

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

Cheyenne River
Sioux Tribe

Crow Creek
Sioux Tribe

Spirit Lake
Dakota Nation

Flandreau Santee
Sioux Tribe

Lower Brule
Sioux Tribe

Oglala
Sioux Tribe

Omaha Tribe
of Nebraska

Ponca Tribe
of Nebraska

Rosebud
Sioux Tribe

Sac & Fox Tribe
of the Mississippi
Indians in Iowa

Santee Sioux Nation
of Nebraska

Sisseton-Wahpeton
Oyate

Standing Rock
Sioux Tribe

Mandan, Hidatsa,
Arikara
Affiliated Tribes

Trenton Indian
Service Area

Turtle Mountain
Band of Chippewa

Winnebago Tribe
of Nebraska

Yankton Sioux Tribe

Great Plains Tribal Chairmen's Health Board Behavioral Health Department Tribal Treatment Services Needs Assessment Report

Key Themes and Findings

In order to develop a better understanding of Native American specific substance abuse services available across the region, the Great Plains Tribal Chairmen's Health Board conducted a survey of tribal specific treatment programs beginning June 2019 and ended January 2020. The survey was sent to all tribal behavioral health programs across South Dakota as well as additional efforts were made to reach out to independent treatment programs with a focus on provision of services to Native Americans. Key themes that arose through the survey responses include:

Integration of Culture and Native American Traditions: There is a wealth of knowledge, experience, and resources encompassed within the tribal treatment programs. Their unique ability to provide treatment services within a framework that values Native American traditions and culture enhances the services they provide to their clients.

Range of Services Available and Geographic Limitations: Across all tribal treatment providers, there is an array of available services that is representative of the treatment continuum. Although there are numerous programs and services, there are gaps in services based on geography and need, with some reservations and tribal communities having access to a large selection of services and more isolated or distance reservations and tribal communities are limited in the services that are available within a reasonable distance. The distance and geographic limitations are a significant barrier noted throughout the survey responses and is compounded by challenges of costs and availability of transportation.

Length of Time Waiting for Services: Respondents noted challenges in the delay of availability of services as a result of limited capacity. While there is an array of treatment services available, there is often limitations in the available slots or number of individuals that can participate in the programming at one time. The length of time waiting for services discourages follow through for some of the clients seeking services.

Transportation to Treatment Appointments: In addition to geographic and distance challenges that affect transportation, challenges were also noted regarding availability of reliable local transportation that is available for individual clients to participate in programming. These issues are further complicated by the implications of winter weather, and broader family dynamics that compete for the use of a common vehicle and resources to afford and maintain reliable transportation.

Staffing: An additional consistent challenge noted by survey respondents was finding, hiring, training, credentialing, and retaining sufficient staff to meet the needs of clients and provide treatment services.

While numerous challenges and gaps were identified throughout the survey, it should be noted that the respondents had a consistent theme of commitment to provision of culturally appropriate services to meet the needs of their clients. This commitment to caring goes well beyond the formalized approach to treatment and is rooted in empathy, compassion, and a desire to meet the needs of their clients and their families. This is best summarized in the words of a respondent

describing the struggle to meet the needs for “*Individuals that are required to complete treatment, however, their basic needs are not being met such as housing, employment and food.*”

Background

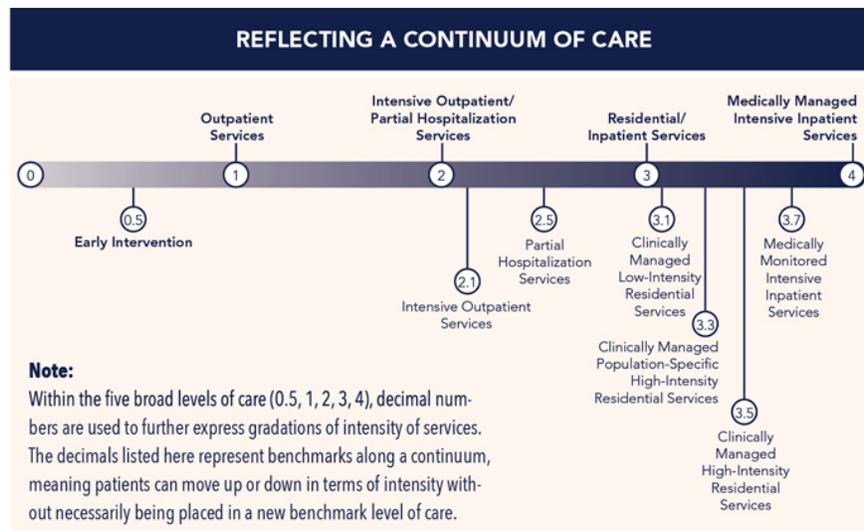
In order to develop a better understanding of Native American specific substance abuse services available across the region, the Great Plains Tribal Chairmen’s Health Board conducted a survey of Tribal specific treatment programs. The survey was sent to all tribal behavioral health programs across South Dakota as well as additional efforts were made to reach out to independent treatment programs with a focus on provision of services to Native Americans. The treatment programs identified in the process include:

