

Meeting Minutes :: Prince of Wales Behavioral Health Planning Project Capacity Building Workshop, September 29, 2010

Present:

Esther Hammerschlag, Colleen Watson, Pete Ryan , Abbie Blackshire, Julie McDonald, Kevin McDonald, Lonnie Walters, Ralph Mackey, Beverlee Tyner, Diane Casto, Genevieve Casey, Jon Bolling, Carolyn Lemmon, John Borbridge, Karen Popoff, Don Filmore, Bobbi Leichty, Keturah Sadler, Mark Walker, Brooke Reynolds, Victoria Merritt, Sheila Beardsley, Jenni Lefing, Frances Natkong, Anna Trudeau, Melissa Stone, John Clift, Jerri Fowler, Beth McLaughlin, Melissa Rodriguez, Shelly Wade

The purpose of this meeting was to bring stakeholders together to begin building capacity to address substance abuse consequences identified in the behavioral health needs assessment.

Introductions were made, including name, affiliation, and why we are here. Common threads from the introductions were:

- There is concern about behavioral health on POW
- We have resources and need to build upon them. Relationships that exist currently can be used to support the work we want to embark on.
- Passion.
- The importance of youth and working with them.
- A love for POW.
- Drugs and alcohol are not a part of POW culture.
- There is a need more adult services.
- There is desire to build on youth programs.
- Subsistence is an important part of the culture.

Participants discussed whether anyone was missing from the room. Missing groups identified were:

- Youth
- Elders
- Law enforcement
- Tribal representation (Hydaburg was present – need all four tribes)
- Families
- Local government (only City of Craig was present – there are five municipalities on POW)
- Churches (can there be one representative for all?)
- OCS/Juvenile probation

Strengths and capacity of the island community were discussed. Strengths identified and other discussion items included:

- Tribal dance groups
- Strong schools and school districts
- HOPE
- Pharmacy- Help with Al-Anon, Socrates Club.
- The only dentist on the island accepts Medicaid.
- Primary Care - Peace Health.
- DARE program (some questions about current status – through Klawock PD)
- Tongass Substance Abuse Screening – provides UA screening
- Established events – kids clubs, youth groups, gardening clubs, parenting classes
- Community facilities, parks, trails

- We need to build on what we already have
- Can there be a return on POW to having a provider similar to COHO?
- Can't address domestic violence without addressing the full continuum of care

Challenges were discussed. They include:

- Providers coming in and out of communities
- Law enforcement is stretched thin – small number of staff for a very large area
- Apathy
- SEARHC needs help- they can't provide all the services
- Very little crossover between “co-existing” cultures
- Long distances between hubs of Craig and Klawock and outlying communities
- Support and outreach to remote locations
- State priorities
- Youth alcohol use/adult heavy binge drinking

Prioritization of substance abuse related consequences, based on the outcome of the needs assessment, was discussed. Considerations for prioritization include:

- Limited funding and resources
- Need to apply the process to one thing first and learn from it
- Focusing on one thing creates an increased ability to see change
- Efforts need to be data driven (also need baseline data so can measure change)
- Need to remember that nothing is solo – everything is interrelated
- Question to consider: Is it better to pick an issue that is more severe, or an issue that is easier to solve or impact?
- Criteria for consideration: magnitude, prevalence, frequency, changeability
- There is power in coming together tackling an issue as a group.
- Need to follow through on choices and see some change. Need to implement actions and then track to see if there is improvement.
- There is tendency to spread ourselves thin trying to do too many things, instead of focusing efforts on just a couple things.

Participants broke into smaller groups to discuss prioritization of substance abuse related consequences. The two top consequences identified in the needs assessment were domestic violence/assault and alcohol related crashes. The group selected domestic violence and assault as its priority area of focus. Discussion followed.

Decision making was impacted by the following issues:

- There is lack of accountability for individuals.
- DV is much more prevalent.
- Both DV and drunk driving are a cycle and repeat themselves.
- Both DV and drunk driving impact others.
- The impact of violence on individuals has a myriad of consequences.
- Klawock's data on the percentage of DV cases related to alcohol use backs up selection of DV.
- There is great impact of trauma from violence on youth.
- HOPE is in place and is a strong foundation to build from.
- What we know today about trauma, the impact of violence, and witnessing violence.
- Statistics.
- The implications of trauma are huge. The impact it has on children is huge.
- Challenges: not having law enforcement at the table. It would be easier to prioritize if they were here to help inform us about what they see.

Participants divided into four groups to discuss factors/substance abuse issues leading to DV. Factors identified include:

- Cultures of Acceptance
- Closed systems and isolation
- Independence
- Culture of privacy
- Economic Stressors/Seasonal unemployment
- Power and Control
- Binge drinking
 - Lack of healthy modeling
 - Unemployment/seasonal work
 - Lack of accountability for consequences
 - Inadequate treatment options
 - Isolation
 - Social norms
- Depression
 - Hollywood
- Excessive drug and alcohol use
 - Family history of SA
 - Community history of SA
 - Lack of consequences
 - Dynamic of silence
- Underage substance abuse
 - Violent technology
 - Maladaptive coping skills
 - Bullying
- Illicit drug and alcohol use
 - Lack of enforcement
 - Lack of social/family support
 - Increased alcohol use
 - Loss of culture
 - Availability
- Work hard play hard culture
- Loss of culture
- Lack of “belonging”
- Alcohol as a reward
- Availability of prescription drugs
- Loss of connection to community and family/lack of support
- Service gaps
- Isolation
- Law enforcement
- Culture of silence in families
- Lack of consequences for actions
- Violent technology/glamorizing violence
- Poor coping skills
- Social norms/social and cultural acceptance

Other issues discussed at the meeting:

- The tribes must be present.
- Representation from more communities is needed.
- The closure of COHO as it affects care on POW was brought up.
 - What is the best vehicle to provide island-wide care?
 - How can the existing service providers better partner?
 - Might there be support for a new, non-profit service provider?
- The issues of prevention v. treatment were discussed. Funding for this project is through DBH Prevention and Early Intervention. However, the full continuum needs to be addressed.
- DV is in-line with the State's 3-5 year priorities. Upcoming funding opportunities were discussed.
- Items ready for action to be taken include articles in the Island News, development of lists of resources, and planning for the strategic planning meeting to further address DV a substance abuse related consequence.

At the end of the meeting participants were asked what they liked and/or disliked about the meeting.

Comments included:

- Liked the setting and the networking
- Good diversity of turnout
- Good meeting structure
- Appreciation for willingness of participants to share
- Great amount of knowledge in the room
- Courage of people to stand up and take a stand
- People were respectful of each other
- Healthy snacks were appreciated
- Liked that DV was selected as issue
- Liked that substance abuse was identified as the underlying issue
- There were people missing at the table
- There was a feeling that we need to take action right away, but the timeline is too slow
- Disliked not having the next meeting scheduled yet
- Need Elders at the table for a historical perspective and longevity