

## **Transcript - Leveraging Peer Supports to Enhance Substance Use Recovery in Tribal Communities**

Welcome today to the National Criminal Justice Training Center and Altarum webinar entitled Leveraging Peer Supports to Enhance Substance Use Recovery in Tribal Communities. My name is Chris Lobanov-Rostovsky, and I'm an associate here at the National Criminal Justice Training Center, often abbreviated as NJCTC. And I will be moderating for you today. Before we begin the presentation, there are some items that I want to go over with you.

This webinar is provided under an award from the Bureau of Justice Assistance Office of Justice Programs, US Department of Justice, and you'll see the grant award number there on the screen. Want to let you know that the opinions expressed by the presenters in both their oral statements as well as in the slides are theirs and theirs alone and do not necessarily represent those of the National Criminal Justice Training Center, Altarum, or the Department of Justice.

Today's presentation is part of a webinar series funded by the Bureau of Justice Assistance focused on supporting Tribal Comprehensive Opioid, Stimulant, and Substance Use Program and the Coordinated Tribal Solicitation Purpose Area 3 CTAS purpose area 3 grantees and other tribal communities in implementing responses to alcohol and substance misuse. I'd like to welcome our presenters and panelists today.

As I mentioned, my name is Chris, and I'm an associate at the National Criminal Justice Training Center, and joining me today are Caley Small. Caley serves as a tribal TA specialist for the Bureau of Justice Assistance COSSUP program and access and recovery training and technical assistance center, and Caley works at Altarum.

Sunny Goggles Duran is the program director for the White Buffalo Recovery Center. Bobby Dorton is the reentry manager for tribal government and justice with the Tanana Chiefs Conference in Alaska. And Kevin Poleyumptewa is a project coordinator with the National Criminal Justice Training Center. And so Peter Wilson is the final member of our panel, and Peter is the community outreach specialist for Seneca Strong in New York.

But before we start the presentation and the panel discussion, we'd like to start off things in a good way and welcome Bobby to do an opening blessing for us. So, Bobby, if you'd go ahead and unmute and share with us, we'd sure appreciate it.

Thank you, Chris. I am the Diné people from Alaska and Athabascan from the interior of Alaska. And I am-- my clan is [NON-ENGLISH] clan, which is Sky people. I wanted to share that, who I am, first.

I got a prayer that I'm going to change from I to we and us, make it a we version. Oh, great spirit, whose voice we hear in the wind, whose breath gives us to all the world, hear me. We need your strength and wisdom. Let me walk in beauty and make our eyes ever behold the red and purple sunset.

Make our hands respect the things that you have made and our ears sharp to hear your voice. Make me wise-- make us wise-- so that we may understand the things you have taught our people. Help us to remain calm and strong in the face of all that comes towards us. Let us learn the lessons you have listened-- or you have hidden in every leaf and rock.

Help us seek pure thoughts and act with intention of helping others. Help us find compassion without empathy-- without empathy overwhelming us. I seek strength-- we seek-- we seek strength not to be greater than our brothers but to fight our greatest enemy ourselves. Make us always ready to come with you with clean hands and straight eyes so when life fades as the fading sunset, our spirit may come to you without shame.

Thank you, Chris.

Thank you, Bobby, for that blessing. We really appreciate you sharing, and we appreciate you helping us to start this webinar off in the right way.

So the learning objectives for today are our hopes in doing this webinar is to be able to talk about peer recovery support services or peer specialists and how-- and the value that they provide in enhancing substance use recovery. We also want to look a little bit at the history of peer support as an effective intervention and in particular how that has been used in Native American and tribal populations. And finally we're going to talk about how peer exchange can occur with tribal representatives who have implemented peer support so how can you work with tribal communities in terms of implementing peer support.

So we want to let you know that there is a resource, Altarum and NCJTC worked very hard to do a written resource document, and I'm hoping that someone is going to drop that into the chat so you have a link for this document. This webinar is based on the work that we did and putting together the resource document. And, yes, maybe we're a little biased, but we think it's a really excellent resource.