Tribe	Treatment Provider/Programs	Location	Phone/Fax
Cheyenne River Sioux Tribe	Ospaye Topa Oasninya Oti	Eagle Butte, SD	P: 605-964-0778 F: 605-964-1105
	Wakpa Waste Counseling Services (formerly Four Bands Healing Center)	Eagle Butte, SD	P: 605-964-1545 F: 605-964-0727
	Walter Miner Law Enforcement Department-Social Detox	Eagle Butte, SD	P: 605-964-2150 F: 605-964-1023
Crow Creek Sioux Tribe	Crow Creek Tribal Hall	Crow Creek, SD	P: 605-245-2221
Flandreau Santee Sioux Tribe	Flandreau Behavioral Health Center	Flandreau, SD	P: 605-997-3844 F: 605-997-3694
Lower Brule Sioux Tribe	Lower Brule Counseling Service	Lower Brule, SD	P: 605-473-5584 F: 605-473-9268
Oglala Sioux Tribe	Anpetu Luta Otipi	Kyle, SD	P: 605-455-2331 F: 605-455-2182
	Department of Public Safety, Inc. J.D.C.	Kyle, SD	P: 605-455-2000 F: 605-455-2287
	Native Healing Program	Rapid City, SD	P: 605-342-8925 F: 605-342-6681
Rosebud Sioux Tribe	RST Alcohol & Drug Treatment Program	Rosebud, SD	P: 605-747-2342 F: 605-747-2111
	Methamphetamine Rehabilitation Treatment Program	Rosebud, SD	P: 605-747-2320 F: 605-747-2111
Sisseton Wahpeton Oyate	Dakotah Pride Center	Agency Village, SD	P: 605-698-3917 F: 605-698-4449
	Mayuteca	Agency Village, SD	P: 605-698-2110
	Youth and Family TREE	Agency Village, SD	P: 605-698-2110
Standing Rock Sioux Tribe	Standing Rock Treatment Program	Ft. Yates, ND	P: 701-854-7219 F: 701-854-7650
Yankton Sioux Tribe	Canku Teca Treatment Center	Lake Andes, SD	P: 605-487-7841 F: 605-487-7690

Other Programs		
South Dakota Urban Indian Health	Sioux Falls, SD	P: 605-339-0420 F: 605-339-0038
	Pierre, SD	P: 605-224-8841 F: 605-224-6852
Youth Regional Treatment Center - Great Plains Area- IHS	Mobridge, SD	P: 605-845-7181 F: 605-845-5072
Ft. Thompson Service Unit - Substance Abuse Treatment Program	Ft. Thompson, SD	P: 605-245-1546 F: 605-245-2263
Pennington County Sheriff's Office - Addiction Treatment Services	Rapid City, SD	P: 605-394-6128

Level and Type of Services Provided

Survey respondents were asked to identify the level of services offered at their program based on the ASAM Criteria and the continuum of care. Most responding providers provide Early Intervention (Level 0.5) and Outpatient Treatment (Level 1). Only a few programs report offering the higher levels of care.



Level of Service	Number of Agencies Providing Service	
	For Adults	For Adolescents
Early Intervention (Level 0.5)	12	6
Outpatient Treatment (Level 1)	12	6
Intensive Outpatient Treatment (Level 2.1)	9	2
Partial Hospitalization/Day Treatment (Level 2.5)	2	0

Transitional/Supportive Housing	4	0
Clinically Managed Low-Intensity Residential Treatment (Level 3.1)	3	1
Clinically Managed Population Specific High-Intensity Residential Services (Level 3.3)	1	1
Clinically Managed Medium/High-Intensity Residential Treatment (Level 3.5)	2	1
Medically Monitored High-Intensity Treatment (Level 3.7)	3	1
Medically Managed Intensive Inpatient Services (Level 4.0)	0	0
Prevention Services	9	7

Level of Services by Program

The following summarizes the Prevention, Early Intervention, Outpatient services, and Transitional/Supportive Housing services reported offered by each treatment programs.

