

**Sault Ste. Marie Tribe of Chippewa Indians**

# **TRIBAL ACTION PLAN**

Our long-term strategic plan to combat substance abuse and addiction in our Tribal community.

**August 2016**

# Tribal Action Plan



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## Executive Summary

The Sault Ste. Marie Tribe of Chippewa Indians Tribal Court received a grant from the Department of Justice, Bureau of Justice Assistance in the fall of 2011 that included the goal of establishing a Tribal Action Plan pursuant to the Tribal Law and Order Act of 2010. The Tribal Law and Order Act requires that federal government support tribe in developing and implementing these strategic plans to combat the severe problems of alcohol and drug abuse in Indian Country across the United States. The Tribe's governing body, the Board of Directors, passed a resolution on November 20, 2012 to begin the process of developing a Tribal Action Plan (TAP) and therein established a TAP Advisory Board, specifically naming those individuals and departments to collaborate on the Advisory Board, as each is integral in addressing the problem of substance abuse in our community. The TAP Advisory Board consists of the Tribal Chairperson, three (3) members of the Board of Directors, the Chief Judge, the Chief of Police, the Executive Director, the Director of Sault Tribe Behavioral Health, the ACFS Division Director, the Housing Director, the Tribal Prosecutor, the Court Administrator/Magistrate, the Specialty Court Coordinator, the Health Division Director, a community representative, a representative from the Cultural Department, the Assistant Membership/Internal Services Executive Director, a Human Resources Manager, the Elder Services Division Director, a representative from Youth Education and Activities, the Director of Strategic Planning, a representative from the Communications Department, a membership liaison, the ARC Director, the Transportation Planner, the Director of Government Relations, the Health Center Clinic Manager and a representative from Planning and Development. As well as serving as employees of the Tribe, many of the TAP Advisory Board members are Tribal members and members of the Tribal community. The members of the Advisory Board met regularly as a whole to work on the TAP, and also broke into subcommittees, such as the focus group subcommittee and data subcommittee, to more effectively address various issues and topics. The TAP process began with the development and facilitation of focus groups, surveys, and an interview to assess our Tribal community's needs, strengths, resources, and ideas for improvements and changes to the current substance abuse prevention and treatment system.

Based on the data gathered and analyzed, the TAP Advisory Board explored many issues surrounding substance abuse and addiction, as well as ideas to improve services in order to create our Tribal Action Plan. The Plan includes a total of seven goals, with objectives, actions, steps to take, action leaders, and expected completion dates. By including all these components into the TAP, we will be able to monitor and evaluate implementation, and adjust our TAP along the way as needed. The TAP is a 'living document' that will evolve as needs, issues, and strengths change over time. The Tribal Court would like to give thanks to all of the TAP Advisory Board Members, The Tribal Board of Directors, and all the Sault Tribe Community Members who made this effort possible. Chi Miigwetch!

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## Vision

*A healthy Anishinaabe Nation.*

## Mission

*Through education, collaborations, and comprehensive services, Sault Ste. Marie Tribe of Chippewa Indians and community partners will restore balance to our families by combating substance abuse.*

## Community Profile & Background

The Sault Tribe of Chippewa Indians is a 44,000-members-strong federally recognized Indian tribe that is an economic, social and cultural force in its community across the eastern Upper Peninsula counties of Chippewa, Luce, Mackinac, Schoolcraft, Alger, Delta and Marquette, as shown in the map below. The Tribe maintains housing and Tribal centers, casinos, and other enterprises that employ both Natives and non-Natives and fund Tribal programs. The Tribe works hard to be self-sufficient, good stewards of the land and waters, and helpful to the surrounding community.



The Sault Ste. Marie Chippewa Tribal Court (Tribal Court) as it currently exists was established by statute in 1979. Tribal Court's jurisdiction includes the Tribal lands located within the seven-county service area, the 1836 Treaty Area for conservation matters, and Tribal children wherever they may be located based on the federal Indian Child Welfare Act (ICWA) and Sault Tribe's Child Welfare Code. The Tribal Board of Directors (BOD) has adopted over 58 codes and ordinances that include criminal, violence against women, juvenile, personal protection, victims' rights, adult protection, sex offender registration, et al., for the protection of its members. In 2015, 755 new cases were filed in the Court, including 89 criminal cases, 33 child welfare cases, and 22 juvenile delinquency cases. The George K. Nolan Judicial

Building, home to the Tribal Court, is located in Sault Ste. Marie, although the Court holds hearings monthly in the other counties within the service area, using other Tribal facilities or videoconferencing.

Sault Tribe's justice system includes Tribal Court, Sault Tribe Law Enforcement (STLE), the Tribal Prosecutor's Office, Anishnaabek Community & Family Services (ACFS), and the Advocacy Resource Center (ARC). The Tribe does not have its own adult correctional facility, but instead contracts with the local county jails within the service area to provide incarceration services. The Tribe does operate its own secure juvenile detention facility, located in St. Ignace, Michigan.

Tribal Court operates both an adult criminal Healing To Wellness court, for offenders who have admitted guilt to crimes directly related to their addiction, as well as a family Healing To Wellness court - Family Preservation Court, for respondent parents who have had their children removed from their care as a result of their addiction and related issues. These programs include team members from the justice system, as well as Sault Tribe Behavioral Health, Housing, and Traditional Medicine.

In 2010, the Tribal Law and Order Act of 2010 (TLOA) was enacted providing that all federally recognized tribes with the opportunity to adopt a resolution to develop a Tribal Action Plan – a long-term strategic plan to address substance abuse. The TLOA further stated that many federal agencies must provide guidance and assist in the coordination of programs and services to assist Native American Tribes in reaching goals in combating substance abuse issues. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Tribal Action Plan Guidelines (2011), the TAP provides the opportunity for tribes to utilize a variety of resources to develop their individual TAP, some of which are: using the strengths and resources that were beneficial in the past, completion of a community needs assessment to understand better the issues facing the tribe, identifying the gaps in prevention and addiction services, coordination of existing services within the tribe and the local community, and working with Tribal and non-Tribal community members and agencies to find solutions to problems.

In the summer of 2012, the Tribal Administration convened a Crisis Intervention Task Force in response to several overdoses from prescription drugs and heroin, some resulting in the deaths of young Tribal members. The task force sought to find solutions to issues related to substance abuse as it continues to threaten our Tribe's well-being. The task force convened around the same time the Tribal Court was beginning the process of creating a Tribal Action Plan under its initial grant, so that the two efforts combined to target the problems that substance abuse and addiction are plaguing our community with.

The Tribe received two additional grants in 2013 that further assisted with this project (award nos. 2013-IC-BX-0018 and 2013 AC-BX-0012). One of the first necessary tasks the TAP Advisory Board engaged in is planning and implementing a community needs assessment across the Tribe's 7-county service area of Alger, Chippewa, Delta, Luce, Mackinac, Marquette, and Schoolcraft Counties. The TAP Advisory Board sought to discover the scope of substance abuse issues as well as needs for services for Tribal members in the multi-county service

area . The inclusion of Tribal members from all seven counties provides information regarding substance abuse issues in all regions where the Tribe has services. The TAP Advisory Board utilized many focus groups, community forums, surveys, and an interview with a recovering Tribal member to gather data, and also reviewed existing data from Tribal departments. The quantitative findings from the surveys, as well as qualitative data gathered from the focus groups, community forums and interview, in addition to other data, enabled the TAP Advisory Board and the Tribal Court to develop a plan to address the needs of, and plan services for Tribal members. The following further describes some of the issues facing our communities, the community needs assessment, the Tribal Action Plan, and the Implementation Plan for the TAP.



## Community Needs Assessment

The development of the TAP involved multiple phases, beginning with the community needs assessment in order to gather information to improve our understanding of the issues and needs of Tribal members in each of our Tribal communities. For our assessment, we conducted surveys, focus groups, community forums, and an individual interview. We also analyzed already-existing internal Tribal data from our various departments. Our process and results follow.

**TAP Mini-survey.** The TAP Advisory Board, with the assistance of our technical assistance providers under our grants, developed the TAP Mini-survey. The questions for this survey were chosen by consensus of what the TAP subcommittee members found to be most important issues in the area of substance abuse. The following questions were asked of participants:

1. Do you feel safe in your community?
2. Do you think there is a substance abuse problem in your community?  
A..If yes, what substances are people having a problem with?
3. Does substance abuse affect you or someone you know?  
A..In what ways has substance abuse affected you, a friend, or a family member?
4. Are you aware of resources available to help someone with a substance abuse problem?
5. What is your gender?
6. What is your age?
7. Where do you live?

Participants of the TAP Mini-survey were a self-selected sample. People completed surveys while attending a variety of Tribal events and meetings. Sault Tribe Housing staff implemented and offered the self-completed, paper survey to Tribal members attending housing meetings, Tribal youth council meetings, Tribal elder meetings, and other Tribal events. Facilitators suggested, but did not mandate, participation, and participants received no compensation. Facilitators collected a total of 477 surveys across the Tribe's service area, with the age of participants ranging from adolescents to elders. It is unknown whether any of those who completed the first survey also completed the second survey. The TAP Mini-survey, although utilizing related subject matter, did not inform the TAP Survey.

**TAP Survey.** The TAP Advisory Board developed the Tribal Action Plan Survey, with the assistance of our technical assistance providers, over a period of about six months. Development of this survey involved the formation of smaller groups who created questions. The TAP Advisory Board approved the questions. No previous Tribal substance abuse data informed the TAP survey questions. Also, no national substance abuse data or questions informed either of the surveys. The Tribal Board of Directors approved the TAP survey.

The TAP survey was sent to a total of 5,956 adult Tribal members in the seven-county service area and used a census method of sampling. Those Tribal members living outside of the Tribe's service area did not receive a survey. A letter from the Executive Director of the Sault Tribe accompanied each survey and explained that one adult member of each household could complete and return the survey. It stated that the survey was confidential, anonymous, and voluntary. It explained that survey information would be used to 'determine better ways to help the Sault Tribe assist its members with substance abuse or alcohol abuse problems.' A self-addressed stamped envelope provided a method of return of the survey. Again, participants received no compensation. They were informed that completion and the return of the survey served as consent to participate and consent for the tribe to use the survey data. The surveys were sent to Tribal households on May 30, 2014, with a deadline of June 27, 2014, for the return of the survey. Out of the nearly 6,000 surveys mailed, 588 surveys were completed and returned, for an approximately 9% participation rate. The questions used in the TAP survey were as follows:

1. What is your gender?
2. How old are you?
3. Do you have medical insurance, Medicare, or Medicaid?
4. What zip code do you live in?
5. Are you a Tribal member?
6. Do you live on the reservation and/or in Tribal housing?
7. Please rate, from the following list of substances, the top 3 most frequently abused substances in our community?
8. In what ways does substance abuse affect our people?
9. Where do people go nearby, who need help for substance or alcohol abuse?
10. What kinds of services do you think would encourage people to look for help with a substance or alcohol problem?
11. What helps people stop using drugs or alcohol or never start using them?

Three additional open-ended questions were asked, and since these were qualitative in nature they were analyzed as such. All data for these questions was listed and then categorized according to themes and subthemes. The data is presented descriptively (including quotes) later in this report. These questions are:

12. What are some ways that our Tribal justice system can help reduce the alcohol and substance abuse problem in our community?
13. What are some ways that Tribal Housing Authority can help reduce the alcohol and substance abuse problems in our community?
14. Do you have any other comments or suggestions you would like to make?