And so we hope that you're able to download that resource and take a look at it at your leisure. You probably won't have time to review it today while we're doing this webinar, but I hope that it would be a good resource for you going forward. And if you're not able to download that now, say you're on your phone or something's going on, you can certainly reach out to NCJTC or Altarum, and we'd be happy to provide you that link offline as well.

But today we're going to talk about culturally responsive pathways to peer programming in tribal communities, and so that is the goal. We have a little bit of information that was in the resource document that I'm going to go over and Caley's going to go over, and then we're going to hear from our tribal partners Sunny, Bobby, and Peter about how they've implemented this within their tribal communities. And then we'll have some panel questions at the end. So that's your quick overview of the logistics and how things are going to work. Feel free to drop questions or comments in the chat, and we'll do our best to either respond to them now in real time or after the fact.

So just to make sure and to set-- level set everything in terms of what we're doing today in terms of what we're talking about when we talk about peer support, you may have heard this referred to in a variety of different ways-- peer-based recovery supports, peer recovery support services, peer mentorship, peer coaching. There's a variety of different terms that are used.

But the goal out of this or the basic definition of this is that someone who has had a lived experience, say whether that lived experience is in substance use, mental health, having a trauma background, whatever it may be, someone that has an understanding from their own personal experience and then agrees as part of their own work through their own recovery or their own healing that they want to give back and to be able to support others in that journey as well.

And so peer specialists, peer coaches, peer mentors are individuals that are working with-- typically with other agencies as well, other tribal agencies or non-tribal entities as well in order to be able to support individuals as they're going through their recovery and healing process. And, again, I think peer support can be used certainly in substance use. That's probably where it's most prominently used, but we also have seen and heard from our tribal partners that they're using it for engaging in mental health, trauma recovery, other areas as well.

And the benefits of this, for those of you who are not familiar with this, is that I think that people can have very-- a great deal of ambivalence. Clients can have a great deal of ambivalence in terms of entering into recovery or into behavioral health services. And so having a peer, someone who has been through the process, sharing with them can be of great benefit to them, and it also shows that, hey, if this person did it, I can do it, too.

And it can decrease that-- the stigma involved with entering into whether it's substance use services or mental health services or whatever it might be, and so we have found peer support to be a very effective model particularly in tribal communities as a way of supporting tribal members in seeking help.

And this is actually a traditional Indigenous practice, and so we are-- we're seeing within tribal communities a desire to embrace history, embrace culture. And so using peer specialists is a way of really weaving current behavioral health, substance use treatment, other models of intervention into traditional practices, culture, spirituality, and so there is this long history within Indigenous communities of seeking to support and heal individuals through the use of peer support.

And it can be referred to as the wounded healer tradition where a person who has been through, whether it's substance use, a trauma, having significant mental health issues, that they are a person that can lead others to the recovery process, and it provides them with that support in terms of being able to seek that help out. And I think typically clients have expressed that talking to people who are not necessarily the mental health, behavioral health professionals or the criminal justice professionals or whoever but dealing with someone who has been through the system is a good way of helping them to feel more comfortable engaging in the process.

And so here are some of the history of that in terms of this approach in terms of a mutual aid response viewing that just traditional kinds of programs maybe are not effective as standalone processes but that if there is support from individuals who certainly have been through it and can provide that support that there can be greater efficacy in terms of whatever program you're implementing whether it's a substance use program or a mental health program. And you'll see here some of the history. Handsome Lake was an individual in that actually Peter's tribe in Seneca who implemented very early on, this self-help approach, this approach of people providing support to others to recover from substance use.

And then the engagement of various faith based and spiritual parts of the Native American movement as well in terms of support and seeing see that in the current AA model, it's not necessarily a religious model, but it certainly talks about a higher power and that it can incorporate spirituality. And so early on, hundreds of years ago, the Native American communities recognized that the helpers as well as this integration of culture and spirituality can lead to recovery.

And then we've seen it more recently in the Red Road and the Wellbriety movement of adaptation from the AA, Alcoholics Anonymous, model to a more spiritually-based and traditionally Native-based recovery process but really uses that same model. And so some of your programs in your tribal communities very well may be using those types of programs already, and so certainly doing Wellbriety and doing peer support groups and things like that have a long history within Native communities.