(A=Adult / Y=Youth)

Tribe	Treatment Provider/ Programs	Prevention Services	Early Interv. (Level 0.5)	Outpatient Treatment (Level 1)	Intensive Outpatient Treatment (Level 2.1)	Partial Hosp./Day Treatment (Level 2.5)	Tran./ Supportive Housing
Cheyenne River Sioux Tribe	Wakpa Waste Counseling Services (formerly Four Bands Healing Center)		A	A/Y			A
Crow Creek Sioux Tribe	Crow Creek Tribal Hall	A/Y		A	A		
Flandreau Santee Sioux Tribe	Flandreau Behavioral Health Center		A/Y	A/Y			
Lower Brule Sioux Tribe	Lower Brule Counseling Service	A/Y	A	A	A		A

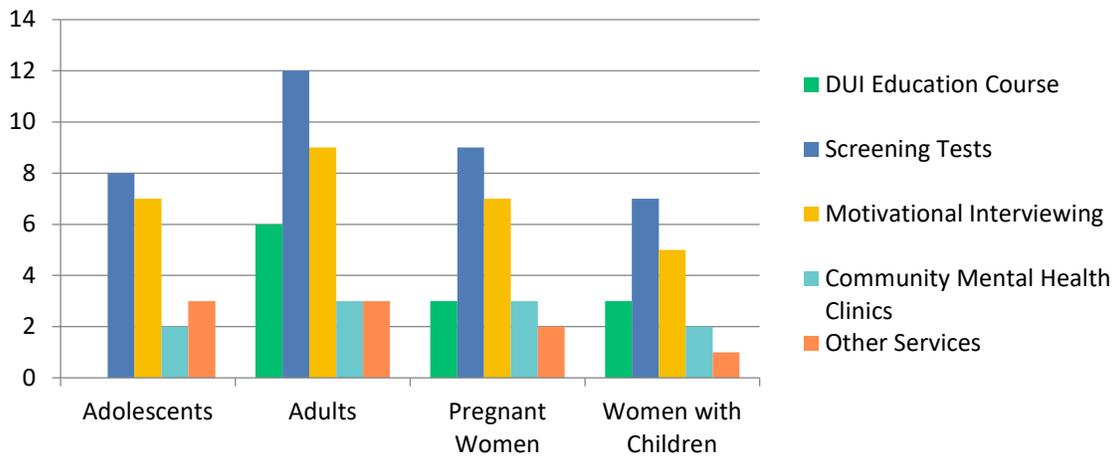
Oglala Sioux Tribe	Anpetu Luta Otipi	A/Y	A/Y	A			A
	Native Healing Program	A/Y	A	A	A		
Rosebud Sioux Tribe	RST Alcohol & Drug Treatment Program	A				A	
	Methamphetamine Rehabilitation	A	A				
Sisseton Wahpeton Oyate	Dakotah Pride Center				A		A
	Mayuteca	A	A				
	Youth and Family TREE	A/Y	A/Y	A/Y	A/Y	Y	
Standing Rock Sioux Tribe	Standing Rock Treatment Program		A	A	A		
Yankton Sioux Tribe	Canku Teca Treatment Center			A	?		
Other Programs							
South Dakota Urban Indian Health			A/Y		Currently Not Offering		
			A/Y				
Ft. Thompson Service Unit - Substance Abuse Treatment Program			A/Y				
Pennington County Sheriff's Office - Addiction Treatment Services			A		A		

Respondents' were asked to indicate different types of services provided under the various levels of service offered.

- Early Intervention Services

The most prominent Early Intervention services reported as being provided by survey respondents are screening services followed by Motivational Interviewing services. Survey respondents report providing the majority of services to Adults and Pregnant Women.

