

RECOVERY

*The official newsletter of the
Fletcher Group Rural Center Of Excellence*



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NATIVE AMERICANS AND THE PANDEMIC

by Founder and Chief Medical Officer Dr. Ernie Fletcher

Understanding and valuing other cultures is essential to working cross-culturally, particularly with individuals from historically disenfranchised communities.

Our rural emphasis involves us with Native American tribes from coast to coast. We proudly support a number of organizations including the Wellbriety Movement which provides online recovery resources for individuals, families, and communities; the National Congress of American Indians which sponsors conferences and other events useful to tribes fighting the opioid epidemic; and White Bison which offers a wide range of resources to help Native Americans and Alaskan Natives achieve sobriety and wellbeing.

That being said, our knowledge of Native American conditions and needs is imperfect at best. So please feel free to not only educate us but to put us in contact with those individuals and organizations whose work you respect and with whom we may partner to create a better world for all.



HARD TIMES JUST GOT HARDER

Poor healthcare, pre-existing conditions, and economic collapse are subjecting Native Americans to their worst crisis in decades. “What you’re seeing now is a symptom of a much deeper problem facing tribal nations for over a century,” says Fawn R. Sharp, president of the National Congress of American Indians. “The failure to fund us has left us incredibly vulnerable.”

CDC data indicates that Blacks and Latinos are three times more likely to be infected with COVID-19 than whites. But in many parts of the country Native Americans have been infected at four times the rate of their white neighbors.

Those on rural reservations are particularly vulnerable. Crowded housing prevents social distancing and effective quarantining. Water shortages preempt CDC-recommended hand washing. And treatment is often complicated by untreated underlying conditions.

A Long History

In the Fort Laramie Treaty of 1868 Native Americans exchanged land and natural resources for federally provided medical and public health services. But the Indian Health Service has been plagued by inadequate funding, insufficient supplies, aging facilities, and a shortage of doctors, nurses, and hospital beds. According to a report by the National Congress of American Indians, the IHS spent \$3,332 per patient in 2017 compared to \$12,829 per person by Medicare and \$7,789 by Medicaid.

The full extent of the crisis is anyone’s guess. That's because race and ethnicity go missing on roughly half of all case reports sent to the CDC. Even when it's collected, healthcare workers are prone to simply guess a patient’s race and ethnicity instead of asking. Many suspect that emergency funding from the federal government may also be reduced by census undercounts.

“If you eliminate us in the data, you’ve effectively eliminated us for the allocation of resources,” says Abigail Echo-Hawk, the Director of the Urban Indian Health Institute.

The economic data is clear: According to Meister Economic Consulting, the closing of nearly 500 tribally owned casinos put 700,000 people out of work, wiping out the money tribes use to provide basic services.

Unemployment exceeded 50 percent on many reservations even before the pandemic. But that figure has soared, leaving in its wake a fear that native communities will be the last in America to recover.

In the estimation of Harvard scholar Joseph Kalt, the pandemic's effect on Native Americans is "akin to the demise of the buffalo."

“We are always getting the bottom of the barrel,” says Esther Lucero, the chief Executive Officer of the Seattle Indian Health Board.

According to Chief Medical Officer Frank Armao of the Arizona Indian Health Care Center, the pandemic has been “a complete nightmare” for Native Americans. The question now is: How long before we awake?



THE MAKAH RISE TO MEET YET ANOTHER CHALLENGE

The Makah are resilient. Their reservation on the northwest corner of the contiguous United States endures 100-mile per hour winds, 100 inches of rain a year, and utter isolation when mudslides make the one-hour drive to the nearest hospital or shopping center impossible. Resilient as they are, nothing in their 4,000-year history prepared the Makah for the ravages of the opioid epidemic.

But the tribe of just under 3,000 members has responded well. The Sophie Trettevick Indian Health Center quickly dispersed Naloxone overdose kits, trained Recovery Coaches, and offered vivitrol injections to block opioid receptors. A federal COAP/COSSAP grant has funded the hiring of two new employees who, with additional funding from the Makah Tribal Council, are helping remodel two SiSuk Recovery Houses, one for men and one for women. They also work with the Makah Wellness Team to provide education, case management, coaching, and other services including family support.