**Focus Groups & Community Forums.** TAP Advisory Board members facilitated several focus groups and community throughout the Sault Tribe's service area with the following groups of participants: ACFS, Behavioral Health Staff, Chippewa County Judges, Escanaba community, Hessel Elders: Unit 2, Law Enforcement, Manistique community members, Manistique community members, Marquette community members, Medical Providers, Munising community members, Sault Tribe Board of Directors, and St. Ignace Health Services. The focus groups and community meetings allowed the TAP Advisory Board to solicit information about substance use/abuse and the ways it impacts the community. Participants were asked to:

1. Identify what current resources exist in the community
2. Identify how substance abuse affects the community
3. Identify what new resources or services might work best to address substance abuse in the community

The number of ideas and suggestions imparted by participants is extensive, and although a summary of what was offered is presented in the results section of this report, a more detailed description is available upon request. In addition to the three questions (above), participants also offered information about what drugs are being abused in their communities and how/where they thought drugs were being obtained.

**Interview.** Two TAP Advisory Board interviewed a Tribal member who is recovering from addiction. The focus of the interview was this person's experience with addiction and recovery as well as ideas for services to assist those who are suffering from addiction.

### **Analysis Methodology**

**Quantitative.** The data analyst used the SPSS statistical program to analyze both the TAP Mini-survey and the TAP survey. A database was created using a coding system specific to the data collected. The data was analyzed according to the descriptive statistics of frequency and percent for each question and answer category. All data was first analyzed in aggregate form and not according to city due to low numbers of participation in most regions. Analyses of answers in the two largest areas of Sault Ste. Marie and St. Ignace were completed for the TAP Survey due to sufficient numbers of respondents in those service areas.

**Qualitative.** Focus group and community forum information was provided to the analyst in aggregate list form and not in a 'raw data' form of notes or audio recordings and therefore could not be analyzed but only described. Since all focus group and community forum data was combined, it could not be disaggregated to get results by location. Since data for questions 12, 13 and 14 of the TAP survey was gathered in an open-ended qualitative manner; it was analyzed as such according to categories (themes) and was presented in a descriptive manner. As with focus groups and community forums, the interview was qualitative and was analyzed and reported in the same manner according to the categorization of themes.

## Results

**TAP Mini-survey.** Sixty-seven percent of respondents were female, 25% male, and 8% did not answer for gender. The age range of respondents varied greatly with the highest number of respondents between ages 18 and 47 (53%). Youth account for 5% of the sample, while 30% are ages 48 and older. A total of 11% chose not to answer for age. There are a large number of towns represented in the survey sample (34) with many towns (22) having less than 1% of respondents. The highest participation came from Sault Ste. Marie, 30.8%; St. Ignace, 19.5%; and Kincheloe, 11.5%. After demographics, participants were asked whether they felt safe in their communities. The majority said that they do feel safe (93%), while 6% answered 'no' and 1% chose not to answer. Respondents were then asked whether they thought there is a substance abuse problem in their community. Most people believe there is a substance abuse problem (77%), but 21% think there is not a problem, and 1% did not answer this question. As far as what substances respondents think are being abused, the majority (66%) reported alcohol, followed by prescription drugs (63%), and marijuana (50%). Other drugs of abuse listed are tobacco (33%), methamphetamine (31%), and heroin (21%). Six percent chose other, while 19% chose 'not applicable' and 2% did not answer. Many answers are given under the 'other' answer choice, some of which are: arrest, incarceration (jail, prison), alcoholism, mental/physical abuse, spouse abuse, addiction, non-productive, money, quit school, won't work, grandparent adoption, children removed from parents, etc. Next, participants were asked whether substance abuse has affected them or someone they know. Fifty-two percent reported 'yes' and 46% answered 'no' and 2% chose not to answer. People were then asked to describe how substance abuse affected them or someone they know. Most respondents chose more than one option with the following totals for each category: loss of employment, 23%; loss of housing, 14%; overdose, 15%; death, 12%; legal system involvement, 24%; protective services, 11%; other, 19%, no answer, 2%; and not applicable, 45%. Some of the 'other' ways that drugs/alcohol affect Tribal members are: arrest, incarceration (jail/prison), alcoholism, mental/physical abuse, spouse abuse, addiction, non-productive, money, quit school, won't work, grandparent adoption, children removed from parents, divorce, loss of family structure, car accidents, etc.

**TAP Survey.** Demographic information is more extensive in this survey than is provided in the TAP Mini-survey. In addition to age, gender, and location, the survey also includes questions as to Tribal membership and whether one lives on the reservation. Most of the respondents were female (62%), with fewer males (37%) participating in this survey. The age range differed from the mini-survey partly due to the exclusion of adolescents in the survey. The majority of respondents were ages 38-67 (62% total), with many older participants (20%) 68 years of age and older responding. The lowest number of participants was in the 18-37 age categories (15% total). Respondents were asked to provide their zip code, which was then converted to cities and quantified. A large number of towns are represented in this survey (49). Again, there was a larger representation of some towns than others, such as Sault Ste. Marie (28.9%) and St. Ignace (12.8%), while 26 towns contribute less than 1% of the sample of participants.

Beyond demographics, participants were asked to rate a list of substances according to the 'top 3 abused substances' in their communities. The substance choices were: alcohol, cough syrup, opiates, inhalants, anti-depressants, sleeping pills, stimulants, benzodiazepines,

cocaine, marijuana, methamphetamine, hallucinogens, synthetic, and other. The highest rated for the *first choice* is alcohol (65%), opiates (15%), and marijuana (9%). For the *second choice*, respondents most often chose marijuana (30%), opiates (23%), and alcohol (15%). The most frequent *third choice* substances were opiates (20%), marijuana (15%), and methamphetamine (10%). Many other substances were also chosen at lesser rates.

When asked about the ways that substance abuse affects Tribal members, participants rated nearly every choice over 60%, meaning that respondents perceive that substance abuse affects people in many ways and not just one. Only 17% stated that substance abuse has not affected either them or anyone they know. The highest rated issues were money problems (90%), family problems (88%), loss of job (87%), child abuse/neglect (80%), arrest (79%), legal problems (79%), domestic violence (78%), jail time (78%), mental/emotional problems (78%), and loss of license (75%). Some of the answers listed in the 'other' option were: second hand smoke, all of the above, dating violence, date rape, disability, pregnancies, loss of family, loss of driver license, loss of work ethic, poorly reflects the image of the Tribe/Native Americans, all aspects of life, sense of hopelessness, poor life decisions, black outs, longevity, prison, body changes/look older, and disconnection from cultural way of life. Lastly, the majority of respondents (81%) indicated that they are aware of resources that are available for those in need of substance abuse services. For this question, 1 only 6% were unaware of resources and 3% chose not to answer.

Respondents were asked to identify where people go for help with substance abuse. There were many choice options and those chosen by 20% or more are: twelve-step programs (49%), Tribal outpatient counseling (42%), Sault Tribe Behavioral Health (29%), and other outpatient counseling (29%), pastor/priest/church (23%), other inpatient treatment (21%), another parent/adult friend (21%), and drug court (20%). Some 'other' choices listed as responses were: adolescent treatment center, jail, school guidance counseling, and Marquette Hospital.

Next, participants were asked about what kinds of services encourage people to look for help when they are experiencing problems with substance abuse. Those answer options chosen were: treatment farther from home (12%), more fun activities (14%), no criminal record treatment (15%), better first time offender options (19%), medical insurance (25%), weekend services (29%), in-school treatment (32%), Tribal halfway house (34%), evening services (36%), non-jail treatment options (40%), treatment closer to home (51%), and transportation to treatment (53%). Some of the other ideas people have that would encourage people to seek help are: no exposure to drugs/alcohol as youngsters, prevention education, early intervention, respect for self and others, wanting to stop, easily available treatment, testimonies of other addicts, more jobs, finding ways to feel good about themselves, outdoor activities, good parenting, good family behavior, seeking guidance from elders, residential treatment, hitting 'rock bottom,' a good support system, strict enforcement of laws, changing family structure, 12-Step programs, traditional teachings, and wanting to live a good life.

Tribal members gave many opinions to the open-ended questions 12, 13, and 14. They were first asked, "What are some ways that our Tribal justice system can help reduce the alcohol and substance abuse problems in our community?" The most popular categorical response to this question was 'Stricter Oversight.' In fact, about half of the suggestions fit into this theme. People had a variety of ideas,

such as stiff penalties (especially for repeat offenders), closer surveillance, more police, more community service (such as helping elders), more Tribal police activity across the service areas, ban alcohol/drugs in Tribal communities, require treatment instead of jail, zero tolerance, take away privileges given to Tribal members, drug/alcohol screens for clients getting cash assistance,, mandatory/random drug testing, give incentives (such as expunging criminal records), fine parents if their child abuses drugs, enforce a curfew for minors, monitor doctors who prescribe addictive medications because “many fall victim to drugs and alcohol due to chronic pain.” Some survey respondents state that the Tribe should not give out free drinks at the casino, and some felt that alcohol should not even be sold on the reservation. One Tribal member suggested that we need a completely different approach because:

*“Well, for one we are using a system that punishes, oppresses and controls people more so than helping them. We have adopted the governmental and judicial ways of this country which do not make sense. If it is not working for the U.S. why would we have the same failing system in our tribe?”*

Other responses to this question were placed in the categories: Education, Activities, Treatment, Family/Community, Role Models, and Employment. The overwhelming majority of responses for education was focused on prevention, and educating children about the dangers of drugs and alcohol. Many believe that children need to be educated (in schools and the community) with prevention programs when they are very young and that these programs need to be continued throughout childhood to have a positive effect. In addition to educating children, survey respondents indicated that adolescents should be told about the dangers of drug/alcohol abuse and addiction. Also mentioned was the need for educating families about alcoholism/addiction because many times parents or families of addicts have no frame of reference when trying to understand what their family members are going through. Education in the form of community awareness was proposed for all Tribal members, with some suggesting community meetings (seminars, workshops), flyers, and parenting classes. According to one respondent, *“I believe we need to start at young school age- teaching and giving them the self-esteem not to do it. Target all children, but especially the ones that are at a greater risk with family issues or parents that use.”*

Survey participants suggested providing activities for children and families as a way to prevent people from abusing substances. Such activities mentioned were: sports, social activities, community dances, planned activities, a roller rink, elder activities, events that do not cost and are alcohol-free, and family events across the service area. Providing activities to everyone *“gives community, kids, and adults activities to do that will pass the time and make them part of the group”* and it’s important to *“invest and participate in community events, support each other and cooperate, know and teach the understanding that it really does take a village.”* Providing events for families also has the effect of *“strengthening the nuclear family”* and *“encourages traditional values.”* According to the survey results, it is also important to sure that every member is aware of activities and to that transportation is available.