And so I think that this is really a blending, maybe not a rejection necessarily, but it's certainly a questioning of that Western intervention models of criminal justice, mental health, and substance use as standalones. Maybe you're not as effective as blending in culture, spirituality and recognizing that Western models also come with an inherent bias in terms of the colonization that occurred by Western Europeans with Native Americans.

And so returning back to the roots of Native American practices and blending those practices into current criminal justice, behavioral health, and substance use models can be far more effective, and typical mental health in Western models don't incorporate culture, spirituality as much. There are some ethics involved that make that a little bit more difficult to do whereas traditional Indigenous practices and the use of peer supports, I think that the blending of that can be much more easily accomplished.

And then finally addressing not just the current issues that are going on within individuals but also looking at the community as a whole and the history of the community in terms of recognizing intergenerational and historical trauma as well. So that's a little bit about how we got to this notion of peer support, and now our expert, Caley is going to talk a little bit about from her experience and the work that she does how peer support can work more in practice. Caley.

Great. Thank you, Chris. So, hi, everyone. Thank you for joining today's webinar. My name is Caley Small, and I'm an enrolled member of the Chickasaw Nation, which is located in Oklahoma. And I am the tribal technical assistance specialist for the BJA COSSUP Access and Recovery Training and Technical Assistance Center, or the TTAC, which includes peer recovery support services here at Altarum.

So our center offers support to COSSUP grantees as well as other organizations and helps to implement peer support services in organizations across the criminal justice intercepts. So to get us started on today's webinar, I'm going to give a brief overview of peer recovery support services or PRSS is what I'll call it throughout this so that we're all on the same page with the language we're using today. And I'll also tell you about some of the support services-- the support and services that we offer at Altarum as the access and recovery TTAC as well as how you can request support around those services.

So as most of you are likely aware, the criminal justice population has a disproportionately higher rate of individuals that experience substance use disorders as well as co-occurring mental health and substance use disorders when compared to the general population. This is also true for the American Indian and Alaska Native populations when compared to the rest of the US population.

Substance use and dependence rates among those involved in the system are more than four times that of the general population, and 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 of why our TTAC exists, to help support those services. So importantly to note is that PRSS is 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 COSSUP program.

So peer-based services can be a vital part of the continuum of care for substance use and of efforts to address alcohol and drug use including opioid misuse. So, in other words, these services support individuals who are struggling with addiction to provide support no matter what setting they are in or where they are.

So for those that are not familiar-- and I saw that we do have some peer specialists on here-- but I'm just going to go through what peer support services are, which is an evidence-based model of care, and the services consist of a qualified peer support practitioner or specialist who assists individuals in their recovery from substance use disorders and mental illnesses. Peer specialists are individuals who have been successful in their own recovery process. So they have that lived experience, and they 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, and they can be delivered across a full continuum of care regardless if an individual is in treatment or using other services. They can be offered before an individual enters treatment or when they're waiting for a service opening. They can also coincide with treatment services, and then they can be done at the same time.

So peer practitioners or specialists provide support in four general areas as listed here on the screen, and I'll briefly go through those. So emotional support involves providing empathy, caring, or concern that helps to bolster an individual's self-esteem and confidence. So, for example, that could be coaching or mentorship. Informational support may involve knowledge or information transfer or providing vocational skills. So example would be like training for a job-- for job readiness or self-advocacy.

Instrumental support involves providing concrete assistance to help others accomplish tasks. So this could be housing or maybe childcare vouchers. And then lastly is the affiliation or support, which is-- involves facilitating contacts with other people to promote social learning and recreational skills and to build their community.

So, for example, this could be helping individuals to arrange recovery oriented outings or activities with other folks. It is important to whenever you're thinking about these different support areas for the Alaska Native and American Indian populations to also integrate culture, traditions, and values to further encourage and support the individual in their recovery journey.

So in general, the more robust the types of social support services available to address any given recovery concern, the more likely that individual seeking health will walk away with useful information. So peers offer support across this spectrum and tailor it to the individual.