Neah Bay Public Safety has also launched a new Law Enforcement-Assisted Diversion (LEAD) program to minimize the “revolving door” of endless reincarceration. The program encourages low-level, non-violent offenders to address underlying personal issues such as co-occurring disorders, homelessness, and generational trauma. The COSSAP/LEAD program is supervised by Jasper Bruner, Chief of Police and Manager of Neah Bay Public Safety. The goal, he says, is “to create a positive ripple effect throughout the community by lowering opioid use, overdose rates, arrest rates, and incarceration rates.”

Partnership is the key to providing needed wraparound services, says Bruner. “You need everyone—the judge, the police, the probation officer, the prosecutor, the public defender, the first responders, the public health providers, the hospital staff, the treatment providers, the chemical dependency providers, and the mental health providers.”

The diverted must meet with case managers each week, obtain chemical dependency evaluations, follow all guidance, attend four self-help meetings per week, check in each weekend at the Neah Bay Police Department, and undergo random urinalysis screenings.

It Hasn't Been Easy
“We were in the final stages of our LEAD program when the pandemic hit,” says Bruner. “But the slowdown has had one big benefit: it’s given us more time to share notes with other tribes. We’ve provided training, hosted site visits, and shared all our policies, procedures and documentation. We can’t afford to duplicate effort because we need to be as efficient as possible.”

The sharing goes both ways. “We’ve received assistance from numerous other tribes as well as private groups and individuals,” says Bruner. “As the process continues we learn how best to work together. That’s the way we’ll come out of this, by working together. And when we do, we’ll all be the stronger for it.”

Fletcher Group's Role
Technical assistance from Fletcher Group Outreach and Engagement Specialist Milena Stott has been “awesome,” says Bruner. “The Fletcher Group's experience has made a real difference. We wouldn’t be where we are without them.”



RECOVERY COACHING MAKES A DIFFERENCE

By Nimiipuu Behavioral Health Director Karen Hendren

Substance Use Treatment comes in many forms. In addition to the sober activities and individual and group counseling we offer at the Nimiipuu Behavioral Health Department in Lapwai and Kamiah, Idaho, we’ve added an exciting Recovery Coaching program that’s already making a difference.

Above and Beyond

Like a traditional therapist, Recovery Coaches can help clients set goals and access tools and support. But Recovery Coaches are not restricted to the “four walls” of the therapist. In addition to counseling, coaches can go into the home, provide transportation to appointments, and deliver other vital assistance.

Quantifiable Results

The Recovery Coaching program has already doubled the number of people entering our inpatient and outpatient treatment programs. It’s been especially helpful for clients who may be uncomfortable asking for help.

Extensive Training

Our Recovery Coaches go through an extensive and specific training program to become credentialed. To qualify, all coaches must have a personal history of addiction and successful long-term recovery.

A Bond of Trust

The first step is for the coach to build trust and rapport with the client. Once the coach and client agree on goals and next steps, the coach explores with the client whatever resources may be available in the community.

It’s Personal

Clients are accountable to their coach for each step in the recovery process. They check in with their coach each day and can reach out to the coach whenever they find themselves struggling.

Step By Step

Recovery Coaches do not set goals or dictate behavior. Instead, they apply unconditional positive regard as clients work to meet whatever goals they've set for themselves.

TeleHealth, Too

In addition to providing the tools, inpatient treatment, and support needed to reduce harm and prevent relapse, the Nimiipuu Behavioral Health Department also provides the latest in telehealth technology for those who find it difficult to visit in person.

Continuing Support

Clients continue to receive support from their coaches for a full year after treatment has been completed and can reengage with the coach any time thereafter should they begin to struggle.

Resounding Success

Our Recovery Coaching Program has increased both the number of people we serve and the level of engagement and support we provide.

Dedicated to serving the 3,500-plus members of the Nez Perce Tribe in north-central Idaho, the Nimiipuu Behavioral Health Department looks forward to continuing and expanding this exciting new program.