Treatment options proposed by respondents, and specific to the tribal justice system, were those related to Drug Court and ‘treating addiction as a legal issue.’ According to some, addiction should be treated as a medical problem and not a legal issue because *“[j]ail doesn’t solve anything.”* Instead, we should, *“[h]elp them through treatment programs, not jail”* and *“[m]ake programs or people available*

*where they feel they can go to and trust, where they won't go to jail. Provide me services that help not punish.*” It was suggested that Drug Court be expanded to all of the Sault Tribe’s service area and to make this an option with circuit and district courts off the reservation. It was also stated that Drug Court should have a longer follow-up period, which would help Tribal members to maintain the positive effects of the program. One person stated, regarding Judicial Services, *“I believe they are doing a good job with what is now available to them.”*

Other treatment-related ideas that survey participants provided were: treatment closer to home, early intervention, counseling for families, mental health counseling, easier access to services, traditional healing, more treatment centers, shorter waiting lists (time), better follow-up, more information about available services (advertise), longer treatment programs, coordinated care that involves families, help with the cost, rehab for users/offenders, services in all Tribal service areas, and faith-based programs. Some respondents mentioned that professionals need to provide personalized services that help to build a client’s self-esteem because this shows that the provider *“really cares.”* One respondent recalled a provider who visited a client (in person) and encouraged that person to take part in services, which was beneficial to the client because sometimes a letter or phone call is just not enough, *“sometimes people just need someone to talk to that really cares and wants to help.”* One person summed up what is needed as far as substance abuse treatment with the suggestion: *“Provide non-judgmental treatment that meets unique needs of Tribal members-culturally relevant treatment, a supportive and preventative approach rather than punishment, restrictive, required approach.”*

Based on survey responses, other areas of significance were: Family/Community, Role Models, and Employment. It was stated that we need to encourage a family support system that involves parenting classes and support for grandparents who are raising grandchildren due to the effects of addiction. We need to *“address the dysfunctional environment in families”* related to abuse and historical trauma. According to one, *“Stop the cycle. Stop putting children back in homes where alcohol and drugs are the cause of their removal.”* Another respondent indicated that getting to know community members is important and we should, *“Listen to the community. Don’t necessarily rely on gossip, but listen to it. Watch it. Be approachable”* because community members know what is happening in their neighborhoods. Ultimately, according to one respondent, *“It all starts in the home. Teach children love and respect for themselves and others.”*

Some people stated that we need more *“[p]ositive role models and people who really care. Be a friend. Alcoholics and drug users start with a wounded spirit, disappointments and a lot grow up without a dad or positive role model.”* Employment was also mentioned as an idea for improving the state of substance abuse issues in our communities. Some participants indicated that they believe if there are better employment options in the area, and if people have better-paying jobs, substance abuse issues will decrease.

**Focus Groups & Community Forums.** The TAP Advisory Board utilized focus groups and community forums to solicit information about substance use/abuse and the ways it impacts the community. Focus groups were identified based on profession, i.e. law enforcement, social services staff, etc. In addition, facilitators used the same format for meetings of Tribal members in several of our Tribal communities. Specifically, participants were asked to: 1) identify what current resources exist in the community, 2) identify how substance abuse affects the community, and 3) identify what new resources or services might work best to address substance abuse in the community.

When asked about current resources, focus group members discussed programs that are already established in communities, such as Partners in Prevention, Families Against Narcotics, and the Sault Behavioral Health Matrix Program. They also discussed the success of some programs, like having drug drop boxes at local law enforcement stations for Tribal members to turn in prescription drugs, which some thought was a good idea.

Focus group and community forum participants responses again reveal that substance abuse affects our communities in a number of important ways. It affects a variety of people and areas of communities, such as: children and families, safety/crime/standard of living levels, community resources, Tribal staff, treatment services, and the healthcare community. Some of the many ways that families are affected are: “80% of the families with cases in the child welfare system have substance abuse issues”, parents are afraid to seek treatment due to the fear of losing their children, and children may be ashamed of their parents’ abuse but don’t tell anyone because they are afraid of going to foster care. The problem of addiction is multi-generational and is co-occurring with other issues such as domestic violence and sexual abuse. One interesting fact mentioned was, “Crimes that have an alcohol component occur after the use; crimes that have a drug component are done before the person gets the drugs.” Other issues related to substance abuse and safety mentioned by participants were increases in domestic violence, high recidivism rates of drug-related crimes, drunk driving, drug dealers moving to the area, burglary/home invasion, elder abuse/exploitation, juvenile delinquency, and people are afraid to have meds in their homes for fear of theft/violence.

Participants noted that community resources are affected because chronic users have increased medical/mental health costs, and they may not be working or even employable. If a person does seek treatment, there may not be services available due to others being ‘frequent flyers’ who use the majority of treatment funding by attending treatment many times. Participants also mentioned that there are also mixed messages about use within the Tribe due to alcohol being sold and promoted at casinos and Tribal stores even though it is a problem for Tribal members. Some stated that substance abuse affects economic development because people may be reluctant to move to or visit the area due to perceptions of high levels of substance abuse and crime.

According to participants’ statements, substance abuse also affects treatment services, Tribal staff, and the health care community. For instance, even if someone desires substance abuse treatment, it may not be available due to long waiting lists even for outpatient treatment. Some cited the problem with information sharing between various programs due to stringent confidentiality laws. Responses also illustrate that there are a ‘lack of specific options’ such as opiate treatment or AA/NA for youth.



Resources and services that might work best to address substance abuse in the community, according to focus group members, are numerous and include: collaboration with other agencies/groups, additional funding to address substance abuse issues, enhanced prevention efforts, law enforcement related activities and services, and improved treatment services. Some participants suggested that collaboration that includes better communication and information sharing between agencies such as child welfare, mental health, health care, schools, etc., will lead to improvements in services. Some ideas that involve increased funding are a halfway house (sober living place) for recovering people, transportation to/from appointments, parenting education and support, training for staff, treatment staff with flexible hours, and a patient advocate.

According to responses, prevention is another area that the Tribe can improve upon by making more available: community outreach workers, women's groups to support single mothers, recreational programming for families, cultural teachings and events, sports/exercise for children, education/awareness campaigns, focus on youth education, mentoring programs, etc. Some of the law enforcement activities/programs discussed by focus group members were: formalize neighborhood watch, public cameras in high use areas, youth programming and community safety talks, cell phone extraction software, limited use of arrest/incarceration. Some ideas for improvement of treatment services are: new evidence-based programs that combine culture and a community focus, wrap-around support for clients and their families, different types of treatment for abusers and addicts, continuity of services (i.e., aftercare programs), and peer recovery support.

**Interview.** Several TAP Advisory Board members conducted an interview with an individual who was in recovery from addiction to alcohol. The interview questions assisted in gaining information about the experience of the individual, what recovery tools are useful, how the Tribe can improve services for Tribal members, and the state of substance abuse on the reservation. The interviewee was a young adult male who will be referred to as "Paul" to protect his identity. Due to the length of the interview, only excerpts are provided here.

Paul began by describing his experience of growing up in the Tribal community in an alcoholic family where using drugs and alcohol was just a matter of fact when one became old enough to do so (early teens). Paul's mother and father and most relatives have/had problems with alcohol and drugs. He started using when he was in his early teens, and this was acceptable behavior in his family. Abusing substances and the associated effects such as blackouts and hangovers were a normal part of life in his family. By the time he was 16, Paul was addicted and continued to use alcohol to avoid withdrawal symptoms such as seizures. On a positive note, Paul was raised with an awareness of cultural values and involvement in cultural practices such as drumming, dancing at pow wows, Tribal youth council, and UNITY. He was also an avid basketball player. His traditional values of respect and pride in his culture were instilled at a young age.

Paul said that he finally got to the point where he knew he was either going to spend time in prison or die. At that time he knew, *"It's not what I wanted out of life. It's hard to explain the spiritual awakening that happened. Enough was enough. I knew I was in deep; I couldn't handle it. I didn't want to live. It was a hopeless state."* He knew he wanted something better than spending his life as an alcoholic. Paul described his last arrest as "a blessing" because *"it was like the Creator saying I got something better in store for you."*

Paul explained that since he has had some time sober, he can identify the methods or ‘recovery tools’ that he finds useful. He spoke about having ‘boundaries’ to protect himself from people and places that could negatively affect his recovery. He has distanced himself from many of his friends and relatives who are actively using substances. He said that he needs to be stronger in his recovery before he can be around family members who are using. He also used his healthy boundaries to decide to work in a job that is not associated with alcohol. Besides good boundaries, Paul talked about using 12-step meetings, a sponsor, exercise, listening to music, staying grateful, and having the support of a close relative to assist him in his recovery. Giving back by helping others is important to Paul. He also provided suggestions as to how the Tribe can improve services for members.

Paul spoke about the need for transitional housing such as a halfway house that provides a ‘sober living environment’ because many times people go away to treatment for addiction but have to come back to the alcoholic/drug addicted family environment that they left which makes it extremely hard to maintain sobriety. He said that he would probably have a lot more ‘clean time’ if there had been transitional housing that he could have used after finishing treatment in the past. Paul explained that with the use of a halfway house, people could “come home and get reacquainted with the community” while having a safe environment. According to Paul, “I think it would have a phenomenal impact if there was a halfway house here.” Another idea Paul suggested was a culturally-specific treatment center in the local area instead of people going away to treatment because people “have to get comfortable with being home; most people will come back.”

### **Internal Tribal Data**

As part of the planning process, we also analyzed pre-existing Tribal data from Sault Tribe Behavioral Health, Tribal Court, ACFS, Sault Tribe Law Enforcement, Housing, Transportation, and Sault Tribe Health.

The following chart reveals the high rate of alcohol/drug issues among Tribal members seeking Behavioral Health services from the Tribe. Many clients have co-occurring mental health and substance related issues.

#### **Behavioral Health Program - Clients Served**

##### **Top 14 Diagnoses - July 1st thru Dec. 31, 2015\***

	<b>Code</b>	<b>ICD-10 Descriptions</b>	<b>Visit</b>	<b>Clients</b>	<b>% of Visits</b>	<b>% of Clients</b>	<b>Av. Visits/Client</b>
1	F32.90	Major depressive disorder, single episode, unspecified	236	83	18.1%	18.49%	2.84
2	F10.20	Alcohol dependence, uncomplicated	142	48	10.9%	10.69%	2.96
3	F43.20	Adjustment disorder, unspecified	122	46	9.4%	10.24%	2.65
4	F41.90	Anxiety disorder, unspecified	118	51	9.0%	11.36%	2.31
5	F43.10	Post-traumatic stress disorder, unspecified	106	37	8.1%	8.24%	2.86
6	F10.10	Alcohol abuse, uncomplicated	102	40	7.8%	8.91%	2.55
7	F11.20	Opioid dependence, uncomplicated	88	25	6.7%	5.57%	3.52

8	F11.21	Opioid dependence, in remission	88	23	6.7%	5.12%	3.83
9	F43.23	Adjustment disorder, mixed anxiety and depressed mood	79	25	6.1%	5.57%	3.16
10	F41.10	Generalized anxiety disorder	62	15	4.8%	3.34%	4.13
11	F12.10	Cannabis abuse, uncomplicated	62	19	4.8%	4.23%	3.26
12	F19.20	Other psychoactive substance dependence, uncomplicated	40	12	3.1%	2.67%	3.33
13	F12.20	Cannabis dependence, uncomplicated	35	12	2.7%	2.67%	2.92
14	F43.22	Adjustment disorder with anxiety	24	13	1.8%	2.90%	1.85
			<b>1,304</b>	<b>449</b>			

\*Data accuracy concerns due to conversion to ICD 10 on Oct. 1st, 2015

\*Limited to only 6 months of data due to establishing RPMS/EHR as primary record source effective July, 2015

In addition to statistics from Behavioral Health, data from the Tribal Justice system reveals the strong correlation between substance abuse and addiction and Tribal Court. From 2013-2015, 70% of all criminal cases in our Tribal Court were substance-abuse related – meaning the cases directly involved substance abuse or drugs, or addiction is the driving issue behind the commission of the crime. Tribal Justice system data also showed that substance abuse and addiction were continuing to break apart Tribal families at an alarming rate. From 2014-2015, substance abuse was a presenting issue in 198 of 246, or 80%, of the families in our child welfare system who had their children removed and placed into foster care.