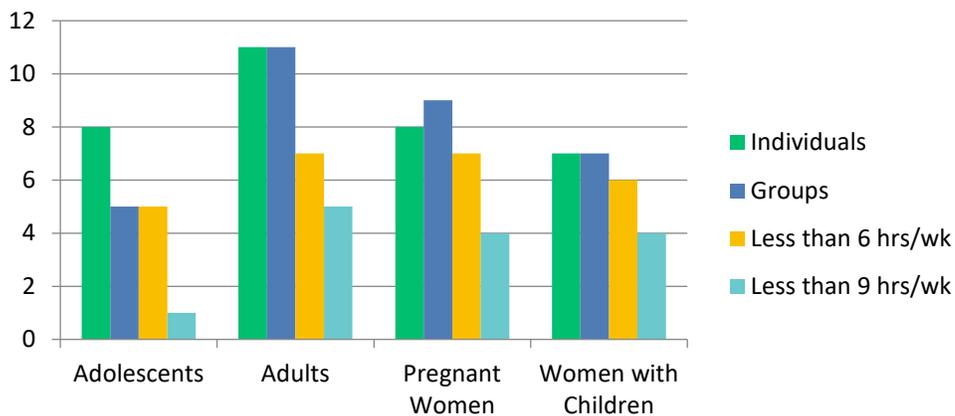
Early Intervention Services are available for...



- Outpatient Services

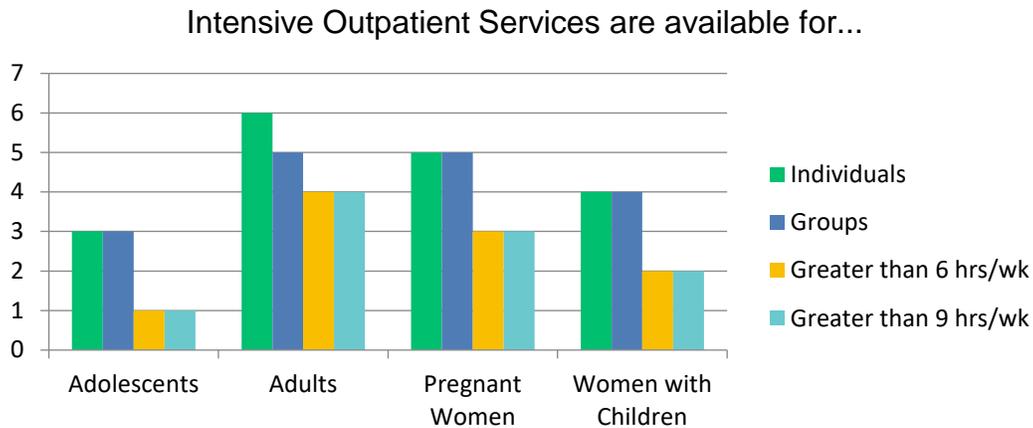
As noted in the table above, twelve agencies report providing Outpatient Services to adults and six agencies report providing Outpatient Services to adolescents. The survey queried respondents further regarding the type of Outpatient Services provided for adolescents, adults, pregnant women, and women with children. Individual and group Outpatient Services were the type of services most often reported as being provided by treatment providers.

Outpatient Treatment Services are available for...



- Intensive Outpatient Services

Nine agencies report providing Intensive Outpatient Services to adults and two agencies report providing Intensive Outpatient Services to adolescents. Most of the agencies reporting providing Intensive Outpatients Services provide the services to adults, pregnant women, and women with children.



- Partial Hospitalization/Day Treatment Services

As noted in the table above, two agencies report providing Partial Hospitalization/Day Treatment Services that meet Level 2.5 criteria.

- Transitional/Supportive Housing

Four tribal programs report providing Transitional and/or Supportive Housing services to Adults.

A number of respondents, while not currently providing Transitional/Supportive Housing expressed a need and desire to be able to provide these services in the future. One program noted the capacity to provide sober living environment for up to a year and had the capacity to provide to provide Transitional/Supportive Housing to three pregnant women but not their children.

- Residential Treatment Services (Level 3.1, 3.3, 3.5 and 3.7)

Survey respondents were asked to indicate if they provided residential treatment services that met the ASAM criteria for Level 3.1, 3.3, 3.5 and/or 3.7. Three tribal based programs and one non-tribal program report providing residential treatment services to adults. The Youth Reginal Treatment Center was the only program reporting providing residential treatment services to adolescents.

