

Peer Recovery Support Services in Tribal Communities - Webinar Transcript

Welcome to the National Criminal Justice Training Center and Altarum Webinar, Peer Recovery Support Services in Tribal Communities. My name is Chris Lobanov-Rostovsky, and I am an associate with the National Criminal Justice Training Center, and I will be moderating for you today. Before we begin the presentation, there are some items I need to go over.

Today's presentation is part of a webinar series for the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program and the Indian Alcohol and Substance Abuse Program for the Coordinated Tribal Assistance Solicitation Purpose Area Three grantees and non-grantees focused on responses to alcohol and substance abuse-related crime. This project is supported by a grant awarded by the Bureau of Justice Assistance Office of Justice Programs, US Department of Justice. The opinions, findings, conclusions, or recommendations expressed in this webinar are those of the contributors and do not necessarily reflect the viewpoints of the Department of Justice.

The learning objectives for today are as follows. Summarize the core elements of peer recovery support services and associated benefits. Describe various models that demonstrate how peer recovery support services can be implemented within tribal communities. Identify common challenges with implementing peer recovery support services in tribal communities. And summarize best practices for successful implementation of peer recovery support services in tribal communities.

So we're going to try our first poll question now. The question is, which of the following best describes your role? Your choices are tribal court official, law enforcement, peer recovery specialist, behavioral health or substance abuse treatment, or other. As you can see from our results-- and I'm going to ask Kevin Mariano, one of the staff members and one of the participants and presenters here today-- to share. Kevin, what are you seeing on your screen in terms of the responses?

Yes. Hello, everyone. The results are tribal court official is at 8%, law enforcement 4%, peer recovery specialist 7%, behavioral health substance abuse treatment is 21%, and other is at 59%.

Thank you, Kevin. I appreciate that. So we have a good representation across these four areas and a lot of others, and we apologize that we were not able to identify every specific role. We did observe that within the registration. So thank you for sharing that information.

Before we begin, we would like to pause to do our opening in the right way. And so we're very pleased to have Laura Woods from the Yurok tribe with us today, who will do an opening blessing. Laura, I'm passing it on to you.

Thank you, Chris. [SPEAKING YUROK].

What I did was I introduced myself in Yurok. I told you where I'm from, where my villages are, who my people are, my grandparents, my parents, and my son. I let you know that I work in Yurok tribal court and that today I feel good to be here. So welcome to all of you and greetings.

I come to you today from the land of my ancestors in the area of our traditional village of O'rekw close by our ancestral village of Chapek out there in Stone Lagoon. The ancestral lands of the Yurok people. I greet you from far northwestern California, right on the ocean where the Redwoods meet the Pacific Ocean. I'd like to start this meeting out with a reading from meditations with Native American elders.

And for today, July 21, the quote is from Cochise "Like ironweed," who was a Chiricahua Apache man. "You must speak straight so that your words may go as sunlight into our hearts." The thought for the day is, "Come into my heart this morning. Allow me this day to live in the now. Help me to see all the beauty you have created in all things."

"Let me know myself today. As I make mistakes, let me see them as lessons. Guide me. When I see others make mistakes, let me honor them for where they are. Let me realize that they are your children and only you, my grandfather, knows what is really going on. When my lips move, let the words be your words."

Let us pray. [YUROK]. Hear us today. Help us to make wise decisions today. Have mercy on us, creator.

We have all been traumatized in some way, some of us more than others. And to those in pain, to those who are mourning, I ask relief for them and comfort. Help us all to realize the power of our words, how they can build up or tear down, how they can reinforce us, make us stronger, or destroy.

Let us use our words wisely and with great care today. I also pray for our Mother Earth. As she's displaying the sickness that we humans have brought upon her, let all the people realize she's hurting. She's crying out for acknowledgment, for action, and needs our commitment to take care of her and to help her recover from all the damage we've so carelessly caused her.

Everything starts and ends with our Mother Earth, for without her we are but dust. My prayer is that all people in the world and all the leaders in the world acknowledge her distress and act accordingly so that we can learn how and remember how to exist in harmony and restore the balance. Prayers for all the people working in the area of addiction and recovery, that they may find hope, strength, and all those who are walking their path into wellness also find strength, hope, and dignity in their journey.

Walk thou, walk thou, walk thou. Thank you. Thank you, thank you, thank you, creator, [YUROK]. Thank you. Back to you, Chris.

Thank you, Laura. Very beautiful words as we kick off this webinar here today. Thank you for helping us to come into this with the right spirit. I am truly grateful for what you just did for us.

So I'm now pleased to introduce you to our first presenter. Haley McCrary is from Altarum, and Haley, I'm now going to turn it over to you to go ahead and do this initial discussion on peer recovery support services. Haley?

Thank you, Chris. Hello, everyone. Good afternoon. My name is Haley McCrary, and I am the project manager for the BJA COSSAP Training and Technical Assistance Center on Peer Recovery Support Services here at Altarum. Our center offers support to COSSAP grantees as well as other organizations and helps to implement peer support services in organizations across the criminal justice intercepts.

To get us started on today's webinar, I'm going to give just a brief overview of peer recovery support services, or PRSS, so that we're all kind of on the same page with the language we're using here. And I'll also tell you about some of the supports and services that we offer at Altarum at the Training and Technical Assistance Center on PRSS and how you can request support around those services should you need it.

So as most of you are likely aware, the criminal justice population has a disproportionately high rate of individuals who experience substance use disorders as well as co-occurring mental health and substance use disorders when compared to the general population. And substance use and dependence rates among those involved in the system are more than four times that of the general population. In recent years, many people have begun to recognize the potential of peer recovery support services as an important resource for engaging and supporting these individuals as they navigate recovery, and that's the background for why our center exists. It's helping support those services.

Importantly to note is that PRSS, or peer recovery support services, are also a critical and central part of the efforts to address the opioid epidemic in the US, which is how this effort got started from the BJA COSSAP program. Peer supports are a vital part of the continuum of care. In other words, making sure individuals who are struggling with addiction continue to receive support and treatment, no matter what setting they're in or where they are.

So for those not yet familiar, peer support services are an evidence-based model of care, and they consist of a qualified peer support practitioner or specialists who assist individuals in their recovery from substance use disorders and mental illness. Peer practitioners or specialists are people who have been successful in their recovery process and who help others experiencing similar situations. They really lead through understanding, respect, mutual empowerment. And they help people stay engaged in the recovery process and reduce the likelihood of additional substance use.