So there are three core concepts in peer recovery support services that I'd like to go over so that everyone has the same understanding of these foundational concepts. The first one is the idea that recovery is inherently linked to community. So recovery can mean different things to different people, but overall recovery as 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 PRSS is to help individuals build and sustain a life of recovery.

Peer specialists 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, and especially with our American Indian, Alaska Native populations is really including that culture in the community and doing those community activities that is specific to the culture. So more specifically, they focus on creating a pro-social environment, so building trusted relationships, using their recovery, community resources and assets and providing a variety of models of the benefits as well as expectations of the life of recovery.

Another core concept in peer support is recovery capital, and 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. So peer recovery support services focuses on strengthening existing and developing new recovery capital. So when a peer support specialist begins working with someone, they often initiate a recovery plan, and at that initial connection with an individual, the individual's recovery capital might be quite low. So they focus on building that capital.

Long periods of substance use or current experience of the criminal justice settings can really deplete an individual's recovery capital, so it's really important to help the individual build that back up. Even the smallest amount of recovery capital is a strength. So peer specialists really focus on building this with individuals over time to further their recovery journey.

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 prerecovery engagement, recovery initiation and stabilization, maintenance, and long-term recovery. By understanding this, the peer specialists meet individuals where they are and offer support 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. The services are designed and delivered to be responsive and appropriate to all stages of recovery for the individual.

So given all that background on peer recovery support services and the role of the specialist, what does Altarum provide as the BJA COSSUP access and recovery TTAC? So we provide support to COSSUP grantees, tribes, states, communities, and others who request technical assistance to help build and sustain their PRSS programs. And that's part of a multidisciplinary effort to address the opioid epidemic in criminal justice settings.

So my team provides in-person and virtual consultations, facilitation trainings, and capacity building to support organizations, and we tailor our services to each setting and organization. So we work in a number of both criminal justice settings and community settings to really help organizations build up their programs.

And 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. And these include providing support around peer support services, infrastructure, organizational learning and training, organizational culture and climate, and community engagement and partnership. And so this support looks different within each of those focus areas based on the organization and the community or tribe that we're working with.

In practice, what this would look like is providing in-person and virtual consultation for grantees who are looking to build their programs and just understanding what the need is, where they're at, and then going from there. So 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 within organizations, for example, building knowledge or skills they need to get to the next level in their program stage.

And then 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 with-- help other organizations in their journey to implement their peer support programs. So an example is the publication that NCJTC and Altarum co-authored together, and I hope that you all have a moment to look through that and, of course, ask us questions if you have any after you have reviewed it and read through it.

So I want to highlight just one of our areas of programming for interested organizations on this webinar since it is a really great program we offer. We offer a peer recovery support services mentoring initiative, which is a year-long mentoring program that brings newer and more experienced peer programs together to learn and grow from each other.

Next slide-- oh, sorry. If you-- were going to drop the link in the chat, too. If you'd like more information about the initiative and if you'd like to apply either as a mentor or a mentee, you can do that. So like our TTA Center, the peer mentoring program really focuses on capacity-- building capacity in the mentee organization by sharing information and tips from those that are more experienced around those core activities that our TTAC provides as well, and it follows along the same focus areas here as well.

And so I guess to share a little bit these last couple of slides, the role of the mentor sites. Once enrolled, participants are matched up to an experienced mentor site who provides mentoring and support through virtual sessions and one on-site visit and the on-site visit will be covered by our program for up to three team members from the mentee site, and you have the opportunity to network with other organizations who are implementing peer support in a variety of settings and learn from the mentor site.

And the mentor sites span across the criminal justice setting, so we pair new participants with those that are most similar to them in the setting and in their organizational size, taking into account how many peers they have so that they can get the most out of their time spent with mentors.

So just a couple of logistics about this. So the mentee applications are accepted on a rolling basis. The official announcement has not gone out yet, but it will soon be going out. And we'll start matching mentee and mentor sites towards the end of January.

So if you have questions about it or if you'd like to apply, please let me know or click the link. That should be in the chat. And then I'm happy to answer anything as well. There is no charge for participating for mentor or our mentee perspective.

