise in addiction treatment and recovery by disseminating clinical and research information. PSATTC partners with local and regional stakeholders to ensure that regional training needs are identified and met. http://www.attcnetwork.org/regcenters/index_pacificsouthwest.asp

- ***Integrated Substance Abuse Programs (ISAP),*** part of PSATTC, was formed 1999 to consolidate drug abuse research at UCLA. ISAP has developed a comprehensive set of addiction training materials for the United Nations Office on Drugs and Crime, now available online as PowerPoint presentations. These materials were designed to improve substance abuse treatment practices of healthcare professionals worldwide. http://www.uclaisap.org/newsletter/newsletters.html

- **Methamphetamine Treatment: A Practitioner's Reference 2007** available as a free download at: http://www.adp.ca.gov/Meth/pdf/MethTreatmentGuide.pdf For other meth-related resources go to: http://www.methamphetamine.org/

Working with Healing Stories

- ***Using Traditional Stories for Healing and Prevention,*** module from the National Native Amerian AIDS Prevention Center. http://www.nnaapc.org/resources/toolkit/module_4/module410.html

- ***Trainer Resources,*** modules and exercises from GONA (Gathering of Native Americans). http://preventiontraining.samhsa.gov/CTI05/res6tr.htm

- ***"The Wellbriety Movement,"*** Don Coyhis, talk at the Circles of Recovery Conference. This site includes other issues of Wellbriety! Magazine. http://www.whitebison.org/magazine/2003/volume4/vol4no29.html

- ***Healing with Stories: Your Casebook Collection for Using Therapeutic Metaphors,*** 2007, edited by George W. Burns. This is a book for family and behavioral therapists who work with children, adults, and families.

"To me, it's exciting, because we're all at the table now. Coming together to do our part as providers. We've got to do our part."

Albert G. Titman Sr.
Ione Band of Miwok Indians
Behavioral Health Program Manager,
Sacramento Native American Health Center Inc.

Appendix 1

Templates to Create Your Own Memorandum of Understanding and Memorandum of Collaboration

1. Template to Create Your Own Memorandum of Understanding

To use these templates, simply replace the language highlighted in brown with your own information. The details on CRIHB are included to illustrate how these documents were used in the AAIR program. If you have questions about using these materials, you'll find a variety of resources in Chapter Four under "Partnerships & Sustainability."

Memorandum of Understanding

between

California Rural Indian Health Board, Inc. (CRIHB) Access to American Indian Recovery (AAIR)

and

_____

(fill in partner organization name)

_____

This agreement is entered between:

CRIHB/AAIR and _____.

(fill in partner organization name)

CRIHB is a network of Tribal Health Programs, which are controlled and sanctioned by Indian people and their Tribal Governments. We are committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California. CRIHB does this by providing advocacy, shared resources, training, and technical assistance that enhance the delivery of quality comprehensive health-related services.

AAIR's mission is to help eligible American Indian/Alaska Native (AI/AN) clients overcome barriers to access to substance abuse treatment and recovery support services by:

- Helping clients take advantage of secular, spiritual, and faith-based treatment solutions.
- Allowing clients to choose from a statewide network of Native and non-native providers.
- Providing access to recovery support services to support unique healing paths.
- Supporting each person throughout their recovery process.
- Paying for substance abuse treatment and recovery support services when no other funding is available.

The mission of _____ is to:
(fill in partner organization name)

_____

_____

_____

Summary:

CRIHB/AAIR and _____ agree to jointly
(fill in partner organization name)
collaborate on the Sustainability/Recovery Communities project, in a effort to _____

_____

_____

_____

As partners:

CRIHB/AAIR and _____ agree to:
(fill in partner organization name)

_____

_____

_____

The parties we propose to serve:

AAIR clients, their families, and community members, including those who:

- Are enrolled members of AI/AN Tribes, AI/AN descendants, or minors living in AI/AN households;
- Are residents of California, Idaho, Oregon, or Washington.
- Believe they have a drug or alcohol problem or have been affected by such problems.

Responsibilities: *(describe the nature of the collaboration)*

CRIHB/AAIR will: *(list)*

- _____

- _____
- _____
- _____
- _____
- Comply with all appropriate local, state, Federal laws and regulations.

_____ will: *(list)*
(fill in partner organization name)

- _____
- _____
- _____
- _____
- _____
- Comply with all appropriate local, state, Federal laws and regulations.

Time & Duration:

This MOU shall remain in place from _____ until _____
(starting date) *(ending date)*

unless modified in writing before that date. This MOU may be extended for _____.
(list period of months/years)

Termination:

This MOU may be terminated by either party without cause. The MOU will be deemed to be terminated 30 days after receiving written notice from the other party. This notification must include the reason for termination. This MOU will terminate automatically if: *(list contingencies)*

- _____
- _____
- _____
- _____
- _____

In the event of termination, all required reports will be completed through the end of the agreement period.

Personnel:

Staff governed by this MOU include: *(list staff titles/positions)*

CRIHB/AAIR _____

_____

_____

_____ _____

(fill in partner organization name) _____

_____

Contact people for communication on this MOU will be:

_____

Contact for CRIHB/AAIR/phone number/email address

Contact for *(fill in partner organization name)*/phone number/email address

Reporting:

A report will be submitted to each partner to this MOU on a _____ basis.

(state frequency)

CRIHB/AAIR will provide:

- _____
- _____

_____ will provide:

(fill in partner organization name)

- _____
- _____
- _____

Finances: *(List financial arrangements, if any. If none, state "None.")*

- _____
- _____

Confidentiality: *(Describe how confidentiality will be protected by each party.)*

- _____
- _____
- Client names shall remain confidential as required by state and local law.