Peer support services differ a little bit from things like professional treatment or mutual aid, so other treatment services. They can be delivered, as I said, across the full continuum of care, regardless of whether or not a person or an individual is using treatment or other services. They can be offered before an individual enters treatment or when they're waiting for a service opening.

They can coincide with treatment services. Excuse me. And they can be done in tandem. Peer practitioners provide support in four general areas.

So emotional support involves providing empathy, caring, or concern that helps to bolster an individual's self-esteem and confidence, for example, providing coaching or mentoring. Informational support may involve knowledge or information transfer or providing sort of vocational skills, for example, maybe training for job readiness or self-advocacy. Instrumental support involves providing concrete assistance to help others accomplish tasks, for example, finding housing or maybe childcare vouchers. And then affiliational support involves facilitating contacts with other people to promote social learning and recreational skills and build community. So for example, they may help individuals to arrange recovery-oriented outings or activities with other folks.

In general, the more robust the types of social support available to address any given recovery concern, the more likely that an individual seeking health will walk away with useful information. So peers offer supports across this sort of spectrum. So there's a few core concepts in peer recovery support services that I'd like to go over so that everyone sort of has the same understanding of these foundational concepts.

The first is the idea that recovery is inherently linked to community. Recovery can mean different things to different people. But overall, recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

And the overarching purpose of peer recovery support services is to help individuals build and sustain a life of recovery. Peer practitioners really believe that this recovery can only happen in a community with the relationships, knowledge, and skills that a community offers. So they support recovering individuals by really focusing on community. More specifically, they focus on creating a pro-social environment, building trusted relationships, using their recovery community resources and assets, and providing a variety of models as the benefits as well as expectations of the life of recovery. And this is just to name a few.

Another core concept in peer support is recovery capital. So recovery capital is the sum of resources that need to be mobilized within the individual, family, and community to support an individual in recovery. Peer recovery support services focus on strengthening, existing, and developing new recovery capital.

So when a peer support specialist begins working with someone, they often initiate a recovery plan. At their initial connection with an individual, an individual's recovery capital may be quite low, and so they focus on building that capital. Long periods of substance use or current experience of the criminal justice settings can really deplete whatever recovery capital an individual might have, so it's really important to build that. Even the smallest amount of recovery capital is a strength, so peer practitioners really help individuals to build this recovery capital over time.

Finally, another core concept in peer support is built on the idea that recovery exists on a continuum. So individuals progress in their recovery from stages through pre-recovery engagement, recovery initiation, stabilization, maintenance, and long-term recovery. And understanding this, the peer practitioners meet individuals where they are, and they offer supports across this full continuum of the recovery process. So this can be prior to treatment, during treatment, post-treatment, and even in lieu of treatment.

They are designed and delivered to be responsible and appropriate to all stages of recovery. So given all that background, what does Altarum provide? So Altarum runs the TTA Center for Peer Recovery Support Services.

And we provide support, as I said, to COSSAP grantees, states, communities, and others to help build and sustain PRSS programs. And that's part of a multidisciplinary effort to address the opioid epidemic in criminal justice settings. Our staff provide in-person and virtual consultations, facilitation training, and capacity building to support organizations.

And we tailor our services to each setting. So we work in a number of both criminal justice settings and community settings to really help organizations build their PRSS programs. So a little more specifically, we provide organizations with the training and tools they need to successfully implement peer support services across the criminal justice intercepts.

These include providing support around peer support resources, infrastructure, organizational learning and training, organizational culture and climate, and community engagement and partnership. And they look different within each of those areas of focus. So in practice, what this looks like is our team provides in-person and virtual consultation for grantees who are looking to build their programs.

We provide training and facilitation around core concepts in PRSS, for example, helping to build trainings for new peers entering treatment settings or helping guide the recruitment and hiring process for peers. We also provide capacity building for PRSS organizations, for example, building knowledge or skills they need to get to kind of the next level in their program stage. And finally, we provide thought leadership in the field, so we gather gaps, strengths, and needs in the field and try to push the field forward in terms of releasing publications or materials that help other organizations in their journey to implement their peer support programs.

So I wanted to just highlight one of our areas of programming for interested organizations on this webinar since it's a really great program that we offer. So we offer a Peer Recovery Support Services and Mentoring Initiative, which is essentially a year-long mentoring program that brings newer and more experienced peer programs together to learn and grow from one another. Like our TTA center, the peer mentoring program really focuses on building capacity in the mentee organization by sharing information and tips from those that are more experienced around these core activities that our TTA center provides as well, so around engagement and partnership, culture and climate, organizational learning, infrastructure, and resources.

Just some more nuts and bolts here. Once enrolled, participants are matched to an experienced mentor site, who provides mentoring and support through virtual sessions and one on-site visit. So for the on-site visit, travel for up to three team members from the mentee site is paid for by our program, and you have the opportunity to network with other organizations who are implementing peer support in a variety of settings and learn from their mentor site as well. Our mentor sites span across criminal justice settings, so we pair new participants with those that are most similar to them in their setting and in their organizational size, how many peers they have, things like that, so they can get the most out of their time spent with mentors.

A couple more logistics, mentee applications are accepted on a rolling basis. And there's just a few criteria, which are listed here. There's no charge for participating in the program from a mentee's point of view, so really have not much to lose by participating.

So that is sort of my 50,000-foot view of peer recovery support services and what our program at Altarum offers. You can contact me directly if you'd like to know more, if you need information, if you need support, if you'd like to get technical assistance on peer recovery support services. Feel free to use my contact information listed on the screen. And with that, I'll pass it back to Chris, who will keep us moving in the presentation.

Thank you, Haley. We appreciate very much you giving this that foundational information and sharing about the fine work that you all are doing. I'd now like to introduce Erin Cretens and Chawn Castaneda from Hannahville Indian Community Behavioral Health to talk about their program. So Erin and Chawn, the floor is yours, and you guys can decide how you're going to go ahead and move forward. Thank you.

All right, I'll go ahead and start, and then I'll pass it off to you, Chawn.

Sounds good.

So yeah, we are from the Hannahville Indian Community up in the upper peninsula of Michigan. And so we've had a peer recovery coach program here since 2013. And Chawn was our first peer recovery coach and still does a fabulous job with that, so I'm really excited that he was able to get on with me today, and he's going to share some of his thoughts here just momentarily.

But I thought I'd give you a little background about how we started. So we are affiliated with the Inter-Tribal Council of Michigan. And so the behavioral health managers get together in a quarterly basis, and there was a question brought up at one of the meetings one time.