And that's my-- this is my last slide, so I'll drop my email address in the chat as well so you can reach out to me if you'd like to get in touch either for technical assistance around your peer recovery support services program or to chat about this program as well. And with that, I think I'm going to introduce our next presenter.

We have three tribal peer recovery support services specialists and experts on the call today. Sunny Duran, she is from White Buffalo Recovery Center, and so I'm going to turn it over to her. Thanks, Sunny.

Thank you. Thank you for the information. That was amazing. So my name is Sunny Goggles Duran, and I am the program director for White Buffalo Recovery Center as she had mentioned. I am a member of the Northern Arapaho tribe, and the program that I work for is actually our 638 contractor, our compact to provide substance abuse services to the Northern Arapaho people on the Wind River Reservation in Wyoming.

Our reservation is very unique in the fact that it has two separate sovereign nations sharing a land base, and so it gives us a chance to be very unique in our ability to get along with others. And we are here with the Eastern Shoshone tribe. And so it did-- like I said, it definitely makes things interesting.

So about seven years ago, we were approached by the Rocky Mountain tribal leadership as far as establishing a peer specialist department within our organization. And so we started off with five peers. The state of Wyoming actually had not had any peer specialists within the state at all, and so us and Eastern Shoshone Recovery, we started our first peer specialist through Rocky Mountain tribal leaders and a grant that they had had.

I have worked in the field for about 20 years, and I know it's hard to imagine. But I have worked in the field for 20 years, substance abuse and mental health before that, and I can't imagine not having peer specialists at this point. Peers are an essential role within any type of substance abuse program. We provide clinical services, but all of-- part of your treatment team will include your primary therapist, your case manager, and now we also assign all of our participants within our treatment program a peer specialist.

Our peer specialists are certified within the state of Wyoming, and they are actually billable through Medicaid at the federal encounter rate. So that has really helped with that sustainability. We actually were part of the establishment of the peers in the state of Wyoming with the assistance of Recover Wyoming, and they utilized a lot of our policies and procedures and-- to develop the state of Wyoming's program. And I'm very thankful that they reached out to us.

There's several things that the peers bring to our treatment program that has led to a lot of success, definitely that shared experience. Shared experiences is something that a lot of our clientele, our relatives that we work with really jump on to. They want to know that you know where they have been. They want to know that you have felt the same pain as them. And so having our peers be part of our IoT program is something that we have always included because we want them to develop that connection with the people that are getting treatment services, and then they can just sit down and have a conversation with them afterwards.

We also utilize our peer specialists as our road to culture and our road to connectedness. They always talk about the opposite of addiction is connection and really building that connective experience to our culture. We have several peer specialists that do have cultural knowledge, and so we have a great resource. Us as a people, drugs and alcohol were never a part of who we are, and so that in itself is just a huge resource when it comes to recovery and sobriety.

And so we do the standard AAs, the NAs, the 12-step program, but then we also do traditional crafts. We do a sweat once a month. We do language and culture. And that has been an amazing resource, and we're lucky that we have certified peer specialists that do have that connection to our language and culture that they are able to share that.

We also do a drumming session, and that can include several different things. It could be the Native American church drumming. We have a big drum. We've helped people do hand drums during that time frame. And then we've also played like hand games, too. So we utilize that as a great resource.

We create star quilts, and that is something that we have a certified peer specialist who also has that knowledge and they are able to bring that to the table. We have certified peers who are veterans, and they do a specific group for veterans and they're supportive on that part. Unfortunately, we don't have that resource right now, but we've had it in the past.

We have peers that do grief and loss groups. They do codependent, No More, Al Anon. And so all of our peers bring to our program a different resource. And I think that a lot of times people when they think about recovery, it used to be the thought that, oh, you should do this, or you should do this. You should do 90 AAs in 90 days. You need to go to this 12-step program.

It really empowers our relatives that are coming through our program to choose what recovery path is going to help them because they have so many different options. Again, I can't imagine not having peer specialists anymore. I really can't.