Tribe	Treatment Provider/Programs	Clinically Managed Low-Intensity Residential Treatment (Level 3.1)	Clinically Managed Population Specific High-Intensity Residential Services (Level 3.3)	Clinically Managed Medium/High-Intensity Residential Treatment (Level 3.5)	Medically Monitored High-Intensity Treatment (Level 3.7)
Oglala Sioux Tribe	Anpetu Luta Otipi	Adults		Adults	Adults
Rosebud Sioux Tribe	Methamphetamine Rehabilitation Treatment Program	Adults	Adults	Adults	Adults
Sisseton Wahpeton Oyate	Dakotah Pride Center				Adults
Indian Health Services Programs					
Youth Regional Treatment Center - Great Plains Area-HIS, Wakpala, SD		Adolescents	Adolescents	Adolescents	Adolescents
Other Programs with Native American Specific Services					
Pennington County Sheriff's Office - Addiction Treatment Services		Adults			

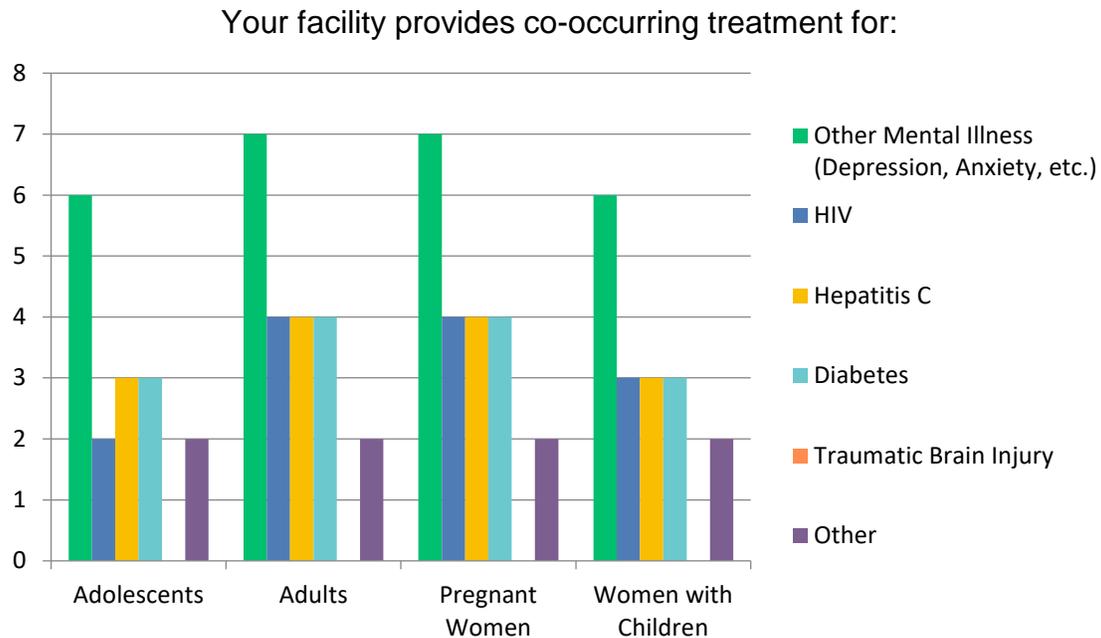
Client/Patient Census

Since the treatment programs are structured differently and provide a range of different services, it was difficult for the programs to report client census data consistently. The following table provides the responses that were provided by survey respondents when asked about the average daily census.

Meth Meetings 5-10 people weekly
15
12
At any given time we serve approximately 150 people in all of our outpatient programs combined, currently 35 that are in treatment residentially
2
6
135
3
19 residential clients per day
5 clients a day
11 inpatient clients
average of 6 clients per day in outpatient
average 1 assessment a day

Co-Occurring Services

Eight programs report that they provide co-occurring treatment services. Respondents were asked the type of co-occurring services that are provided. The graph below shows the most common services co-occurring services were services for mental illness followed by HIV, Hepatitis and Diabetes related services. Treatment providers did not report providing any co-occurring services for Traumatic Brain Injury.



Integration of Culture into the Healing Process

Integration of cultural components is a critical aspect within the tribal treatment programs. The tribal treatment programs report utilizing numerous culturally significant approaches, strategies, and practices within treatment programming. The following table summarizes key themes identified and summarizes responses from survey responses.