There was some interest in peer recovery coaching, and they asked who might be interested in a pilot program. And I thought it sounded like a very good idea and something that I think we had kind of tossed around before but weren't really sure how to do, and so I said that we would be interested in that. And I was the only one that said at that point that we would be interested in that.

And so we entered into the world of peer recovery coaching, and it really has fit into a wonderful niche that we were missing before. So I guess I'd like to highlight just a few of those things that we have noticed, how this program has worked for us, how it's benefited us, and some of the lessons that we've learned from it. And then, like I said, I'd like Chawn to share some of his experiences as a peer recovery coach.

So we did start with Chawn. Chawn was at 10 hours a week, which, looking back, was ridiculous, but we had to start somewhere when you're looking at funding. They had a pilot program, so we started with 10 hours a week, and then we really were able to just grow it from there. And so he went from 10 to 20 or something and then 20 to 24, and then eventually we were able to convince the powers that be that we really needed a full-time recovery coach.

And then we have been able to add another part-time recovery coach as well, and it would be great. I would really like to see our program continue to grow. The activities that Chawn and Alicia, who's our other recovery coach, do are just so vast. And it was really affirming to see the slide just presented by Haley and go, hey, we do that, that, that, and that. So I think we're on the right track.

But really I think at the heart of it is that Chawn and Alicia, they meet with people. They talk with people that need support. And it can be people in early recovery or not in recovery yet who are thinking about trying to get into recovery or people that are kind of right in the midst of everything or people that need recovery support, been in recovery for a while. So that's the beauty, I think, of recovery coaching is it can meet people at a broad range of phases in their recovery.

So I think sometimes it's as simple as sitting and having coffee, and I'm sure Chawn can talk to that and attest to that. But just sitting with somebody, just talking, and you can talk directly about recovery, or you can talk about sports or the weather or whatever. It's that sense of community that Haley mentioned, really connecting with people.

We have had-- Chawn's gone to funerals with people and supported them during that difficult time, or to court or to probation check-ins, rides to treatment. That's hard sometimes. We live in a rural area, and it's hard to get to treatment.

They facilitate meetings and talking circles. Before meetings used to be really inconsistent. What we noticed in the community is someone will be really pumped about their recovery, they're fresh out of treatment and they wanted to start some meetings, but then that would fizzle out. And then there was a sign saying meetings every Wednesday night at this time, but then people would show up and there weren't any meetings, and that was really discouraging.

So now we can guarantee that Chawn is going to be there Wednesday nights at 7:00 for a meeting, and Alicia does a meeting Saturdays, a Red Road to Wellbriety meeting. They also do community events, sobriety walks, and hobby days. They really, I think, take ideas from the people they're working with and run with them and try to make those things happen.

And taking people to outings somewhere else, maybe to a sobriety powwow. Alicia went to the wild race roundup one time and brought some people with. And there are really good links to not only behavioral health, but other community partners, vocational rehab, sober housing, and, again, to behavioral health, and so they're a great outreach.

If I can't get in touch with someone on the phone, I can check and see if Chawn or Alicia could stop by and check in on that person. Or if we hear about a difficult event in the community, they'll go to the source and they'll talk and see if people need support. The impact that I have seen this program have has really been so amazing.

I think that, again, it filled a gap because there's therapy, and if you're going to come and see me, we're going to dig into some therapy stuff. But not everybody is there yet, or maybe they are sometimes, but the recovery coaching, the peer, is just a totally different thing. It's someone who can sit there and really, a lot of times, relate to that person.

And they have just a lot of credibility just from their own experiences, and I think that that's a really important piece of a lot of people's recovery. Family, sometimes there's been a lot of bridges burned with family. And again, that peer recovery person can give that unconditional positive regard to people, and I think that that's been invaluable.

I think it's a lot less formal, again, sometimes than coming in to therapy and filling out the paperwork and asking the questions and doing in-depth biopsychosocial assessments and doing cognitive behavioral therapy. And again, sitting on the porch with someone, having a cup of coffee and just listening to whatever they want to talk about, there is a need for that.

I talked about predictability of meetings. That's important. And I think also, it's been really cool to watch how Chawn and Alicia have really kind of connected and also brought awareness of this problem to the rest of the community. Like Chawn has spoken at Tribal Council before, and there's something different about when he presents, that addiction is a problem in the community, and here are some solutions to that and what he sees.

And it was really cool when we were trying to move that position from part-time time to full-time. And Chawn, you used to drive a little yellow truck. He doesn't anymore. Words out, he was probably having problems with that poor yellow truck. But I just thought it was really cool, one of the health board members made the comment, oh, yeah, he's busy. He needs more hours. I see that little yellow truck driving all over the community.

And so he was recognized for that. There was a recognition of the need and how busy that he kept with that. So that really helps when you're trying to-- for sustainability for these services.

Just a few lessons that we have learned along the way. I think having the right person for this job is so important. And certainly, you can say that about a lot of different jobs. But I feel like the recovery coach kind of is the job. Who you have brings with them that personality.

And you're all going to hear Chawn in a minute, and you're all going to realize that he was the right person for this job because there's just something about him. And he's so humble, and he's funny, and he's easy to talk to, and he's so not judgmental. And I can very easily sell to people, hey, you should sit down and meet Chawn. Have you met Chawn yet? You're going to love talking with him.

And so I think really finding the right person that meshes with a wide variety of personalities, because, again, when your job is connecting with people, you've got to have that right person, I think. And I say that the lesson learned. And fortunately, it's been a really easy lesson for us to learn because our recovery coaches have done that so well.

I think that supervision and guidance is important. Thankfully, Chawn came from a background where he had worked at the halfway house here in Hannahville, so he had some ideas about those things. But when you're doing peer recovery, learning about HIPAA and confidentiality and boundaries and dual relationships and all those things that we get a lot of.

As a social worker, I got a lot of that, but I think it's really important to make sure that our peer recovery coaches get the education on that and the guidance because especially if you're from the community, like Alicia-- she's from this community-- and so dual relationships and family member things, that can get a little tricky sometimes, so being able to talk those things through with somebody. And then I would say that really making your peer recovery program your own, whatever it is. We didn't know what we were doing.

When I volunteered for that, I had no idea what this was going to be. And we have really made it up as we went along. When I was listening to Haley talk, I'm like, hey, we really could have used something like that, because it's been a lot of trial and error. It's been some going online and trying to find examples of what other people have done in other programs and job descriptions.