They have been amazing. They help on our we have a residential facility. They help in that aspect, too. They lead the morning meditation. We go out and do a lot of activities. We have sobriety campout.

We go out and pick cedar and pick sage during the times, and we really reteaching a lot of that cultural knowledge to our relatives that are coming through the program. And so it's been amazing. It definitely has been amazing.

Again, all of our peers are billable resources, and they actually have the same encounter rate that a provider would have. And I really try and help them understand that they are just as important on the clinical side as they are on the prevention side as they are on any aspect of treatment services. Peer specialists are just as important. It's one of those spokes in the wheel that we to have to really function and keep moving. And so we have been blessed with the peers that we've had over the years and the resources that they bring to our organization, and I'm very, very thankful for them.

Thank you, Sunny. We really appreciate you sharing what you're doing up there at the Wind River Reservation. And you're doing great work and hard to believe it's been 20 years, Sunny. That's just amazing how you've been involved in this for so long, and we just appreciate you sharing your knowledge so much with us.

And I'm going to move on, and I'm going to now turn it over to Bobby Dorton, who we heard from earlier. And, Bobby, do you want to jump back on and share a little bit about your work?

Sure. My name is Bobby Dorton. I'm from Northway, Alaska, originally, but I've been living in Fairbanks for some time. I'm also a grandpa. I got a four-year-old grandson. I always mention him because he's been the light of my life, and I wanted to share with you a little bit about myself.

I recently been training myself as a consultant, and I want to help people bring these services to their communities. And how I do that is working with them on some of the planning stages and implementing the programs into the communities. And I'll get more into that later in the story, but I definitely love working for the tribes. We currently work for 42 different tribes here at Tanana Chiefs Conference where I work, and I've been doing some work in reentry also. And so I do reentry peer support.



I do a little of everything. I've been appointed by the governor to sit on the Alaska Mental Health Board and also the Advisory Board on Alcoholism and Drug Abuse. Also sitting commissioner for the certification board for behavioral health aids, chemical dependency counselors, and peer support, also traditional peer support, which is kind of my baby.

I'll get into the traditional peer support later, but in case I forget, I was sitting on a planning team, an advisory team, and I decided that the Native population never gets a piece of the pie when it comes to some of these things. So I designed this thing called traditional peer support certification, and it's geared around bringing some of the elders into the peer support role and calling them traditional peer supports, which is a whole different lens than just regular peer supports. And we did this back in 2020.

This is some of my-- some of the elders from my area that are drumming and singing in what we do in our area is we create change through storytelling and building community. And so we're building community there where we all come together, and we share songs. And we Indian dance, and we have a large meal together where everybody pitches in and brings meal, the meal together. And we get together with our community and build that community up.

So when I talk about this slide, I talk about working for all the tribes to bring peer support to their communities, and what does it do for your-- those communities? What does peer support do? Just like Sunny was just saying, couldn't imagine not having peer support once you have it because peer support is such a vital part at all levels, all levels of every agency.

You never want to say that they're down here or they're up here or they're there throughout the agency all levels. You want to make sure to say that. Because when you think about peer support at all levels, there's no stigmatizing them. There's no making them feel like because their past was their past, you're still holding something against them.

You want to be able to share with them. You want to be able to create with them, and you want to be able to implement programs or continue programs that been implemented a long time and just work beside them. It's very important to remember that.

This is another picture with a bunch of people in Juneau there in this picture, and I share-- I'm going to share a story because like I said, through storytelling. This story today that I'm going to share is real short. It's about having a cup of tea with my grandfather.

He is sitting there and telling me a story, and I'm acknowledging what he's saying, And it's real easy to not know how to have a cup of tea with your elders. When you're having a cup of tea with your elders, it's time to just be quiet and let them tell their story all the way through.

Because if you stop them in the middle of telling their story and ask questions, you'll never really get the whole story. You'll never really get the end of the story. They'll be turned off on telling their story, so it's good to just wait till the end to ask questions. And it's called respect. And when you respect them in that way, it just works in a different-- it works out differently.