Even with the adversity caused by substance abuse, our Tribe has had some triumphs in fighting the epidemic. Our Tribal Court’s adult criminal healing-to-wellness court, Gwaiak Miicon, and our family healing-to-wellness court, Family Preservation Court, have resulted in success for a number of families. However, these treatment court programs are only available to Tribal offenders and respondent parents residing in Chippewa County, where the judicial building is located. These programs are not available to those Tribal members residing outside of Chippewa County whose substance abuse or addiction has brought them before our Tribal Court. Although the greatest number of Native Americans live in Chippewa County – 49 percent of the seven-county total, with a substantial portion (20%) in Sault Ste. Marie, consideration must also be given to Tribal members in the other counties of the seven county service area. Mackinac County shows the next greatest number of Native Americans, but only a third live in the major town of St. Ignace. Marquette County ranks third among the counties, and only one-fourth of Native Americans there live in Marquette (U.S. Census, 2010).

Likewise, while many tribal members battling substance abuse or addiction can receive outpatient treatment services from Sault Tribe Behavioral Health services, we simply do not have the supply to meet the demand. In describing the gaps in treatment services for Tribal members, the Clinical Supervisor of Sault Tribe Behavioral Health Services, Julie Barber, stated that there are currently 55 people on the waiting list for outpatient services, and since the Tribe does not offer inpatient or detox services, Tribal members must wait to access services elsewhere, “sometimes they have to wait a month” and those services are not usually culturally-based. Ms. Barber mentioned three culturally-based residential treatment centers that are not always an option; one is located in Michigan’s Upper Peninsula, but has strict

admission guidelines that do not permit clients who are prescribed certain medications or who have severe mental health disorders. The second, operated by another Tribe in the Lower Peninsula of Michigan, only accepts its own Tribal members. The third, in South Dakota is too expensive to utilize without the use of the Access to Recovery (ATR) grant funding which ends in about one year. Even when Tribal members can access inpatient treatment services, (that are usually not culturally-based) it is often difficult for them to find transportation to get there, since some regularly-utilized treatment centers are over 100 miles away, with most being much further. Those tribal members accessing residential treatment usually have to rely on family members or ATR funds for transportation.

According to Ms. Barber, Sault Tribe Behavioral Health offers some prevention programming, but it is limited to a handful of programs only offered in certain Tribal areas:

*We provide the LifeSkills prevention program to some schools in our district and use some of this curricula with the girl's LifeSkills camp we do each summer. While it is an evidence based program, it is based on mainstream American youth, not Native American youth. If behavioral health clients come in for some preventative programming, the services they receive will vary from one provider to the next as we don't have one standardized program that we use. However, we are heading more in the direction of developing some standards in that regard. Some of the resources we use are culturally-based and we refer folks to the Traditional Medicine program if they are interested (this is included in each intake we do). Our LifeSkills camp includes cultural components as well. The clients are given options of what they would like to participate in, some of which is culturally-based. For in-house prevention activities we are generally looking at secondary or tertiary prevention because the person is typically referred to us via the judicial system. Youth are our primary target audience via the schools and summer camp.*

Consistent with community assessment data, internal data indicates that transportation is another significant barrier for Tribal members accessing services due to most tribal sites being in rural areas. The Tribe's primary headquarters and main administrative offices are located in Sault Ste. Marie, Michigan with satellite offices located throughout the service area. One-way distances from the primary headquarters and main administrative offices to the outlying areas are substantial. The chart below gives mileage from Sault Ste. Marie, Michigan to satellite offices located within the service area. Each department regularly travels these distances to provide services to tribal members.

Mileage from Sault Ste. Marie, Michigan To:			
St. Ignace	51.7 Miles	Newberry	66.9 Miles
Manistique	120 Miles	Munising	121 Miles
Marquette	144 Miles	Gwinn	167 Miles
Escanaba	185 Miles		

According to the recent Public Tribal Transit Implementation Plan (May 2015), there are transportation issues across all of the Tribe's service area. The Tribe contracted with an outside consulting agency for a Public Tribal Transit and Implementation Plan. The consultants used surveys, community gatherings, and population demographics to better understand the transportation problems facing Tribal members throughout the 7-county service area. Although the Tribal population is more concentrated in the eastern counties of the service area, many of the same issues face Tribal members in each area. A major concern, even though there is some form of low cost public transit in most areas (except Mackinac County), is that the availability of transportation is very limited. According to the transportation study, even when there is public transit, it still does not meet the needs of Tribal members, including those seeking treatment services:

With the population of the UP and the Tribe dispersed into rural clusters, longer trips must be made to pick people up and deliver them to their destinations. Transit typically relies on a certain concentration of people. Due to this, when people are geographically dispersed transit is less efficient. In the UP, destinations are spread out. In particular, travel for special medical services can require lengthy trips. Likewise, educational institutions are limited to Marquette, Escanaba, Bay Mills, and Sault Ste. Marie. Finally, a number of major employers are located outside of urban centers, such as the correctional facilities in Kincheloe and the multiple casinos there is a serious need for basic transit services. Additionally, with the move of the Tribal health and human services center off of the reservation, it is less accessible. There are simple needs to get groceries and to get to school, let alone to social services such as counseling, or specialized medical needs, such as mammograms, which require a trip to Sault Ste. Marie.

In addition to transportation, Tribal members are in need of improved treatment services, specifically detox and treatment services closer to home. In 2001, the Eastern Upper Peninsula (EUP) Detoxification Service and Planning Task Force investigated the issues and found 'a growing concern regarding the issue of lack of detoxification services in the E.U.P' among:

- Law enforcement officials arresting individuals under the influence that they would otherwise refer to detoxification services.
- Treatment providers with clients that need detoxification services.
- Medical and health care providers treating individuals under the influence in the emergency room that could otherwise be referred to a detoxification program.
- Community Mental Health workers evaluating clients as needing detoxification services and limited alternatives.
- AA/NA members who sponsor individuals in need of detoxification.

Another previous study, the Rural Health Project (1996), ranked substance abuse (specifically the abuse of alcohol) as the second highest health issue of concern. Alcohol abuse in the region is considerably higher than state and national levels. The excessive use of alcohol is accepted as the norm, and is a part of the culture of the Eastern Upper Peninsula. The impact that alcohol abuse has on the local communities is extensive with the following issues highlighted by the Rural Health Project.

- High number of alcohol-related motor vehicle accidents.
- Incident rates for excessive drinking, binge drinking, and drunk driving are higher than state level.
- High rate of teen alcohol consumption.
- Contribution of alcohol and other substance abuse to increased rates of domestic abuse, property damage, suicide, and homicide.
- Contribution of alcohol and other substance abuse to economic losses within region due to abuse-related loss of employment.
- High health care and law enforcement costs to the communities.

Factors that were identified as major contributing factors to the high rate of alcohol abuse in the Eastern Upper Peninsula include the following:

- Cultural acceptance of alcohol abuse which defines it as the norm.
- Inadequate community awareness as to extent of the problem.
- Inadequate education regarding dangers of alcohol poisoning and diseases associated with excessive use of alcohol.
- Lack of activities which do not include or center around alcohol for both adults and youth.
- Lack of vigorous law enforcement (e.g., punishment of providers, prevention of sales to minors)
- Limited community support for enforcement of existing laws regarding alcohol use.
- Lack of data to assess severity and trends of problem and success rates of treatment interventions.
- Lack of detoxification and treatment centers for youth and adults.

## Problem Statement/Desired Outcome

Alcoholism and substance abuse are major problems for our Tribe. Many Tribal community members either suffer from addiction or have family members who are addicted to substances and experience the effects first-hand. Substance abuse and addiction lead to and cause a number of problems within our community such as loss of employment, family disruptions, child abuse, and legal issues. From 2013 to 2015, 70% of all criminal cases in Tribal Court were substance abuse related, and 80% of the families in our child welfare system who had their children removed and placed into foster care did so due to substance abuse (2014-2015) being the main issue. Substance abuse and the problems associated with it give rise to such a complex challenge for our Tribe. When asked 'how substance abuse has affected them or a family member,' Tribal members chose every answer choice at a rate of 60%. What this means is that many negative issues arise at once due to substance abuse. It is indeed complex and overwhelming to consider the multitude of issues that face our Tribe.

We know that there is no single way to fix this enormous problem, and yet we are hopeful for a better future. We know that we must start from what we currently know and develop solutions together as a Tribe. We desire the outcome of a brighter future for our children and our children's children. By providing a myriad of services for our people we hope to lessen the impact of alcoholism and substance abuse in our communities. Step-by-step we can combat and defeat the enemy of addiction so that living a life of sobriety will not be an anomaly but will be the natural way as it once was long ago.

## Tribal Action Plan 2016

The Sault Ste. Marie Tribe of Chippewa Indians' Tribal Action Plan 2016 is the product of the collaborative planning process described above. The TAP relies heavily on the findings of the surveys, focus groups and community forums, and the interview, which all provided a better understanding of the substance abuse problems facing Tribal members in the seven-county service area. Tribal members gave a great deal of insight into the problems they have experienced or are currently experiencing because of their own or a family member's addiction. They also shared numerous ideas for decreasing substance abuse problems in their communities. By gaining input from the people who live and work in our communities, the Tribe is better informed to develop and support policies and programs that can help the Tribal community to recover from abuse and addiction and all the negative effects associated with alcohol and drug use. This information can serve as a baseline for future studies on the same topic area (i.e., substance abuse issues and solutions) and can be useful in planning for services to meet the needs of Tribal members.

With the information gained from the surveys, focus groups, and interviews, and previous studies, the Tribal Action Plan Advisory Board, finalized a draft Tribal Action Plan in August 2016 that will assist in improving outcomes for Tribal members and their families who are faced with substance abuse issues. The draft was submitted to the funding agency for critical review and feedback. Once the TAP was complete, the Tribe's Board of Directors reviewed it and passed a resolution supporting the TAP's implementation in December 2016.

Although the TAP Advisory Board was able to rely on data that assesses the needs of Tribal members and justifies the improvement of Tribal services some most of the goal listed in the TAP, sufficient data was lacking for some. Data collection has been an issue in the justice system and although we believe, based on community reporting and familiarity, that most clients come before the Tribal Court due to drug/alcohol related issues, we have previously not had a sophisticated data gathering and reporting system in place. The Tribal Court has recently purchased software that will help better gather and analyze data as we move forward. However, the Tribe as a whole still does not have a comprehensive data gathering or collection system in place, which is the justification for Goal 2 - to develop a 'Substance abuse data collection methodology and plan.' Our aim is to develop and utilize a system for the collection and reporting of this type of data. Other goal areas of the TAP, such as Goal 3 and 6 (transportation and treatment) have been studied and assessed to some extent and data is available (see Internal Data section).