But in all honesty, a lot of it's just been what works. And so too, again, it depends so much on your people. Alicia started a sewing group because Alicia likes to sew, and so they meet and they make regalia. And so, I mean, it serves so many purposes because there is a community there, there is a sense of accomplishment, there's sharing.

It doesn't have to be sitting around at an AA meeting all the time. And this is something that is meaningful and passionate to her, and so she's sharing that with the other people that have become part of this group. Chawn organized a hobby day because that has been something that's been vital for his recovery, and so bringing people together and sharing what their hobbies were.

So I don't know that you can dictate, this is exactly what we want our program to look like, because sometimes use the strengths of the people that you have, and don't be afraid to kind of wade into the shallow end of this and figure it out as you go because I think that that's doable. We've made that work here. When I look back to 2013, dang, Chawn, we're going to be coming up on 10 years here pretty soon, so that's pretty cool. So all right, Chawn, I'll pass it off to you.

OK. Well, thank you. I've got a great boss-- that helps a lot too-- and a great coordinator. My name is Chawn Castaneda, Saginaw Chippewa tribe and half Mexican, South Chicago.

My dad was a liquor driver. This is crazy. He delivered to all the bars in Chicago area, and that's how my dad made his living. And I started drinking when I was a teenager and got hooked on it, and it was a real bad scene for me.

I thought I was going to retire as a crane operator in Chicago, but I almost killed somebody on my crane because I was drunk. And I jumped off that crane and never looked back. I hit the streets of Chicago drinking and drugging, and then Grand Rapids drinking and drugging. And when you're drinking and drugging on the streets, it's no fun. You don't have any money.

All you got is bullshit, and people know your bullshit and they walk away from you. And so they said, what did you do in Grand Rapids, or what did you do here? Well, if you have no money, you don't do a lot of places. And now sober, I do a lot of places.

Right now, I'm sitting here on the Hannahville Reservation and I'm going to wait for powwow that's coming pretty soon. My sister's camping, so she let me camp with her. I was going to bring a tribal member and a person that lives on the Res over there in Hannahville, but his addiction got him in trouble and he got token to jail.

And I'm sad about that because he was going to ride up there with me for the powwow because this is his tribe too. So you know that addiction, it always kind of puts a wrench in your plans. And I'll go into what kind of things I do when I do the peer recovery coach.

I connect with resources, Visions, Hannahville Behavioral Health, the community inside Escanaba or Menominee. I connect with POs, the probation officers. I take my clients there. I connect with the outside meetings, AA or NA.

I just got invited to go to church with one of my clients. He's taken a turn into a religion with Christians to keep sober, and I support that. Anything good, I support if it's in a good way. I do home visits on the Res at night. I do cultural sweat lodges on the Res.

The other day-- when I say the other day, I mean a year ago-- one of my clients invited me to get rocks in Marquette. And they get the black rocks in Lake Superior, and they're real good for the sweat lodge. And they showed me their secret place that their tribe gets these rocks, and I was very honored.

And we picked up the rocks. It was on a hillside. It was really hard because there were so many other rocks coming in, and you're almost falling over to pick these rocks up. And we had to pick the best rocks. They're called grandfathers.

And the woman was in and out. She's a slipper. A slipper, I mean she has a lot of relapse in her program. And for me, I tell them I don't judge that because people have different recoveries. People have different programs.

And lot of it's working on trying to stay sober one minute, one day at a time, even with slips or non-slips. My motto is, save the person. I grew up the hardcore way where stay sober, that's the only thing that matters, but some people don't have that in their recovery. They've never had it. They've had slips.

And I've never had them, but I understand it now. I understand that they want to get better too. I read a lot of books on relapse, but I still don't understand. It's complex.

And I just know the person in front of me. I just try to help that person with their particular goals, if they're small or big, in them 24 hours. And this person and her brother, they showed me to get these rocks. And the reason why I bring this up, because it's sad and it's beautiful at the same time.

As Bob Seger said, the beautiful losers. I was a beautiful loser. I still am. And we picked up these rocks, and we had a spring ceremony.

And she relapsed, and those rocks that were in our sweat lodge for the ceremonies, and I said in the sweat lodge, I said, the woman that picked these rocks with me, she's not here. She's out there using, but she's in here in spirit and she picked these. She wanted to be here. And she sweated for those rocks.

And so that tells me even though they're out there, they're still doing good when they try to. And I look at that. I look at them as people. I was one of them that people looked down on me because I didn't have a spirit. My spirit was taken away from the alcohol and drugs.

I had low self-esteem when I was on the streets because when you're sick and you're hurt and you're broke all the time, you don't have a winning positive attitude about life. And today I do. I really do.

And what else I do as a recovery coach, I do talking circles. And I have been implicated in my program because I told them that when I was a counselor, the ethics were you can't feed them. I said, I want to feed them.

I said, because after a good meal-- it doesn't have to be an expensive one-- it could be not a Happy Meal, but a hamburger, fries-- because sometimes they don't have money. And sometimes they don't get money from their people because they already spent it on booze or drugs but they're hungry. And I said, do you want to eat? And they'll say, yeah.

And they open up more. Once they've eaten and they feel just a little better, they'll start talking about themselves. And they'll start talking about when they weren't using so much that they used to go out with their people and this and that. And it's good, and humor is good. Humor is good to break the ice too, because sometimes they really don't want to talk about their emotions.

And sometimes you won't even get them to talk about their emotions. The recovery coach is different than a counselor. The recovery coach is just there to be on that day with them, be on the minutes with them-- how would you say that-- not trip, but on the same road that day with them, whatever they have to accomplish.

If they're hungry, they'll say, Chawn, can you take me to the food bank? And I'll take them to the food bank and we'll talk about things, what we're reading. And how one of these days, I'm going to get it, Chawn. One of these days, I'm going to get sober, and I won't have to go to the food bank. I'll have a job. I'll keep a job.

And I'll say, well, I've been there too with the food bank and everything, and you'll get there. I believe in you. It's that coaching.

I was just talking to my niece. She's into basketball, and I was telling her how I really admired my coaches when I was in wrestling when I was really young. And I still admired them, the coaches that looked up to me and believed in me.

And I'm doing that now. I'm the coach, and I feel that when I'm with them. They say hi to me, and it's nice. It makes me feel good.

And even when they're not getting sober, they're back to using again. They're acknowledging, hey, I'm going to get to those meetings, or I'm going to get to that talking circle. That makes you feel good.