Key Themes Related to Cultural Components Integrated Into Treatment Services

Key Themes	Summary
Dakota Values	<i>Okiciya</i> “Help one another”. We are here to help and take care of one another. <i>Wowausida</i> “Compassion”. Do not judge others but recognize their hardships and share your kind words and thoughts. <i>Wo’Ohoda</i> “Respect”. Treat others the best that you can (sometimes even better than yourself). Respect applies to everything - the earth, animals, ideas and life. <i>Wowaditaka</i> “Bravery”. Truth is sacred and honorable. <i>Canteyuke</i> “Generosity”. Willingness to give to others without hesitation. Give what you have, especially to elders, the sick and to those who do not have.
Lakota Values	<p>“Lakota values, philosophy, and culture are a fundamental approach used with the agency and use as a method of maintaining alcohol and substance abuse abstinence.”</p> <p>“along with groups that are culturally relevant with emphasis on the Lakota Seven Values”</p> <p>“This done through using the 7 rites, the medicine wheel”</p> <p>“Through cultural philosophy and cultural services”</p>
Cultural Activities	<p>“We integrate the Lakota beliefs and culture into our group and individual sessions”</p> <p>“We currently do not have a cultural component, but do encourage and refer to cultural activities that occur externally”</p> <p>“We have cultural activities at both sites”</p>
Culturally-Based Therapeutic Strategies Curriculum	“Healing of the canoe, equestrian assisted therapy...motivational interviewing for native Americans.”
Spiritual Leader/Cultural Coordinator	<p>“culturally-based programs also includes connecting client to spiritual leaders and applying cultural activities within treatment”</p> <p>“had a cultural coordinator on staff”</p> <p>“For people who choose to integrate culture into their sobriety lifestyle, contact with spiritual leaders with in the community are”</p>

	“We have a Lakota spiritual leader on staff”
Culturally Appropriate Reference Materials	“adaptations of sessions based on cultural needs”
Lakota Language	“Lakota language is taught and promoted” “We integrate the Lakota believes and culture into our group and individual sessions...this is done through....and language”

When considering cultural aspects of treatment services, consideration, and respect for the unique cultural across all the tribes and reservations should be considered. Some of the respondents are from Lakota Tribes and some are from Dakota Tribes. Each of these two cultural groups have their own set of values which are similar but not exactly the same, which is why we separated them.

Also, within each group themselves, there is sometimes disagreement of what the list of values are, depending on who you are speaking with.

Lakota and Dakota are each their own language dialect as well.

Source of Referrals

The majority of treatment providers report that most of the referrals received by their programs is through the court or criminal justice system. Other sources of referrals include the Indian Health Service, Department of Social Services, and self-referrals. Following are the detailed responses from survey respondents.

Survey Responses for Source of Patient Referrals

The majority of our referrals are court ordered through probation/parole or judges/attorneys

1. Tribal programs
2. Courts -Tribal, State and Federal
3. Probation and paroles services
4. Families

Self-referral, criminal justice and RCRH

Criminal justice and self-referral

We get our referrals from our Civil Court system.

Tribal Alcohol facilities and JDC's

Tribal, State and Federal Courts and State and Federal Probation Officers, IHS referrals, self-referrals and Child Protection Services, Department of Social Services (both ND and SD)

Criminal justice system

Self-referral, criminal justice

IHS and courts

IHS, SAMHSA

Criminal justice system, tribal social services, clinic providers, and self-referrals

Criminal justice, medical and self-referrals

Most of our referrals come from the criminal justice system, mostly parole boards.

School personnel, family/self-referral and other treatment services

Criminal Justice systems (Tribal and State)

Barriers

Survey respondents identified a wide range of barriers and challenges they face in provision of treatment services and meeting the needs of their clients.

Barriers identified in relation to Clients Accessing Treatment include:

- Waiting Lists – length of time waiting services discourages follow through for some clients
- Transportation to treatment and appointments
- Limitations in staffing that would enable provisions of co-occurring services
- Staff to provide treatment services
- Finding and hiring staff
- Training and credentialing staff
- Challenges in involvement of families

“Individuals that are required to complete treatment, however, their basic needs are not being met such as housing, employment and food.”