Our TAP Goals are written with the SMART framework of Specific, Measurable, Achievable, Realistic, and Time-Bound which can be seen beginning on page 26. We have also included a logic model to guide us along our way. We have been as specific as possible, but we also know that we must be flexible enough to allow for changes to our plan. Our Goals are also in direct alignment with the DOJ's Coordinated Tribal Assistance Solicitation (CTAS) Purpose Areas, such as: 3. Justice systems and alcohol and substance abuse, (All TAP Goals); 4. Corrections and correctional alternatives, (TAP Goals 4 & 5); 8. Juvenile Healing to Wellness Courts, (TAP Goal 5); and, 9. Tribal Youth



Program, (TAP Goal 1). We plan on applying for funding in the future under the CTAS. As our Tribal Action Plan is a 'living document,' we realize that changes will be made along the way to help us reach our vision, but the TAP Advisory Board has currently established the following TAP Goals:

**Tribal Action Plan Goals:**

**Goal 1: Prevention education and activities are available throughout the 7-county service area**

**Goal 2: Substance abuse data collection methodology and plan is implemented and sustainable**

**Goal 3: Treatment is accessible for all Tribal members seeking treatment services**

**Goal 4: Healing to Wellness Courts are implemented throughout the 7-county service area**

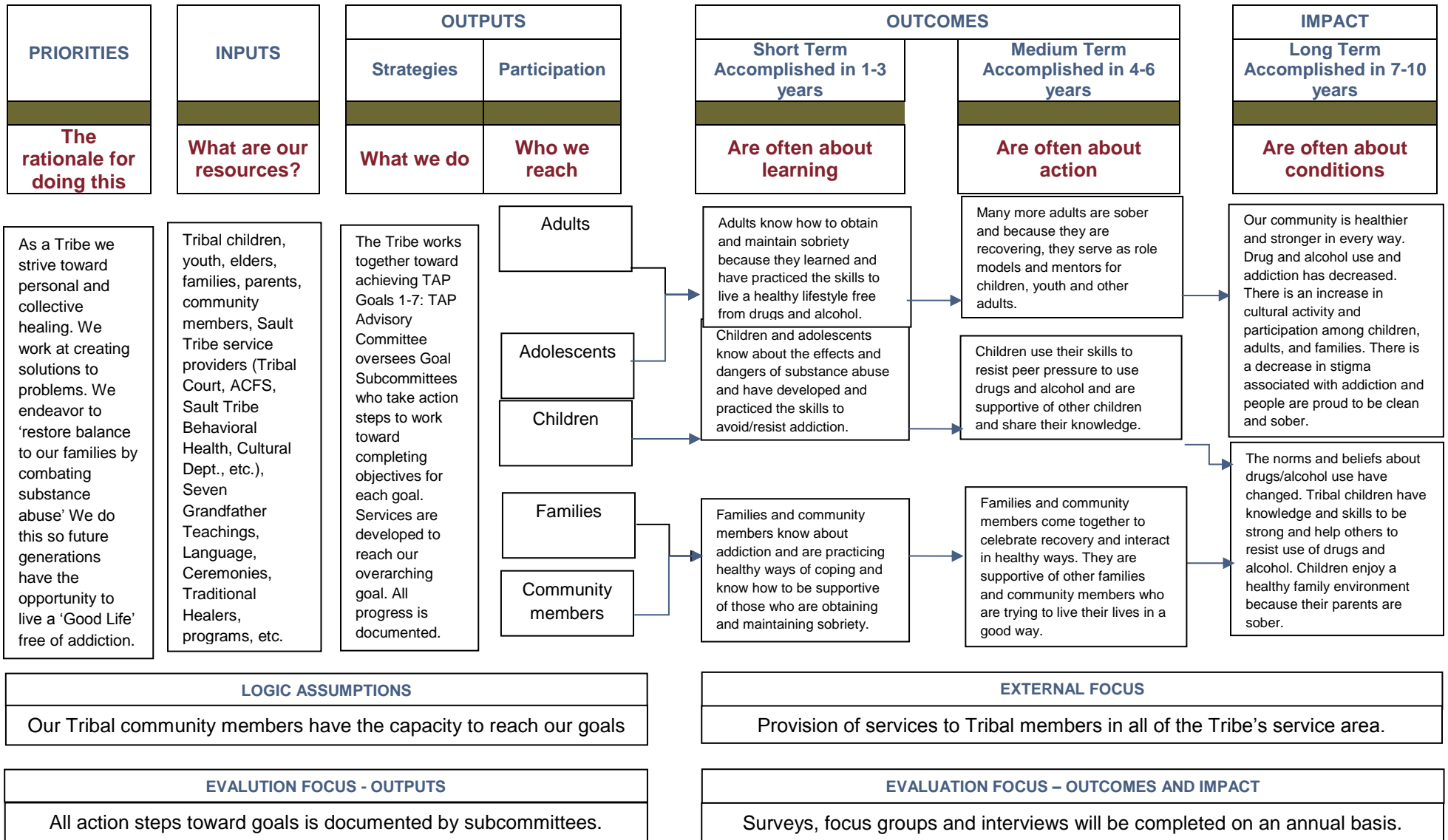
**Goal 5: Culture and traditional medicine are integrated within the Tribal justice system**

**Goal 6: Transportation is accessible for Tribal members seeking prevention and treatment services**

**Goal 7: The Tribe will continue to commit resources to our Tribal Action Plan**

# Tribal Action Plan Logic Model

**Overarching Goal: To restore balance to our families by combating substance abuse.**



**GOAL 1: PREVENTION EDUCATION AND ACTIVITIES ARE AVAILABLE THROUGHOUT THE 7-COUNTY SERVICE AREA.**

**Objective 1.1 Achieve a 15% increase in participation rates to family-friendly community events by the end of Year 1.**

**Action 1.1.1 Develop Prevention Subcommittee**

**Indicators of Success:** A Prevention Subcommittee is formed and reports back to the larger TAP Advisory Board.

**Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Prevention Subcommittee are gathered and examined.

**Action Leader:** TAP Advisory Board will choose a group of at least 3 qualified individuals to serve on the Prevention Subcommittee.

**Expected Completion Date:** End of month 3

**Action 1.1.2 Plan and Implement sober family-friendly community events**

**Indicators of Success:** Family-friendly events will be implemented in all 7 counties.

**Steps to Take:** Involve community members in planning phase to gather ideas for programming, gaps in services, barriers to services, strengths of each community; Implement a variety of family-friendly events in each area (at housing sites, Tribal Centers, etc.)

**Action Leader:** Prevention Subcommittee members, community member volunteers, service providers, community partners

**Expected Completion Date:** End of month 12

**Action 1.1.3 Develop communication plan to promote community events**

**Indicators of Success:** At least 3 ways to promote community events will be established and documented.

**Steps to Take:** Communication plan will be developed to promote events in each county with the use of: Tribal website, letters sent to housing residents, flyers posted, radio ads created, Facebook, other social media. etc.

**Action Leader:** Tribal Action Plan Director; Communications Subcommittee; Prevention Subcommittee

**Expected Completion Date:** End of month 12

**Action 1.1.4 Develop a recruitment plan to recruit participants to attend prevention events**

**Indicators of Success:** A recruitment plan is developed for recruiting individuals and families to events.

**Steps to Take:** The recruitment plan will be provided to the Action Leaders for implementation.

<b>Action Leader:</b> Tribal Action Plan Director; Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 1.1.5 Create an annual calendar of prevention events</b>
<b>Indicators of Success:</b> A calendar containing all local prevention events will be created and distributed to TAP Advisory Board.
<b>Steps to Take:</b> Prevention events will be identified; Name of event, location, time, sponsor, etc. will be collected and compiled and put into a master calendar
<b>Action Leader:</b> Tribal Action Plan Director; Prevention Subcommittee; Communications Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 1.1.6 Provide incentives and/or food/snacks at each prevention event</b>
<b>Indicators of Success:</b> Increase in participation at events.
<b>Steps to Take:</b> Ideas gathered from providers and community members, cost assessed for incentives and food/snacks; incentives and food/snacks purchased and provided at events.
<b>Action Leader:</b> Prevention Subcommittee, Community members, service providers
<b>Expected Completion Date:</b> End of month 12
<b>Objective 1.2 Research, plan and implement evidence-based prevention programs for youth by the end of Month 18.</b>
<b>Action 1.2.1 Hire Certified Prevention Specialist</b>
<b>Indicators of Success:</b> Certified Prevention Specialist is hired.
<b>Steps to Take:</b> Determine where position fits within organizational structure; Secure funding; Draft job description; Contact HR to post position; Conduct interviews, hire the best candidate.
<b>Action Leader:</b> Identified Division Director
<b>Expected Completion Date:</b> End of month 6
<b>Action 1.2.2 Identify partners in our schools throughout the service area</b>
<b>Indicators of Success:</b> A list containing all 'partners in the schools' will be distributed to TAP Advisory Board.
<b>Steps to Take:</b> Identify community partners; Names, locations, address, phone, website, etc. of 'partners in the schools' will be collected and compiled; make contact with identified community partners to collaborate
<b>Action Leader:</b> Certified Prevention Specialist, Prevention Subcommittee, service providers
<b>Expected Completion Date:</b> End of month 18
<b>Action 1.2.3 Research and identify youth-based prevention programs</b>

<b>Indicators of Success:</b> A list of youth-based prevention programs will be compiled and distributed to TAP Advisory Board.
<b>Steps to Take:</b> Using local sources, and internet resources, a list of programs that can be utilized with our Tribal youth will be compiled.
<b>Action Leader:</b> Certified Prevention Specialist, Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 18
<b>Action 1.2.4 Plan and implement youth-based prevention programs</b>
<b>Indicators of Success:</b> Prevention programs have been planned and implemented for Tribal youth in the 7-county service area.
<b>Steps to Take:</b> Using research from Action 1.2.3 programs identified for use with Tribal youth will be tailored for use with this population, identification of staff, resources (facilities, funding, training), volunteers, recruitment of participants; implement programs
<b>Action Leader:</b> Certified Prevention Specialist, Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 18
<b>Objective 1.3 Organize and establish family and community-driven substance abuse support groups by the end of month 12.</b>
<b>Action 1.3.1 Identify existing well-established groups in the community</b>
<b>Indicators of Success:</b> A list of substance abuse support groups will be compiled and presented to the TAP Advisory Board.
<b>Steps to Take:</b> Name of groups, location, time, sponsor, etc. will be collected and compiled.
<b>Action Leader:</b> Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 1.3.2 Coordinate Tribal community support groups, with incentives</b>
<b>Indicators of Success:</b> Groups are formed and attended by Tribal members.
<b>Steps to Take:</b> Research into local groups, the process of forming a group, guidelines, cost, etc.
<b>Action Leader:</b> Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 1.3.3 Identify gaps and assist leadership for new Tribal community groups (i.e., CERT Team, first responders).</b>
<b>Indicators of Success:</b> A list of gaps in current support groups will be created, and ideas for ways to assist leadership will be developed and implemented.
<b>Steps to Take:</b> Interviews with leadership will provide information regarding gaps as well as ideas of ways to support leadership for new groups.

<b>Action Leader:</b> Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Objective 1.4 Complete a cost analysis of steps needed to complete Goal 1 by the end of Year 1.</b>
<b>Action 1.4.1 Assess the cost of providing each objective</b>
<b>Indicators of Success:</b> A report containing the cost of providing each objective/event is completed.
<b>Steps to Take:</b> Research and examine the cost associated with providing services/events.
<b>Action Leader:</b> Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 1.4.2 Present cost assessment</b>
<b>Indicators of Success:</b> Cost assessment report is presented to Tribal BOD.
<b>Steps to Take:</b> Present cost assessment report at BOD meeting.
<b>Action Leader:</b> Prevention Subcommittee
<b>Expected Completion Date:</b> End of month 12

**GOAL 2: SUBSTANCE ABUSE DATA COLLECTION METHODOLOGY AND PLAN IS IMPLEMENTED AND SUSTAINABLE.**

**Objective 2.1 Complete a data plan, supported across Tribal departments, that includes a full review of past surveys by Month 18.**

**Action 2.1.1 Develop Data Subcommittee**

**Indicators of Success:** A Data Subcommittee is formed and reports back to the larger TAP Advisory Board.

**Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Data Subcommittee are gathered and examined.

**Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Data Subcommittee

**Expected Completion Date:** End of month 3

**Action 2.1.2 Identify specific data relevant to the TAP, create a data repository**

**Indicators of success:** A repository will exist that contains all relevant TAP data.

**Steps to Take:** identify which type of data storing system is best for TAP data, begin the process of collecting and storing data.