And even when they're using sometimes when they come to my meetings or the talking circle, I would say, it's OK that you're here if you're high, but there's no requirement. You just have to have a desire to stay sober. And they like that. They say, yeah, I won't talk too much, but I just wanted come.

And to me, that is something else, because when I was out there using on the street, I didn't want to go to no AA meeting or talking circle or no church, I just wanted a drink. So that tells me that there's a desire there for them to see a different way of living to get through.

And I respect them. Some people say, how can you respect them if they're drinking? I said, you know what it takes to do that every day without money? I mean, you got to jump through hoops. You're sicker than a dog, and you got to try to convince people to help you use.

I said, that is a hard life. I said, that's similar to how it was for my foreman was in the steel mill, I said. And so I respect it, but I don't have to like it. I don't have to like it that you're suffering, but I respect that because that's what I did.

Every day I had to wake up. They call a nanosecond real quick, so it's like a nanosecond that I thought about using before I even got out of bed. And some recovery coaches were wired that way. Even though we're in recovery, we like our missions.

I heard one time in a movie that when a person's in war and they're in combat, they say they're never so much alive. And when you're sick every day and you've got to go get that drink or drug, you're never so much alive because your nerves are on the borderline. And it was like a mission I had to not to get sick to be in the hospital.

So I know what they're going through. And when they get a couple days sober, being with them. Because when you get a couple days sober, you're feeling like you were walking on the moon.

And kind of give a break to people that are just newly sober because you take a brain, you put it in a jar full of alcohol and drugs for 20 something years or 15 years. You take it out and you put it in an empty jar, and then you tell that person, that brain, OK, you act normal. You ain't lying. You pay bills. You deal with your family without screaming at them. You deal with your baby without screaming.

That ain't going to happen because that brain is still an organ, and that brain is hurt. So kind of give them a break. Say, hey, take it easy. Oh, that's OK. You want to get it out. You want to scream. Go ahead with me.

It's a rough day. That's OK. I've been there. So I know that. And then sometimes they're hard with me. They're grumpy and they say some things to me, and I know that's the addiction talking.

I know that's that brain again that's sick and I give them time. Give them time because when they do get sober, they're beautiful people. They really are.

And I love this job. I was a counselor for Hannahville for a while, and it's a different type of job than being a counselor. You're not telling them to do things or having a program for them. You're just being with them and saying, hey, everybody maybe out there is against you, but right now I'm with you. And whatever you got to do today, I'm with you today. And I'm glad I got the freedom to do that.

They gave me a car. That's a good asset. Now that we're doing better with COVID, that I could be in the car with them and take them to their probation officer, food bank, to get stuff for work, to go drop them off over at a ex-girlfriend, a wife, grandmother, auntie's house.

Other things I do with them is the funerals. Some of them will drink, some of them won't. And I'll be there with them, just there. And the important thing on the Hannahville Reservation is the four-day fire.

And the four-day fire is you sit by the fire. You watch it. And I'll sit there with them. I've been to a lot of the four-day fires with them and just sit there with them. They really like that.

In case they want to go somewhere for an hour or two, I'll sit by that fire and watch it for them. So you'll see me sometimes with the fires, and I'll be by that fire and watching who went on their four-day fire. Because what they believe is when the fire is due in four days, you're watching them because they're on their way to the spirit world. And that's a good thing.

The other thing is I've helped clients with-- they went back to college and I took one till he got a certificate to college, and then sometimes I would have lunch with him because he didn't know too many people in college. So I would be there with him, and we'd have lunch together, and I'd take them there and pick them up. Other things would be movies.

I would take them sometimes to the movies house. Some of them hadn't been to the movies since they got on drugs and alcohol, so it was something new again. And I'd buy their popcorn and their refreshments and we'd watch the movie together. Or sometimes I'd bring four or five clients.

Other things I would do with the bike ride, I set up a bike ride thing for them to do bike rides. Sweat lodges I'll go with them. And other things would be detox. I would take them to detox or pick them up to detox.

The other things I would do, we had a garage lodge. I don't know if you guys know what that is. And he just passed away. He was such a great guy. His name was Gary, and he had this pulley in his garage. The ceiling would open up, and the smoke would go down from the fire and we'd have our talking circles, me and Sue there on Friday, and I'd take them to the garage lodge. That was great.

One thing that I did was when my reservation over here in Mount Pleasant had a training on opiates. And Erin was so good. She is really a good boss. I asked her, I said, you know, when I was in the halfway house, I used to love going to things like trainings or everything to learn about my disease.

And I took one of the Hannahville members to the opiate. He loved it. He was there. He was there and he was so proud of being there and learning. And when I came back, we came back to Hannahville, his people were very appreciative that he got to go there, and he told me that.

And I know I'm talking so much. With me, is texting them. Texting them and phone calls is very important to them. And a lot of them they don't have a phone, so they text. I mean, they have the phone, but they don't have enough for the phone to be on.

So the texting, I do a lot of texting with them, which is a good thing. That's a big plus in recovery coaching. And the trainings, I still can learn a lot more because some of the younger people have a lot of better ideas than I do. So I'm still willing to learn as being a recovery coach.

And that's enough. If anybody has any questions, I'm real free to answer them. OK

Thank you, Erin. Thank you, Chawn. I appreciate it very much. I'm going to go ahead and move us on, and then we'll have a question and answer period here in just a few moments.

Thank you.

But I'm going to go ahead and move us on here to our next presenter. And I would like to introduce you to Sunny Goggles. Sunny is from the Northern Arapaho Tribe and the White Buffalo Recovery Center. She is the program director there. And so Sunny, you want to go ahead and tell us a little bit about the White Buffalo Recovery Center?

Hopefully my audio is OK, but one of the things that happened during the process of assimilation was our last names were changed for the Northern Arapaho people to make our names be less native-sounding. And so my original family's name was Iron Eyes, and then they changed our name to Goggles. And so my mom actually thought it was pretty entertaining to add Sunny onto that, so people always remember my name, which is a good thing.

So I work on the Wind River Reservation. That's my home community. I've lived there my entire life. The only time I wasn't there, when I was enjoying the beautiful scenic North Dakota area. I went to the University of North Dakota, and then I came home to my community, not wanting to work in substance abuse but creator had different ideas.

And I think that you're put on that path and that's where I'm at, and I think that's where I probably belong too. So I've accepted, even though I was kicking and screaming most of the time. But I've worked in substance abuse now for 18 years and mainly for both tribes.