And so I learned how to have a cup of tea with my grandfather. And when I think about that, I think about sitting next to the river with him one day, and we're just relaxing. And I said, grandpa, how do you live to be 114 years old. And he said-- and I said-- is it because-- is it because you got good wife. And he says-- he says, no, but don't tell her that. And he starts laughing.

And I said, well, is it because of all the exercise that you do. And he says, no, it's not that. And I say, oh, it must be the food, the good food that you eat, the wild-- wildlife food and the berries and stuff. No, not that.

And so I-- like that cup of-- having that cup of tea again. So I'd be quiet and just wait. Five minutes go by. He points to the river, and he says it's because I live next to the river. And when you see things go by and come up the river and float down the river, it keeps you-- not in these words but he meant anticipation. What's next? What's coming?

And so him telling me that story, it really woke me up to having hope in other words. Having hope. What's coming? And you could-- and you could take it that way, or you could take it in your own special way. But I'm sure there's a lot of avenues to his story.

And then there's-- when you're working-- when you're working with your communities, which are if they're rural or if they're urban, if you're working in a tribal setting, you want to always remember to work with your behavioral health aides. You want to be able to work with your BHAs, which is our-- not BHAs, your behavioral health aides, your behavioral health recovery workers. You want to work with your tribal councils.

You want to be able to work with your tribal police, tribal probation, and parole officers. You want to all be at the table and build that partnership with your peer support sitting there. So that way you can encourage each other and build each other up, and this is the only real way that it's going to work.

Once you shun them and once you push them out, then you're just basically saying that if they have a seven-year sentence, you're basically saying, no, you have a life sentence. You want to be able to welcome them in, you want to be able to work beside them, and you want to be able to build that trust just like you would anyone else. You don't want to be able to-- you don't want to look at somebody and think down that bad about them because of their history or their past. You want to be able to work with those key people in the community, like I said, tribal council, tribal police, tribal probation, medical teams, behavioral health teams. You want to be able to include them for sure.

You want to be able to-- also this is me at a 12-step meeting here. These are two guys that I was helping, and I learned a lot by doing that, by giving it away. So when I think about that, I think about what am I-- what have I been taught before I ever used any drug, before I ever started acting out in the way that I did what was going on with me, I learned that I should share, that I should care about people, that I should respect people, that I should help pack wood if somebody needs wood. And they got little ones or if there's elders that need it, I should go and make sure to make it my point to take care of my elders and my kid and the young kids and people with young kids and help and pack water, pack wood. Do the things that I need to do to respect my elders and respect those young ones.

And then I think about what I learned from my-- what I think I learned from my elders. This is my grandfather. He's actually my grandma's brother, so he's my great uncle, great great uncle. And what he's doing here is he's making drums.

And by making drums-- and he does this. I gave one away at the-- I don't know if Sunny remembers, but I gave one away at the NADAC conference and it was given-- Steve-- Steve bought it. And having Steve have the-- Sawyer buy that drum, it's really important that I'm able to see it go to the right hands. But anyway, the sharing of-- that's Steve's drum being made right there-- of sharing this kind of story is like carrying the legend, learning from your elders.

And I think about my grandfather telling me one time, hey, let's go-- not one time, all the time-- he said let's go look around. And we'd get in the boat, and I'd grab my rifle. And it was a 30/30 Winchester lever action, just like the movies. And we would go up river, and we would-- we'd be looking around, and grandfather would say-- we'd get something a caribou, a moose something. We'd get something, and we bring it back in the boat and pass it around all over the village and share it with people and eat good.

I said why didn't you just tell me. Because after about how many times, I was like why don't you just tell me that's what we're going to do. And he says, no, you don't say that. You respect the animal. They got big ears. They can hear you.

He says if you go and say that, then you're acting too macho, too good. You act better than those animals then and they can hear you, and they don't want to give themselves to you no more. I was learning peer support before I even knew that was a name.

I was learning peer support from my Grandpa Louis. He was teaching me how to be towards animals. He was giving me peer coaching.

This is a quick video of me talking about-- a little bit more about my story. Instead of sharing my story with you, I was sharing the logistics of how to look at peer support in your rural communities. Here's a little video that was done more about my life. And warning, it's really in depth and really triggering, so if you have any triggers, please get with somebody that's professional that can help you through those.