**Action Leader:** Director of Strategic Planning, Data Subcommittee

**Expected Completion Date:** End of Month 12

**Action 2.1.3 Establish and implement an internal program survey plan**

**Indicators of success:** Current survey instruments regarding substance abuse and addiction information will be improved; surveys will be implemented for areas that currently lack them.

**Steps to Take:** All current survey instruments will be collected and examined for usefulness and will be updated and improved for use with Tribal members and staff; identify programs where surveys are needed; create surveys for areas needed.

**Action Leader:** Director of Strategic Planning

**Expected Completion Date:** End of Month 18

**Action 2.1.4 Survey analysis and report**

**Indicators of Success:** Individual programs will be informed by the report and have the information to improve services.

**Steps to Take:** Data entry, data cleaning, analysis, reporting.

**Action Leader:** Director of Strategic Planning

**Expected Completion Date:** Ongoing

**Objective 2.2 Complete a cost analysis report including all steps needed to complete Goal 2 by the end of Year 1.**

**Action 2.2.1 Assess the cost of providing each objective**

**Indicators of Success:** A report containing the cost of providing each objective/event is completed.

<b>Steps to Take:</b> Research and examine the cost associated with providing services/events.
<b>Action Leader:</b> Data Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 2.2.2 Present cost assessment</b>
<b>Indicators of Success:</b> Cost assessment report is presented to Tribal BOD.
<b>Steps to Take:</b> Present cost assessment report at BOD meeting.
<b>Action Leader:</b> Data Subcommittee
<b>Expected Completion Date:</b> End of month 12



### **GOAL 3: TREATMENT IS ACCESSIBLE FOR ALL TRIBAL MEMBERS SEEKING TREATMENT SERVICES**

**Objective 3.1 Complete a feasibility plan for a ‘continuum of care wellness campus’ including medical detox, culturally-appropriate residential treatment, and transitional housing by the end of Year 2.**

#### **Action 3.1.1 Develop Treatment Subcommittee**

**Indicators of Success:** A Treatment Subcommittee is formed and reports back to the larger TAP Advisory Board.

**Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Treatment Subcommittee are gathered and examined.

**Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Treatment Subcommittee

**Expected Completion Date:** End of month 3

#### **Action 3.1.2 Identify funding sources for construction, partnerships, and operations (such as billing to insurance, ATR, and Medicaid)**

**Indicators of Success:** A list of funding sources and a list of potential partners will be compiled and presented to TAP Advisory Board.

**Steps to Take:** feasibility study, explore grants, identify and contact other local agencies, contact local partners, therapeutic communities

**Action Leader:** Treatment Subcommittee, TAP Director

**Expected Completion Date:** End of month 15

#### **Action 3.1.3 Partner with local agencies**

**Indicators of Success:** Partners sign MOUs with well-established goals, and a strategic partnership is formed.

**Steps to Take:** Create MOUs that are service-specific, legally-sound, set forth agencies responsibilities and goals, and are mutually beneficial.

**Action Leader:** Treatment Subcommittee, TAP Director

**Expected Completion Date:** End of month 12

#### **Action 3.1.4 Create a referral system for seamless coordination of care**

**Indicators of Success:** An effective and seamless referral system is available.

**Steps to Take:** Create a linkage between partners and agencies, including transportation, financing, direct handoff, gaps closed.

**Action Leader:** Treatment Subcommittee, TAP Director

**Expected Completion Date:** End of month 24

**Objective 3.2 Establish and operate a Detox Center/Inpatient Treatment Center (4-6 week program) by the end**

<b>of Year 3.</b>
<b>Action 3.2.1 Establish a medical detox center (or access to one) for Tribal members</b>
<b>Indicators of Success:</b> The Detox Center/Inpatient Treatment Center is functioning successfully.
<b>Steps to Take:</b> Update feasibility study, establish funding, partners, staffing 24-7, construction/renovate, develop treatment model, discharge procedures to next level of care.
<b>Action Leader:</b> Treatment Subcommittee , TAP Director
<b>Expected Completion Date:</b> End of month 36
<b>Objective 3.3 Develop and operate a Residential Treatment Center/Transitional Living Center (3-6 month program) by the end of Year 3.</b>
<b>Action 3.3.1 Establish an residential treatment center/transitional living center or access to one for Tribal members</b>
<b>Indicators of Success:</b> The Residential Treatment Center/Transitional Living Center is functioning successfully.
<b>Steps to Take:</b> Update feasibility study, establish funding, partners, staffing 24-7, construction/renovate, develop treatment model, discharge procedures to next level of care.
<b>Action Leader:</b> Treatment Subcommittee, TAP Director
<b>Expected Completion Date:</b> End of month 36
<b>Objective 3.4 Develop a supportive, therapeutic, sober-living housing Community (6 month program) by the end of Year 3.</b>
<b>Action 3.4.1 Establish a therapeutic community</b>
<b>Indicators of Success:</b> Tribal members have the personal supports necessary to be successful in recovery.
<b>Steps to Take:</b> Locate available housing site, counseling staff/support staff, treatment model, funding, feasibility study.
<b>Action Leader:</b> Treatment Subcommittee
<b>Expected Completion Date:</b> End of month 36
<b>Objective 3.5 Complete a cost analysis report containing all steps needed to complete Goal 3 by the end of Year 1.</b>
<b>Action 3.5.1 Assess the cost of providing each objective</b>
<b>Indicators of Success:</b> A report containing the cost of providing each objective/event is completed.
<b>Steps to Take:</b> Research and examine the cost associated with providing services/events.
<b>Action Leader:</b> Treatment Subcommittee
<b>Expected Completion Date:</b> End of month 12

<b>Action 3.5.2 Present cost assessment</b>
<b>Indicators of Success:</b> Cost assessment report is presented to Tribal BOD.
<b>Steps to Take:</b> Present cost assessment report at BOD meeting.
<b>Action Leader:</b> Treatment Subcommittee
<b>Expected Completion Date:</b> End of month 12

<b>GOAL 4: HEALING TO WELLNESS COURTS ARE IMPLEMENTED THROUGHOUT THE 7-COUNTY SERVICE AREA</b>
<b>Objective 4.1 Establish 1-3 working partnerships with State and Federal drug courts by the end of Month 6.</b>
<b>Action 4.1.1 Develop Healing To Wellness Subcommittee</b>
<b>Indicators of Success:</b> A Healing To Wellness Subcommittee is formed and reports back to the larger TAP Advisory Board.
<b>Steps to Take:</b> Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Healing To Wellness Subcommittee are gathered and examined.
<b>Action Leader:</b> TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Healing To Wellness Subcommittee
<b>Expected Completion Date:</b> End of Month 3.
<b>Action 4.1.2 Draft MOUs with partners</b>
<b>Indicators of Success:</b> Number of MOUs established with partners
<b>Steps to Take:</b> Create MOU, get commitments
<b>Action Leader:</b> Chief Judge, Healing To Wellness Subcommittee
<b>Expected Completion Date:</b> End of Month 6
<b>Objective 4.2 Develop and operate a re-entry drug court program that is able to take cases by the end of Month 18.</b>
<b>Action 4.2.1 Establish communication with Department of Corrections, Bureau of Prisons to determine the number of incarcerated Tribal members</b>
<b>Indicators of Success:</b> The Tribe is aware of how many members are incarcerated.
<b>Steps to Take:</b> Contact DOC and BOP, Enrollment, and DOC contractors; Determine how information can be shared.

<b>Action Leader:</b> Court Administrator/Magistrate
<b>Expected Completion Date:</b> End of Month 12
<b>Action 4.2.2 Develop MOU's with these partners</b>
<b>Indicators of Success:</b> Number of commitments made, MOUs signed.
<b>Steps to Take:</b> Create MOUs, get commitments.
<b>Action Leader:</b> Court Administrator/Magistrate, Healing To Wellness Subcommittee
<b>Expected Completion Date:</b> End of Month 15
<b>Action 4.2.3 Establish referral and reporting system/procedures</b>
<b>Indicators of Success:</b> Number of referrals made.
<b>Steps to Take:</b> Meet with partners create written procedures.
<b>Action Leader:</b> Court Administrator/Magistrate, Healing To Wellness Subcommittee
<b>Expected Completion Date:</b> End of Month 18
<b>Objective 4.3 Complete a cost analysis report containing all steps needed to complete Goal 4 by the end of Year 1.</b>
<b>Action 4.3.1 Assess the cost of providing each objective</b>
<b>Indicators of Success:</b> A report containing the cost of providing each objective/event is completed
<b>Steps to Take:</b> research and examine the cost associated with providing services/events
<b>Action Leader:</b> Healing To Wellness Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 4.3.2 Present cost assessment</b>
<b>Indicators of Success:</b> Cost assessment report is presented to Tribal BOD.
<b>Steps to Take:</b> Present cost assessment report at BOD meeting.
<b>Action Leader:</b> Healing To Wellness Subcommittee
<b>Expected Completion Date:</b> End of month 12

<b>GOAL 5: CULTURE AND TRADITIONAL MEDICINE ARE INTEGRATED WITHIN THE TRIBAL JUSTICE SYSTEM</b>
<b>Objective 5.1 Develop and distribute a list of accessible traditional and cultural resources and services available across the service area by the end of Year 1.</b>
<b>Action 5.1.1 Develop Culture Subcommittee</b>
<b>Indicators of Success:</b> A Culture Subcommittee is formed and reports back to the larger TAP Advisory Board.
<b>Steps to Take:</b> Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Culture Subcommittee are gathered and examined.
<b>Action Leader:</b> TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Culture Subcommittee
<b>Expected Completion Date:</b> End of Month 3
<b>Action 5.1.2 Integrate culture and traditional medicine into the justice system</b>
<b>Indicators of Success:</b> Culture and traditional medicine are available within the justice system.
<b>Steps to Take:</b> Subcommittee meets, identifies opportunities and barriers; gathers input from justice system clients; establish and integrate activities.
<b>Action Leader:</b> Cultural Repatriation Specialist, Traditional Practitioners, Culture Subcommittee
<b>Expected Completion Date:</b> End of month 6
<b>Action 5.1.3 Establish a traditional advisory committee (TAC) for the Tribal justice system</b>
<b>Indicators of Success:</b> TAC meets on a quarterly basis.
<b>Steps to Take:</b> TAC is formed from Tribal members.
<b>Action Leader:</b> Chief Judge, Culture Subcommittee

<b>Expected Completion Date:</b> End of month 12
<b>Objective 5.2 Integrate traditional alternatives into current justice system practices by the end of Year 1.</b>
<b>Action 5.2.1 Establish alternatives that would relate to Tribal court criminal offenses</b>
<b>Indicators of Success:</b> Integration of traditional practices (teachings) as options into sentencing.
<b>Steps to Take:</b> Identify traditional holistic options for sentencing, adoption of appropriate options.
<b>Action Leader:</b> Specialty Court Coordinator, Traditional Practitioners, Culture Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 5.2.2 Establish a traditional court</b>
<b>Indicators of Success:</b> Options for traditional court are available.
<b>Steps to Take:</b> Research existing traditional courts, develop a plan, implement plan.
<b>Action Leader:</b> Specialty Court Coordinator, Traditional Practitioners, Culture Subcommittee
<b>Expected Completion Date:</b> End of month 36
<b>Action 5.2.3 Explore the development of Tribal Families Against Narcotics (TFAN) or similar groups</b>
<b>Indicators of Success:</b> A plan is developed to form either TFAN or similar group.
<b>Steps to Take:</b> Research and explore options.
<b>Action Leader:</b> Specialty Court Coordinator, Traditional Practitioners, Culture Subcommittee
<b>Expected Completion Date:</b> End of month 24
<b>Objective 5.3 Complete a cost analysis report containing each step needed to complete Goal 5 by the end of Year 1.</b>
<b>Action 5.3.1 Assess the cost of providing each objective</b>
<b>Indicators of Success:</b> A report containing the cost of providing each objective/event is completed.
<b>Steps to Take:</b> research and examine the cost associated with providing services/events.
<b>Action Leader:</b> Culture Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 5.3.2 Present cost assessment</b>
<b>Indicators of Success:</b> Cost assessment report is presented to Tribal BOD.
<b>Steps to Take:</b> Present cost assessment report at BOD meeting.
<b>Action Leader:</b> Culture Subcommittee
<b>Expected Completion Date:</b> End of month 12

**GOAL 6: TRANSPORTATION IS ACCESSIBLE FOR TRIBAL MEMBERS SEEKING PREVENTION AND TREATMENT SERVICES**

**Objective 6.1 Establish and coordinate transportation services to prevention events by the end of year 1.**

**Action 6.1.1 Develop Transportation Subcommittee**

**Indicators of Success:** A Transportation Subcommittee is formed, identifies action items, and reports back to the larger TAP Advisory Board.

**Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Transportation Subcommittee are gathered and examined; Subcommittee identifies action items

**Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Transportation Subcommittee

**Expected Completion Date:** End of Month 3

**Action 6.1.2 Develop Coordinated Health and Human Services Access Plan (NEMT) for each service area**

**Indicators of Success:** A regional Coordinated Health and Human Services Mobility Access plan is developed for the Tribal service area.

**Steps to Take:** Review information from the Tribal Transportation and Transit implementation plan, including transportation needs, the available resources, current transit providers, the costs, routes, and service gaps; choose viable options.

**Action Leader:** Transportation Subcommittee

**Expected Completion Date:** End of month 12

**Action 6.1.3 Implement Coordinated Health and Human Services Access Plan (NEMT)**

<b>Indicators of Success:</b> The Coordinated Health and Human Services Access Plan is implemented.
<b>Steps to Take:</b> Presentation to, and approval by TAP Committee and Board of Directors, Board of Directors Resolution (department/program shared ownership for long term sustainability), implement coordinated access system Contract with Tribal departments or outside agencies for transportation.
<b>Action Leader:</b> Transportation Subcommittee, service providers
<b>Expected Completion Date:</b> End of month 12
<b>Action 6.1.4 Develop evaluation and monitoring tools to measure impact.</b>
<b>Indicators of Success:</b> Evaluation tools are developed.
<b>Steps to Take:</b> Research, approve, and use measurement tools
<b>Action Leader:</b> Transportation Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Objective 6.2 Complete a cost analysis report containing all steps needed to complete Goal 6 by the end of Year 1.</b>
<b>Action 6.2.1 Assess the cost of providing each objective</b>
<b>Indicators of Success:</b> A report containing the cost of providing each objective/event is completed.
<b>Steps to Take:</b> research and examine the cost associated with providing services/events.
<b>Action Leader:</b> Transportation Subcommittee
<b>Expected Completion Date:</b> End of month 12
<b>Action 6.2.2 Present cost assessment of Coordinated Health and Human Services Access Plan</b>
<b>Indicators of Success:</b> Cost assessment report is presented to Tribal BOD.
<b>Steps to Take:</b> Present cost assessment report at BOD meeting.
<b>Action Leader:</b> Transportation Subcommittee
<b>Expected Completion Date:</b> End of month 12



**GOAL 7: THE TRIBE WILL CONTINUE TO COMMIT RESOURCES TO OUR TRIBAL ACTION PLAN**

**Objective 7.1 Compile a comprehensive list of the resources needed to support the Tribal Action Plan by the end of Month 9.**

**Action 7.1.1 Develop Resources Subcommittee**

**Indicators of Success:** A Resources Subcommittee is formed and reports back to the larger TAP Advisory Board.

**Steps to Take:** Names (and other information) of TAP Advisory Board members and/or community members who would like to serve on the Resources Subcommittee are gathered and examined.

**Action Leader:** TAP Advisory Board will choose a group of at least three qualified individuals to serve on the Resources Subcommittee

**Expected Completion Date:** End of Month 3

**Action 7.1.2 Do an environmental analysis and gap analysis of resources**

**Indicators of Success:** A report is generated from the identified resources and gaps.

**Steps to Take:** Identification of resources and gaps (survey), Prioritize the resources available for use.

**Action Leader:** Tribal Action Plan Director, Resources Subcommittee

**Expected Completion Date:** Annually

**Objective 7.2 Establish MOU's with community partners for the provision of necessary resources and services by the end of Month 18.**

**Action 7.2.1 Implement MOUs with funding sources/partners**

**Indicators of Success:** Successful partnerships are established.

**Steps to Take:** Develop specific MOU for each partner.

<b>Action Leader:</b> Tribal Action Plan Director, Resources Subcommittee
<b>Expected Completion Date:</b> Annually
<b>Objective 7.3 Hire a Tribal Action Plan Director by the end of Month 9.</b>
<b>Action 7.3.1 Hire a Tribal Action Plan Director</b>
<b>Indicators of Success:</b> Tribal Action Plan Director will be hired by the end of month 9.
<b>Steps to Take:</b> Determine where TAP Director position fits within the organizational structure; Secure funding; Prepare job description; Contact HR to post position; Interview applicants and hire the best candidate.
<b>Action Leader:</b> Designated Division Director; TAP Advisory Board
<b>Expected Completion Date:</b> End of month 6.
<b>Objective 7.4 Establish and adopt a Tribal budget for the necessary resources to support the Tribal Action Plan by the end of Year 1.</b>
<b>Action 7.4.1 Approval of TAP by Tribal Board of Directors and updates</b>
<b>Indicators of Success:</b> Signed resolution by BOD approving TAP.
<b>Steps to Take:</b> Completed TAP is presented to a BOD workshop; and meeting.
<b>Action Leader:</b> Chief Judge; Tribal Action Plan Director, Resources Subcommittee
<b>Expected Completion Date:</b> Annually

## Implementation Plan

Implementation of the Tribal Action Plan is as important as the plan itself. According to Onstrategyhq.com (2016), there are many reasons why strategic plans fail. Roadblocks to success can include: lack of commitment, the plan is overwhelming, team members do not feel empowered to create change, the plan is meaningless, there is no progress report, and no accountability, and most importantly – no strategy for implementation. The strategy for implementation of the TAP avoids the possibility of failure by attending to all the important areas involved in implementation by including the following:

- Commitment of Community
- Assignment of Responsibilities
- Measures of Success
- TAP Implementation schedule
  - Monthly meetings
  - Quarterly meetings
  - Progress reports

### **Commitment of Community**

For change to be lasting, there has to be a commitment by everyone involved in the effort needed to create and sustain change in the community. With the passage of a resolution to develop a TAP, it is apparent that the Tribal Board of Directors is committed to working toward change regarding the substance abuse issues facing the Tribe. In fact, Goal 7 – “The Tribe will continue to commit resources to our Tribal Action Plan” builds the commitment of the Tribal Board of Directors into the plan. It is also apparent that many departments within the Tribe are committed to change due to the formation of the TAP Advisory Board leading the effort in developing and implementing the TAP. The large number of Tribal members who took part in surveys, focus groups, and an interview demonstrates the commitment of the larger

community in working towards change. As long as everyone is committed to working toward a better future for our tribe, we will continue to move forward and will succeed in our efforts.

### **Assignment of Responsibility**

The TAP Advisory Board will form subcommittees to address each of the TAP goals. At least three people from the Advisory Board will serve on each subcommittee, and will each assume responsibility for at least one action associated with at least one objective. By breaking down the goals/objectives/actions into manageable parts, it is more likely that committee members will not become overwhelmed and will be successful in reaching goals. The TAP Advisory Board will form the following subcommittees as they relate to each of the goals:

<b>Goal Subcommittee</b>	<b>TAP Goals</b>
Goal 1: Prevention Subcommittee	Prevention education and activities are available throughout the 7-county service area
Goal 2: Data Subcommittee	Substance abuse data collection methodology and plan is implemented and sustainable
Goal 3: Treatment Subcommittee	Treatment is accessible for all Tribal members seeking treatment services
Goal 4: Healing to Wellness Subcommittee	Healing to Wellness Courts is implemented throughout the 7-county service area
Goal 5: Culture Subcommittee	Culture and traditional medicine are integrated within the Tribal justice system
Goal 6: Transportation Subcommittee	Transportation is accessible for Tribal members seeking prevention and treatment services
Goal 7: Resources Subcommittee	The Tribe will continue to commit resources to our Tribal Action Plan

Each subcommittee member will take responsibility for an Action (or two), and will be the Action Leader for that particular Objective. The Action Leader will work on the steps to take, such as identifying ways to promote community events which he/she will document and report back to the larger TAP Advisory Board. A measure of success will be whether the action steps were taken and the action achieved. Subcommittee members will document challenges and successes to share with the larger group. It is suggested that each subcommittee meet monthly to review goals/objectives/action and that the TAP Advisory Board meet as a whole bi-monthly (or quarterly) to discuss achievements/setbacks/changes to make.

### **Measures of Success**

Documenting achievement of an action will be a measure of success. It is important to document not only that the action/objective/goal was reached or achieved, but what was done to work toward the achievement. With the use of the Goal Worksheet, subcommittee members can document a detailed description of each step taken to achieve actions, objectives, and ultimately goals, and use that to inform quarterly and yearly reports. As each Action is achieved, new Actions will be necessary and can be added to the TAP. For example, for Action 1.1.5, once a recruitment plan is developed a new action of ‘instituting the recruitment plan’ could be added as a new Action. By updating the TAP

on a regular basis, change will take place continually. Also, it will be important to revisit the results of the community needs assessment as these will serve as a baseline measure of the Tribal communities' perception of change which is more qualitative in nature. For a more quantitative baseline measure for Goal 1, it is necessary to enumerate the number and kind of prevention programs currently available and to revisit this on a yearly basis to measure a change in number and type of programs. It is recommended that some aspects of the needs assessment (i.e. surveys) be repeated on a yearly basis to assess change over time and the success of programming.

**Sustainability**

Sustainability will be propagated through the continual involvement and commitment of the TAP Advisory Board, the goal subcommittees, and the Tribal Board of Directors. We will seek grant funding from a variety of sources and will commit our resources to working toward our TAP goals. It is because of our understanding of the importance of sustainability that we added an objective to each goal that is focused on the cost of implementing each goal. As we understand more fully the resources needed to attain each goal, we can work toward building up our resources for this purpose. It is also the main reason for goal 7 – ‘The Tribe will continue to commit resources to our Tribal Action Plan,’ that there is continued commitment to providing resources so we can achieve our TAP Goals. Also, as individual Tribal members get sober and maintain their sobriety, they will become inspirations to family members and other Tribal members who want the same life of recovery. Instead of a birthright of addiction, our people will have a legacy of recovery to pass down to future generations.

**TAP Implementation Schedule**

The TAP Advisory Board will begin their work as a team to form goal subcommittees. Each subcommittee member will focus on the completion of one goal by meeting monthly to discuss accomplishments and challenges. The goal teams will choose actions to work on and will check in to compare progress and to create new objectives/actions/steps to take. Additionally, each subcommittee will discuss their progress with the TAP Advisory Board each quarter. The TAP Advisory Board will, in turn, report progress to the Tribal Board of Directors. The following chart is a 24 month example of a meeting schedule for the advisory board and subcommittees.