Our reservation is very unique in the fact that we have two separate sovereign nations that have 50% land ownership and 50% ownership of the entire reservation. The reservation is 2.2 million acres. We actually were not allies before we were placed on that reservation, and so tribal politics is definitely entertaining and fun and very unique and helps us be very, very creative and patient.

So just to give you some background about the White Buffalo Recovery Center, I've been there now for seven years. About six years ago, I was approached by the Rocky Mountain Tribal Leaders organization out of Billings, Montana, and they had asked if we were interested in participating in a federal grant called the TRAC program. And it was Tribal Recovery Advocacy Coaches.

And so we participated in that. We established five recovery coaches. The Rocky Mountain Tribal Leaders provided all the training. It was a great experience. We were able to bill them for all of our recovery support services.

And with those peers, we really started to notice how having your peers part of your treatment program is not only essential but completely necessary, and they are a huge part of our treatment program. So in that time frame, the grant ended. We start working with the state of Wyoming to kind of transfer all of our certifications to the Rocky Mountain Tribal Leaders over to the state of Wyoming's requirements, which we actually have more recovery coaches or more peer specialists, certified peer specialists, on the Wind River Reservation than anywhere else in the state of Wyoming. And that includes us and then our partner program, Eastern Shoshone Recovery.

And things have definitely changed. They have a nonprofit organization that actually does all the peer specialist training, and they come to us a lot and ask for help and ask for feedback and what do you guys think about this? All of their trainers at Recover Wyoming have gone to White Bison's Mending Broken Hearts in the 12-step program, and I think that really gave them a really good idea of the Native people, and it really helped them establish peer specialist program in the state of Wyoming to not only accommodate but to be based on a lot of tribal traditions and those aspects, values and integrity and respect and that connection to spirituality.

I really believe that our peer specialists are our direct connection to our culture. One of the things that we're allowed to do now with the peer specialists is we're able to do cultural activities, and that includes a traditional crafts class. We actually have a language class. And these are all recovery groups because we really believe that our identity, knowing who we are, is going to help our recovery. And so that's one thing that we've really been working on.

The other thing is we do a star quilt making class. We do the Mending Broken Hearts. We do the Fatherhood and Motherhood is Sacred. These are all peer recovery groups, so instead of just the standard AA, we realize that we can't tell our community what their recovery is going to look like because it's their recovery. It's not ours.

That concept of 90 AAs in 90 days is not really effective. And we do have a lot of clients that want the Big Book, they want a standard AA approach, and we're able to accommodate that too. We also do the AA meetings and recovery support meetings. We do NA meetings. So we do a lot of that part of things too, but we do a huge amount of culture. And we have a monthly sweat at our office that's open to the community and that's available to them.

We do the Mending Broken Hearts, which is a unresolved grief and historical trauma training through White Bison. And we do events like that not only on an individual basis but within the community too. So right now, I have nine peers, and so our program has really grown.

Because of the size of our reservation, our communities are spaced probably about 20 miles apart, so it's just nicer to have recovery options in different places. And we were in that same situation as the previous presenter mentioned how they would be ready to go to a meeting and there was nobody there to chair. Well, now it's guaranteed because we have staff there. And our staff don't always chair the meetings, but they do help if needed.

And there's just that idea that they are there for all the meetings. They provide that structure. They're available. We do have a crisis line that's available for any of our clients in our community. They can call a peer if they're feeling like they need to use or just somebody to talk to.

The amazing thing is a lot of my peers are actually previous clients. And I love that. I just absolutely love that. And I tell a lot of our community, a lot of our clients, when they complete their programming, I would love to see you back as a peer. Please come back as a peer.

And we want to continue to grow our peer program. Our peers are all integrated within our IoT program. They're the ones that start the IoT program. They start off the meditation groups. We have a recovery home, and our peers actually lead the morning meditation. They leave all of our recovery groups within the recovery home.

And we're planning to establish a sober living here as soon as we get it all completed and built. And the plan there, too, is to still have peer specialists there within the sober living environment. And so they could provide those services continuously.

Our peers are amazing, amazing people. And like I said, a lot of them, the majority of them, are previous clients. And a lot of the previous clients have gone on to become certified addiction practitioners assistants. And now I have one that just established her certified addiction practitioner, which is a bachelor's degree level, and now she's starting a master's program.

So I love how the peer program has kind of established that to really build our program, to build our human resources, because we're very rural in our reservation. We're not close to anything. It's very difficult. We have tough winters and we have tough summers. I mean, one day it's like 100 degrees and that night it's like 30 degrees.

So that's just how Wyoming is. That's how our community is. But we have one of the most prestigious and beautiful-- and I'm not just biased-- but places. 86% of our reservation is wilderness, and so we're having a sobriety camp out this year will be the first time that we've had a sobriety camp out in 10 years, and that's all peer led. And we're taking our community members, our clients, out into the wilderness and the outdoors and showing them how to reconnect with nature.

We do medicine gathering. We go out, we gather cedar, we gather sage. We did whitewater rafting, which was amazing and fun and taught us a lot about leadership and team building. And these are just things that we wouldn't be able to do if we didn't have our peers.

I have amazing providers, I really do, amazing providers that are committed to our clients and their heart is in our program. But they still have restrictions, and I really feel like our peers, they're that connection to the community because all of our peers are from our community. All of our peers are tribal members or they have a connection to the tribal community.

And so they're amazing resources. I really believe that every single treatment program needs to establish peers. I really believe that this is something we probably should have did 20 years ago in this field, and we're kind of late to the game. But we are lucky and fortunate now to establish peers.

We have support from Medicaid. They're billable providers in the state of Wyoming, so that offers us sustainability, and we're able to continue and build our peer program and build our peer network. Again, I can't say enough about our peers. They are an essential part of our programming.

We just established a couple of peer-specific to adolescents, and a lot of them have been in treatment services since they were adolescents and kind of gone through the program. And we have noticed how that has changed our clients' just engagement together. They don't feel like they're alone. They don't feel as uncomfortable being there.

And so they really trust us, and it's built us this huge connection to the community. And so again, I can't thank my peers enough. They do amazing, amazing work. All of them are driven. They are committed. And they are there for our community. They are there for our clients.

And so I really would love to thank you guys for this opportunity to come in and talk about peers and how great my peers are. And again, thank you for your time. And if you have any questions, you can ask any questions during the question period.

Thank you, Sunny. And having been to the Wind River Reservation, I can attest to the fact that it is truly a beautiful place to be, although certainly the conditions are challenging. But it is lovely, for sure. So I want to thank Sunny, Erin, and Chawn, all three of them, for sharing information about and their experiences with peer recovery.