Unmet Needs Resulting from Lack of Resources Include:

Transportation, housing, and employment were the most common themes identified. The following table provides the detailed responses:

- 1) Case management services to help with employment seeking, GED, completing paperwork for disability, completing housing applications, space/capacity for temporary housing, spiritual advisers, daycare for parents, parenting classes, anger management classes, domestic violence classes
- 2) Detox, transitional living for pre and post residential treatment
- 3) Housing, employment, transportation
- 4) More family involvement
- 5) Residential treatment housing.
- 6) Housing, employment, childcare, sober living homes, sober living center, more transportation
- 7) Housing, employment, daycare, transportation
- 8) Transitional living
- 9) Case management services, recreational activities, housing, childcare, incentives, transportation
- 10) More halfway house 3.1
- 11) Housing child care services transportation
- 12) We need a new treatment facility with the capacity to reunite the 638-contract funded Dakotah Pride Center and the various-grant funded SWO Behavioral Health / Mayuteca under one roof and common leadership.

When asked “What are current areas/programs in your facility that you would like to see grow? What is your vision for these areas?” The following themes arise using a word cloud analysis approach demonstrating a desire for more resources to provide enhanced and expanded programming, treatment and services:

programming_{treatment} services

The open-ended responses are included in the table on the next page.

Responses to: “What are current areas/programs in your facility that you would like to see grow? What is your vision for these areas?”

1) Suicide prevention, Suicide task force, youth activities

2) Healing families and addicts

Case management services to help with employment seeking, GED, completing paperwork for disability, completing housing applications, space/capacity for temporary housing, spiritual advisers, daycare for parents, parenting classes, anger management classes, domestic violence classes

We hope to develop a peer recovery coaching program. We hope to employ peer recovery coaches.

We are currently working with the Meth Diversion Program to increase the number of people we can provide Intensive Meth Treatment for.

all areas

The Wakpa Waste Counseling Services

the tele-services for families unable to come to our facility; hire more professional staff

6-8 bed residential treatment

3) We are currently working on improving our DUI class, I would like to be able to provide level 11.1 services using Medicine Wheel and 12 Step curriculum, and we used to be able to provide inipi and it would be nice to do that again.

4) continue to grow cultural component, increase # of counselors available for services.

5) Prevention programming, adolescent programming, and recovery/sobriety coaches

6) expand bed space from 12 to 24 bed

7) sober living detox services

8) Development of unified and uniform standard operating procedures.

Capacity for open-ended treatment (which requires a new facility and more staff)

Capacity for longer-term treatment (which requires a new facility, more staff, and reunification of the inpatient and outpatient/day treatment services, which are currently operated independently of each other)

Shared AccuCare database

AccuCare integrated with the IHS electronic health record

Substance use disorder treatment better integrated with other clinical services

IHS designation and commitment of a "field health team" to work closely with substance use disorder treatment and recovery support services.

IHS in compliance with Chapter 18 of the IHS Manual and not treating substance use disorder treatment programs like the "red-headed stepchild" of the IHS.

IHS developing modules for treatment facility construction and staffing in the Health Systems Planning Manual, as authorized by the Indian Health Care Improvement Act as amended for specialty care facilities in 2010.

Capacities for clinical and non-clinical coordination of services for people with opioid use disorder, including MAT.

Staffing and Workforce

Challenges in recruiting and hiring qualified staff, training opportunities, and retention were common issues raised by survey respondents when queried about workforce challenges. Tribal treatment providers reported employing 27 credential staff and 8 trainees. It should be noted that some providers reported very few staff, while others treatment providers with more programs and funding reported a larger number of staff. Additional credentialed staff were reported as being employed by Indian Health Service or were engaged through a contract for services. Current education level of credentialed staff was split evenly between master's level and bachelor's level staff.

All survey respondents indicated difficulty in finding and hiring staff to meet services needs

Primary Substance of Choice

Survey respondents were asked to identify the top three substances of choices for adolescents and adults receiving services at their facility. The top three substances of choice across all respondents was Alcohol, Marijuana, and Methamphetamine.

Top Three Reported Substances of Choice Across all Respondents

Adolescents	Adults
<ul style="list-style-type: none">• Alcohol• Marijuana• Methamphetamine	<ul style="list-style-type: none">• Alcohol• Marijuana• Methamphetamine

Other responses for adolescents included:

- Opioids
- Over the Counter Medications
- Hallucinogens
- Tobacco

Other responses for adults included:

- Opioids