**Meeting Schedule for TAP Advisory Board and Goal Subcommittees**

Subcommittee Meetings	m 1	m 2	m 3	m 4	m 5	m 6	m 7	m 8	m 9	m 10	m 11	m 12	m 13	m 14	m 15	m 16	m 17	m 18	m 19	m 20	m 21	m 22	m 23	m 24	
Prevention																									
Data																									
Treatment																									
Healing to Wellness																									



The timeline for implementation of all seven goals will be at least 36 months. This is a flexible schedule that could materialize more quickly or slowly depending on many factors associated with projects of this scope. Since it is meant to be a 'living document,' it is expected that the project will be subject to changes along the way. The following are individual timelines for each of the TAP goals.

## TAP Implementation Schedule - Goal 1

		Year One			Year Two				
		Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24
<b>Goal 1</b>	<b>PREVENTION EFFORTS ARE AVAILABLE IN THE 7-COUNTY SERVICE AREA</b>								
<b>Obj 1.1</b>	<b>Achieve a 15% increase in participation rates to family-friendly community events by end of Year 1</b>								
A 1.1.1	Develop subcommittee								
A 1.1.2	Plan and implement family-friendly community events								
A 1.1.3	Develop communication plan to promote community events								
A 1.1.4	Develop a recruitment plan to recruit participants to attend events								
A 1.1.5	Create an annual calendar of prevention events								
A 1.1.6	Provide incentives/food/snacks at each prevention event								
<b>Obj 1.2</b>	<b>Research, plan and implement evidence-based prevention programs for youth by end of month 18</b>								
A 1.2.1	Hire Certified Prevention Specialist								
A 1.2.2	Identify partners in our schools throughout the service area								
A 1.2.3	Research and identify youth-based prevention programs								
A 1.2.4	Plan and implement youth-based prevention programs								
<b>Obj 1.3</b>	<b>Organize and establish family and community-driven substance abuse support groups by the end of Year 1</b>								
A 1.3.1	Identify existing well-established groups in the community								
A 1.3.2	Coordinate Tribal community support groups, with incentives								
A 1.3.3	Identify gaps and assist leadership for new Tribal community groups								
<b>Obj 1.4</b>	<b>Complete a cost analysis of steps needed to complete Goal 1 by end of Year 1.</b>								
A 1.4.1	Assess the cost of providing each objective								
A 1.4.2	Present cost assessment								



## TAP Implementation Schedule - Goal 2

### Year One

	Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24
<b>Goal 2</b>	<b>SUBSTANCE ABUSE DATA COLLECTION METHODOLOGY AND PLAN IS IMPLEMENTED AND SUSTAINABLE</b>							
<b>Obj 2.1</b>	<b>Complete a data plan, supported across Tribal departments, that includes a full review of past surveys by Month 18</b>							
A 2.1.1	Develop subcommittee							
A 2.1.2	Identify specific data relevant to the TAP, create a data repository							
A 2.1.3	Establish and implement an internal program survey plan							
A 2.1.4	Survey analysis and report					Ongoing		
<b>Obj 2.2</b>	<b>Complete a cost analysis report including all steps needed to complete Goal 2 by the end of Year 1</b>							
A 2.2.1	Assess the cost of providing each objective							
A 2.2.2	Present cost assessment							

### TAP Implementation Schedule - Goal 3

	Year One			Year Two				Year Three
	Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24 ...Y3m36
<b>Goal 3</b>	<b>TREATMENT IS ACCESSIBLE FOR ALL TRIBAL MEMBERS SEEKING TREATMENT SERVICES</b>							
<b>Obj 3.1</b>	<b>Develop a feasibility plan for a 'continuum of care wellness campus' including medical, detox, culturally appropriate residential treatment, and transitional housing by end of Year 2</b>							
A 3.1.1	Develop subcommittee							
A 3.1.2	Identify funding sources for construction, partnerships, and operations							
A 3.1.3	Partner with local agencies							
A 3.1.4	Create a referral system for seamless coordination of care							
<b>Obj 3.2</b>	<b>Establish and operate a Detox Center/Inpatient Treatment Center (4-6 week program) by the end of Year 3</b>							
A 3.2.1	Establish a medical detox/inpatient treatment center or access to one for tribal members							
<b>Obj 3.3</b>	<b>Develop and operate a Residential Treatment Center/Transitional Living Center or access to one for tribal members (3-6 month program) by the end of Year 3</b>							
A 3.3.1	Establish a residential treatment center/transitional living center or access to one for tribal members							
<b>Obj 3.4</b>	<b>Develop a supportive, therapeutic, sober-living housing Community (6 month program) by the end of Year 3</b>							
A 3.4.1	Establish a therapeutic community							
<b>Obj 3.5</b>	<b>Complete a cost analysis report containing all steps needed to complete Goal 3 by the end of Year 1</b>							
A 3.5.1	Assess the cost of providing each objective							
A 3.5.2	Present cost assessment							

## TAP Implementation Schedule - Goal 4

		Year One			Year Two				
		Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24
<b>Goal 4</b>	<b>HEALING TO WELLNESS COURTS ARE IMPLEMENTED THROUGHOUT THE 7-COUNTY SERVICE AREA</b>								
<b>Obj 4.1</b>	<b>Establish 1-3 partnerships with State and Federal drug courts by end of month 6</b>								
<b>A 4.1.1</b>	Develop Subcommittee								
<b>A 4.1.2</b>	Draft MOUs with partners								
<b>Obj 4.2</b>	<b>Develop and operate a re-entry drug court program that is able to take cases by the end of Month 18</b>								
<b>A 4.2.1</b>	Establish communication with Department of Corrections, Bureau of Prisons to determine the number of incarcerated tribal members								
<b>A 4.2.2</b>	Develop MOUs with these partners								
<b>A 4.2.3</b>	Establish referral and reporting system/procedures								
<b>Obj 4.3</b>	<b>Provide Cost Analysis for objectives (Goal 4)</b>								
<b>A 4.3.1</b>	Assess the cost of providing each objective								
<b>A 4.3.2</b>	Present cost assessment								

## TAP Implementation Schedule - Goal 5

		Year One			Year Two			Year Three		
		Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24 ...Y3m36	
<b>Goal 5</b>	<b>CULTURE AND TRADITIONAL MEDICINE ARE INTEGRATED WITHIN THE TRIBAL JUSTICE SYSTEM</b>									
<b>Obj 5.1</b>	<b>Develop and distribute a list of accessible traditional and cultural resources and services available across the service area by the end of Year 1</b>									
<b>A 5.1.1</b>	Develop Subcommittee									
<b>A 5.1.2</b>	Integrate culture and traditional medicine into the justice system									
<b>A 5.1.3</b>	Establish a traditional advisory committee (TAC) for the tribal justice system									
<b>Obj 5.2</b>	<b>Integrate traditional alternatives into current justice system practices by the end of Year 1.</b>									
<b>A 5.2.1</b>	Establish alternatives that would relate to tribal court criminal offenses									
<b>A 5.2.2</b>	Establish a traditional court									
<b>A 5.2.3</b>	Explore the development of Tribal Families Against Narcotics (TFAN) or similar groups									
<b>Obj 5.3</b>	<b>Provide Cost Analysis for each objective</b>									
<b>A 5.3.1</b>	Assess the cost of providing each objective									
<b>A 5.3.2</b>	Present cost assessment									

## TAP Implementation Schedule - Goal 6

		Year One			Year Two				
		Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24
<b>Goal 6</b>	<b>TRANSPORTATION IS ACCESSIBLE FOR TRIBAL MEMBERS SEEKING PREVENTION AND TREATMENT SERVICES</b>								
<b>Obj 6.1</b>	<b>Establish and coordinate transportation services to prevention events by the end of year 1.</b>								
<b>A 6.1.1</b>	Develop Subcommittee								
<b>A 6.1.2</b>	Develop Coordinated Health and Human Services Access Plan (NEMT) for each service area								
<b>A 6.1.3</b>	Implement Coordinated Health and Human Services Access Plan (NEMT) for each service area								
<b>A 6.1.4</b>	Develop evaluation and monitoring tools to measure impact								
<b>Obj 6.2</b>	<b>Provide Cost Analysis for each objective</b>								
<b>A 6.2.1</b>	Assess the cost of providing each objective								
<b>A 6.2.2</b>	Present cost assessment								

## TAP Implementation Schedule - Goal 7

		Year One			Year Two				
		Y1 m3	Y1 m6	Y1 m9	Y1 m12	Y2 m15	Y2 m18	Y2m21	Y2m24
<b>Goal 7</b>	<b>THE TRIBE WILL CONTINUE TO COMMIT RESOURCES TO OUR TRIBAL ACTION PLAN</b>								
<b>Obj 7.1</b>	<b>Compile a comprehensive list of the resources needed to support the Tribal Action Plan by the end of Month 9</b>								
<b>A 7.1.1</b>	Develop Subcommittee								
<b>A 7.1.2</b>	Do an environmental analysis and gap analysis of resources				Annually				
<b>Obj 7.2</b>	<b>Establish MOU's with community partners for the provision of necessary resources and services by the end of Month 18</b>								
<b>A 7.2.1</b>	Implement MOUs with funding sources/partners				Annually				
<b>Obj 7.3</b>	<b>Hire a Tribal Action Plan Director by the end of Month 9</b>								
<b>A 7.3.1</b>	Hire a Tribal Action Plan Director by the end of Month 9								
<b>Obj 7.4</b>	<b>Establish and adopt a Tribal budget for the necessary resources to support the Tribal Action Plan by the end of Year 1</b>								
<b>A 7.4.1</b>	Approval of TAP by Tribal Board of Directors and updates				Annually				

## Conclusion

The Sault Ste. Marie Tribe of Chippewa Indians has recognized that substance abuse and addiction are one of the most serious threats facing our community, affecting the physical, mental, social, spiritual, and economic well-being of our Tribe and its members. By developing this Tribal Action Plan, the Tribe has expressed its willingness to combat substance abuse and addiction, and devote resources toward doing so. This plan aims to be comprehensive, addressing both practical needs regarding prevention and treatment services for all Tribal members, and policy and planning needs at the governmental level. As a result, the list of goals, objectives, and action steps is extensive and complex.

By design, the TAP is also flexible enough to allow us to address future challenges that may not be readily apparent today. The TAP Advisory Board will continue to meet regularly and conduct at least a bi-annual review process which will allow us to evaluate and modify the plan and focus our resources to meet the challenges we will encounter. This Tribal Action Plan is the beginning of an on-going process that will continue well into the future.

It is essential that leadership and staff commitment exhibited to date continue, and that the Tribe be supported with the assistance and guidance necessary, and mandated through the Tribal Law and Order Act, to bring this plan to fruition. As we implement our Tribal Action Plan, it is our hope that our Tribal community will and its members will have the resources necessary to combat substance abuse and addiction, and heal from its lasting effects, for the next seven generations.

## TAP Advisory Board Approval

The Sault Ste. Marie Tribe of Chippewa Indians Tribal Action Plan Advisory Board comprised of members from all areas of the Tribal community including, Tribal Court, Law Enforcement, Tribal Board of Directors, Health, ACFS, among other departments, and the community over the course of nearly 4 years. This Tribal Action Plan was prepared as a roadmap to achieving a system to prevent and treat substance abuse and addiction throughout the Tribal community. It builds on the positive qualities of our community and creates goals to address the recognized needs of our community and justice system. The signatures below certify our commitment to implement this plan, measure its success, and if needed, revise it to better meet the needs of our Tribe and its people.

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TAP Advisory Board member

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