Before we move into the question and answer and panel discussion phase, we wanted to do one more poll question for you. So the question is-- and I know a number of you don't work directly for tribes, so maybe you're affiliated with a tribe or you're connected somehow in your work to a tribe. You can answer it that way as well, whatever way works for you in terms of the question. Does your tribe utilize peer recovery as part of substance abuse treatment? And you see that there are four choices here. You can pick the best of the four.

Yes, we have a peer recovery specialist providing support to tribal members. Yes, we have a program, but it's not been fully implemented yet. No, we don't have a program, but we'd sure like to have one and get one set up. Or we know we don't have a program, and there's no current plans to do so. Kevin, would you like to share the results of the poll for our panelists and attendees alike?

Yes, Chris. Here are the results. The first one is yes, we have a peer recovery specialist supporting the tribe is at 33%. Yes, we have a program but have not fully implemented yet, 20%. No, we do not have a program but would like to set up one, 31%. And no, we don't have a program and have no plans for one at 16%.

So pretty equally spread across the four answers there. So thank you for that, Kevin. I appreciate you sharing that. And you've got some of the people who really have done this and done this well here on this call and this webinar here today, so we hope you have found that helpful.

We are now going to move into a discussion period and question and answer period. Kevin, I'd like to invite you into the conversation. We've heard from all of the other presenters, but we haven't heard from you, other than your polling coordinator role here. But I know in your former role as law enforcement, it'd be great to get your perspective on peer recovery services and how you see that working from a law enforcement perspective.

Yes, Chris. I guess really would be, I think, again, the buy-in from the program itself there and understanding support services a little more in-depth as to what actually takes place with the support services as well. I sometimes think that there's a disconnect in some of the services there. I know I've seen some of that happen.

I've actually went through it with trying to get some services going with our behavioral health program when I was still doing law enforcement services. We had many challenges in trying to figure out how we could work more closely and get the buy-in from the program. It didn't happen overnight. I think it took some time for it to finally make its way to come together and figure out, hey, we're here for the community, and we need to figure out what we can do best to support one another and offer some assistance.

Because my thinking was that seeing the crime rate happening and the officers having to deal with individuals just on that, it was just a recidivism that was happening. They were dealing with a person over and over for the same incident, whether it be substance abuse or some other situation they had in their life there. But trying to figure out how we could come together and figure out what the best way was other than jail and having them be there and getting the support or any type of services.

But eventually, we were able to come together and support one another and get that buy-in. And as that was happening, it's interesting because we were able to get some other services going as well. I remember doing a couple of presentations to Tribal Council and getting their support as well. But I think it was really that buy-in that took some time to eventually get there.

But it was really helpful for us from law enforcement. You saw that drop in some of those cases in our system, what we call as a records management system. We saw some of that going down, which is great because we saw these individuals getting the help that they need and all that. So I hope that helped out there, Chris.

Thank you, Kevin. I appreciate that. We as presenters took note of the fact that a number of you out there are working for local county law enforcement, probation, universities. There's a diverse audience out there.

And so I was wondering, Erin or Sunny, if you could talk about how you develop collaborative relationships between tribal communities, tribal behavioral health and recovery programs, and outside tribal agencies like local law enforcement, local county courts, probation. Erin, do you have any thoughts on that?

Yes. As I'm listening to Sunny talk. I mean, holy cow, you got a huge area that you're dealing with, and we have a very small reservation here. And so that probably, in some way, works for our advantage as far as networking goes because, like Chawn mentioned, working closely with Project Visions, which is the vocational rehabilitation program.

And I think we all kind of knew each other prior to the peer recovery coach positions starting, so it was really more just of educating people that this is something that we have now. And I think maybe it took people a little while to wrap their heads around what it was because, again, we didn't even really know what it was at first. But now that the court sees Chawn and Alicia showing up to court hearings with them.

And the probation officers know who they are and they utilize them now, like, hey, Chawn, I've been trying to get ahold of so and so. I know that you're working with that person. Could you pass along a message?

So for us, it was probably a little easier. It was just a matter of helping people make that connection and really understand what the role of this position was.

Thank you, Erin. Sunny, anything to add in terms of networking with surrounding counties, law enforcement, et cetera in your large jurisdiction?

Well, a couple of things within our community. So we have a community that's within the reservation. It's all deeded land, and so it definitely adds to those jurisdiction issues. And so having those really close relationships with these other jurisdictions is really, really important.

So the city of Riverton is surrounded by the reservation, but it's within the borders of the reservation, but it's all non-Indian land within that area. And then we have to deal with the state jurisdiction, Fremont County jurisdiction. And I think that we really saw those connections with the COVID outbreak is that a lot of our transient clients, we had to all come together and work together.

And our peers kind of led this group into going and talking to our transient population, saying, hey, we need to work on getting you guys tested. We need to get you into quarantine, things like that. I mean, really they were on the ground. They did the groundwork. They walked from place to place within that community to talk to those individuals to try and get them the services that they needed.

And that's one thing about the peers that I really love, is that they're willing to do that groundwork because a lot of them have been there. And they've been in that situation where they know what they need and the resources that they have. And the other thing is I really feel like the community, the clients, trust them and know that they've been there too, and so that gives them hope. And one of the strongest things about peer to peer recovery is hope.

And so our law enforcement community, they're really supportive of our peers because they know that if anything goes on, they can call them and say, hey, we have so-and-so here. It's looking pretty bad. Maybe you could come talk to him about getting into treatment. Give him some options, just maybe talk to him.

And our peers are willing to do that. And so that's something that we don't ask of our peers, but that's something that they always do is that they always go out to the community. They have a good working relationship with all the jurisdictions that we have.

And so that's something that I definitely appreciate, too. To me, they're also our outreach crew. They're our outreach crew. They're advocating for our program. They're advocating for their clients. That requires communication with all the other jurisdictions..

Thank you, Sunny, appreciate that. And it sounds like we're getting a little of the wind from Wind River in your microphone there, so hopefully you're not too blown away there. So thank you.

We've had several questions asking about where you find the handouts and we've been responding. But just in case you haven't seen that, there is a handouts tab, and you can click on that handout tab and download the handout. And then when you take the evaluation, again, to repeat, you'll get the certification or the credit for having attended the webinar emailed to you. Chawn, I have a question for you about--

Sure.

--the people who are slippers, quote unquote, using your term. Do you think their trauma has anything to do with that?