Communication:

CRIHB/AAIR and _____ agree to participate in meetings on a _____ basis.
(fill in organization name) *(state frequency)*

Meetings will provide an opportunity to assess referral linkages, review referral data, and suggest necessary improvements. Other parties are invited to participate in these meetings, as needed.

Signatures:

_____
Authorized signature

_____
Exact title

California Rural Indian Health Board, Inc.
Access to American Indian Recovery Program

_____
Date Signed

_____
Collaborating partner's authorized signature

_____
Exact title

_____
Collaborating organization's name

_____
Date Signed

2. Template to create your own Memorandum of Collaboration:

Memorandum of Collaboration

between

_____

(fill in partner organization name)

and

California Rural Indian Health Board, Inc., Access to American Indian Recovery Program

---

The California Rural Indian Health Board, Inc. (CRIHB) Access to American Indian Recovery (AAIR) Program and _____ seek to enter into a collaborative relationship together.
(fill in partner organization name)

Both CRIHB/AAIR and _____ share a common view in our respective
(fill in partner organization name)

missions, visions, and values, that we are dedicated to promoting recovery-oriented solutions that produce positive outcomes for individuals, families, and communities. To achieve these outcomes, substance abuse and related issues must be addressed within each agency's constituency. For this purpose, each party to this collaboration will pursue these outcomes by implementing its own goals, policies, and procedures.

CRIHB is a network of Tribal Health Programs founded in 1969 and controlled and sanctioned by Indian people and their Tribal Governments. We are committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California. CRIHB does this by providing advocacy, shared resources, training, and technical assistance that enhance the delivery of quality comprehensive health-related services.

AAIR's helps eligible American Indian/Alaska Native (AI/AN) clients overcome barriers to access to substance abuse treatment and recovery support services by:

- Helping clients take advantage of secular, spiritual, and faith-based treatment solutions.
- Allowing clients to choose from a statewide network of Native and non-native providers.
- Providing access to recovery support services to support unique healing paths.

- Supporting each person throughout their recovery process.
- Paying for substance abuse treatment and recovery support services when no other funding is available.

The mission of _____ is to:

(fill in partner organization name)

_____

_____

_____

Collaboration partner agency description:

_____

_____

_____

Key areas of collaboration:

- Identify and pursue joint funding activities.
- Participate together in at least one event each year.
- Promote activities that strengthen the collaboration.
- Endorse activities of our partner organization, when possible.
- Seek opportunities for collaboration and mutually supportive activities.
- Investigate and, where possible, develop most-favored agency/provider/supplier relationships.
- Designate a primary contact within each organization to facilitate communication.
- Commit to continuous quality improvement in all areas of this collaboration.
- Hold all client names confidential as required by federal, state and local law.
- Agree to maintain the confidentiality of each partner organization's operations.
- Comply with all appropriate local, state, Federal laws and regulations.

Parties we propose to serve:

AAIR clients, their families, and community members, including those who:

- Are enrolled members of AI/AN Tribes, AI/AN descendants, or minors living in AI/AN households;
- Are California residents;
- Believe they have a drug or alcohol problem or have been affected by such problems.

This Memorandum of Collaboration begins on the date of its acceptance by both parties through _____ unless modified in writing before that date. It may be extended for _____.
(ending date)
(list period of months/years)

This memorandum is approved by the signature of each organization's authorized agent.

_____
Authorized signature

_____
Exact title

California Rural Indian Health Board, Inc.
Access to American Indian Recovery Program

_____
Date Signed

_____
Collaborating partner's authorized signature

_____
Exact title

_____
Collaborating organization's name

_____
Date Signed

Giving Thanks…

To the following people for contributing their tireless support, their diligent work, their wisdom, and their energy to the success of the Access to American Indian Recovery (AAIR) program:

California Rural Indian Health Board, Inc. Board of Directors

Brenda Adams, Shingle Springs Tribal Health Program
James R. Adams, Jr., Shingle Springs Tribal Health Program
Roy Arwood, Karuk Tribal Health Program
Monty Bengochia, Toiyabe Indian Health Project, Inc.
Andrea Cazares-Diego, Greenville Rancheria Clinic
Ralph DeGarmo, Warner Mountain Indian Health Project
Nancy Ehlers, MACT Health Board
Clois Erwin, Chicken Ranch Rancheria of Me-Wuk Indians of California
Reno Franklin, Sonoma County Indian Health
Yolanda Gibson, Tule River Indian Health Center, Inc.
Bonnie Green, United Indian Health Services, Inc.
Michelle Hayward, Redding Rancheria Tribal Health Services
Gayline Hunter, Tule River Indian Health Center, Inc.
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Joni Townsend, Warner Mountain Indian Health Project
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Hope Wilkes, Redding Rancheria Tribal Health Services

CRIHB/AAIR Management & Staff

James Crouch, Executive Director
Jackie Kaslow, Family & Community Health Director
Vicki Sanderford-O'Connor, Former AAIR Project Director
Randal Vardan, AAIR Project Manger
Darla Pikyavit, AAIR Administrative Asst.

AAIR Advisory Board & Working Group Members

George Blake, Artist and Elder
Patricia Bloker, Native American Rehabilitation Association of the Northwest, Inc.
Sonciray Bonnell, Northwest Portland American Indian Health Board
Joey Casey-Ingram, United Indian Health Service
Stan Galperson, Tarzana Treatment Center
Eric Kakuska, Northwest Portland American Indian Health Board
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Michael Watkins, Native American Rehabilitation Association, Northwest, Inc.
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To learn more about AAIR, call toll-free: (866) 350-8772 or visit: www.crihb.org/aair