Oh, that's a good question. I think so, because we just had a thing on trauma over here and we're going to have another thing on trauma. When I get back from my powwow over here, we're going to have it. And his name's Hunter Genia. He's going to be doing a thing on Native American and trauma and historical trauma.

And I think that does have a lot to do with it because certain traumas where they go back to that-- just like right now they're having trauma with the COVID, a lot of my clients are going back to using. And that's what I would especially think some of them would go back to because even though it's not safe, to them, it's something that they know, that they will go if some kind of trauma happens, like they thinking they're going to get COVID or they're worrying about it.

Thank you, Chawn. I appreciate that.

I wanted to add something to your-- we're starting on Hannahville Res is a neighborhood watch, and that was through how you were saying with police officers. That's through drug coalition. We have a drug coalition. We have drug coalition meetings, and that's the community outside that helps join some of the teachers, nurses, police officers, maybe a council member, that we go get together.

And say a certain drug rears its ugly head on the Res again, we'll do billboards. With the community right now, we got neighborhood watch signs donated to us just recently. And we're working on having maybe a Drug Awareness Day again. So those are good too, those drug awareness days, when everybody's involved. Thanks.

Thank you, Chawn. I appreciate that. Someone asked also, do you help peers find jobs and housing? Is that part of what you do as a peer recovery coach as well?

Yes, I do. I'll take them to job interviews. Sometimes I'll give them a ride to Visions. That's voc rehab, and they can do job interviews, and they have a job specialist at voc rehab that they can help with their resumes or send out things like that.

But I do help them with it, and I help them with taking them to college if they need a ride to college. Or sometimes, even if they can't get nobody, I say, you call me, and I will give you a ride and drop you off to work because I've got a car. I couldn't believe I got a car for my job, and I use that to help them, and that comes in handy too.

Thank you, Chawn. Looks like Denise says she has a good question to toss out. Denise?

There's a question about how the community views substance use and substance use disorder prior to starting the recovery coach program, and how has the culture changed since implementing the program?

I feel like that's a really big question.

Five words or less, Erin. Come on.

OK. I think it's just stigmatized. I think that anyone in our field is trying to fight that stigma. I think we're learning more. I think neurobiology is coming a long way with that.

But there is still just a huge amount of stigma here. I think, obviously, recovery coaches help. Because I said before Chawn started talking, you're just going to understand why Chawn is such a great recovery coach. And I'm quite sure anybody that's been listening to him does because he's so nonjudgmental about it. He said, if somebody has a desire to quit using, or maybe even they're working up a desire to quit using.

So I think that that mindset helps. I think that has contributed to more understanding and acceptance of the fact that these substance use disorders are a chemical, a biological thing. It's like mental health. When we talk about depression, anxiety, and that shaming people doesn't work.

We know this, and so I think that we're all working on the same team with that, and I want to say we're making headway with that. I think that just as a broader society, we have a long way to go with that. But hopefully we're chipping away.

Thank you, Erin, appreciate that. Unfortunately, we are at a point in this webinar where we're not able to take any more questions at this point. But for now, we do have one more thing we want to do here. So I'm going to stop with the questions and close this question and answer period. But what I'm going to do now, you've been hearing Denise talk, and I'm going to actually turn it over to you now, Denise, to be able to go ahead and do this final piece here.

Thank you, Chris. Hi, everyone. We're kind of excited because we have something new to share with you, and it's a great opportunity. I also work with Altarum's-- sorry, I lost my screen for a second there-- I also work with Altarum's BJA COSSAP Technical Assistance Center Altarum.

And in partnership, we're going to be working with the National Criminal Justice Training Center to offer a community of practice around tribal peer recovery support services. And this is an opportunity for you to join four (4) two-hour virtual sessions, where we're going to have in-depth conversation with other tribes who are implementing or planning to implement a peer recovery support services program. So a lot of the questions that you're asking today, there'll be an opportunity to really engage with other people and some of those questions.

The sessions will be monthly, starting in August, and you can see we noted the times and dates below. This is a situation where we would want people to do their best to attend all four because it's about building a community and a community of sharing and the community of practice and not just about coming to hear. It's about coming to learn, interact.

And we do have to put out eligibility on this because we do anticipate there being a good response to this. And I think it's going to be a great opportunity. So at this point, we're going to keep our numbers fairly small so that we have a good, interactive group.

We're looking for people who are either implementing a tribal PRSS program now or you're actively developing one. So we really want people to come together to talk about what's happening, what challenges are you dealing with, what successes have you had, sharing experiences. And if you think you meet that criteria, we would love to have you submit an interest form.

And we just put a link in the chat for everyone. You can click on that link, and you can answer a few simple questions. We wanted to make it as easy as possible for you. And let us know if you're interested.

We're going to take a look at all of those who express interest. We're going to identify some initial participants. If we have a ton of people interested, we may end up considering a second cohort at some point later. But if you're interested, please click on that link, fill out the form, and we will be notifying you before August 10th.

So please watch your inbox and visit www.ncjtc.org for registration information for these community of practice sessions and other training and technical assistance opportunities. In closing, we would like to share some brief information on additional training and technical assistance opportunities. The National Criminal Justice Training Center, NCJTC, which I always have trouble saying that acronym, is a training and technical assistance provider for Coordinated Tribal Assistance Solicitation Purpose Area Three grantees, CTAS-3 grantees, Purpose Area Three, and non-grantee tribal agencies focused on implementing system-wide strategies to address crime issues related to alcohol and substance abuse in tribal communities.

We are also a TTA provider assigned to assist tribal comprehensive opioid, stimulant, and substance abuse program grantees focused on developing, implementing, or expanding comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioids, stimulants, and other drugs of abuse. TTA services for both programs include customized on-site and virtual training, regional trainings, conferences, webinars, peer-to-peer support, on-site or virtual meeting facilitation, written resources, community planning, justice system collaboration, and sharing grantee best practices. For additional information or general TTA services, links to featured offerings, and to request TTA, please visit our program website as shown on the screen for more information.

Another valuable resource is the COSSAP Resource Center. Featured resources available include funding opportunities, COSSAP grantee site profiles with data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of all previous COSSAP webinars covering a range of substance abuse disorder-related topics and strategies. Of particular significance is the ability to request TTA, whether you are a COSSAP grantee or not.

The COSSAP TTA program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis. For more information, you can contact the COSSAP program at cossap@iir.com.

Thank you to all of our panelists today for sharing your knowledge and experiences with us. We also want to thank our attendees for joining us today. We hope you have a wonderful day.