Before we ever use drugs or alcohol or start acting the way we did with the behaviors we were showing, we were actually somebody's grandkids, somebody's son. We were some-- we were really loved by the village, and sometimes we damaged that. But it's good to be able to help people find their way back home. And so I think about what's ahead is I continue to help people get certified in the state of Alaska, and I want to do it at a bigger level.

So I've been working with Terence at NADAC, and it started with Cynthia. I can't forget to mention Cynthia and all her hard work at NADAC. We've been working together on a certification-- traditional peer support certification testing, a testing-- a test that's different than the test that they have in place now. So there's going to be a test that's going to be geared just for traditional tribal values.

And then I think about the supportive housing and employment. If we don't have help people from day one, the second that they walk through those gates get that housing piece and employment piece, they're basically going to go back into-- they're going to go back into that lifestyle.

If I didn't-- if I didn't have that in place when I got out, I would have went back to my friends couch, and by the end of the day, I would have been back to trapping, back to selling drugs, giving drugs away to get popular again, doing whatever it takes to feed myself and to take care of myself, which is the poor choice. So if we're able to strengthen that-- their chances of getting out and staying out and staying away from that lifestyle, we need to meet them on day one. We need to start setting up those meetings while they're inside.

And then, of course, you heard enough about traditional peer support, so let's just leave that as that. If you need help with traditional peer support, standing that up in your communities, talking with your tribal leaders about it, I'm willing to do it. I don't charge much. I live in Alaska.

It's up to you if you really want me there in your communities. I've been working with people in Phoenix, people in Washington State. I think those two so far, and I'm willing to do more work.

Also when you think about these behavioral health aides, they're doing it here in Alaska now. They're starting to work beside the chemical dependency counselors who are working beside the peer supports in there. The counselors are not quitting their jobs, so the work retention is lowering now.

The workforce-- it's helping the workforce. Having peer support helps people not quit their job because they're doing it all on their own, and they're tired of being a one man show. By having that assistance, it's helping the work retention.

Also-- and I don't want to take too much time-- also when you think about peer support and reentry, it's really important that if you get a peer support, get a case manager. Get somebody to help work with that peer support. That way your peer support doesn't get burnt out.

Get that extra hand. It's not too expensive because in the long run, they'll be able to work as a team. When you have teams work together, the dreams come out. We want to make sure that you remember that peer support are only humans.

They're not like-- they can't do five jobs at once. They can't be a counselor, a case manager, a peer support, all of them at once. I have the hats of all those hats, but how long would I work in a job if I had to do it all by myself? I'd say forget this place. I'd say, Peter, I'm out of here. [CHUCKLING]

But anyway, I'm going to turn it over to Peter now if that's OK with you, Chris.

It is. Thank you, Bobby, for sharing your story and thank you for sharing your work. We appreciate all you do. There's Bobby's contact information right there, but I'm going to go ahead and bring Peter into the conversation now.

Hello, Chris. How are you today?

All right. Peter. How you doing. Good to hear from you.

Good, good. So, yes, my name is Peter Wilson. I work for the Seneca Nation of Indians in the southern area of Western New York. The unique part with the Seneca Nation is there's two main territories that are separated by about 40 minutes, and then the one territory, we actually have a US city that sits on the territory. So some of those struggles between tribal law and tribal-- what we do for that is a little different there. And then on the other territory, there is no city, so the sovereignty out there is a lot different. So there's a little bit of challenges between the two territories trying to run the programs the same.

But I'll start back. 2015 it was. We were hit with a rash of overdose deaths. Between heroin and some alcohol-related accidents, we had lost seven members between both territories inside of a two-week span. And at that time, our president at the time was Barry Snyder. He came up with a slogan that said we are the Seneca strong against drug and alcohol abuse.

His nephew took it one step further. Him and two other individuals traveled to Connecticut because for some reason, they were miles ahead of New York State on their battle and fight with heroin. So they went there, and they found a CCAR training for the peers. They brought that back, and we immediately had seven individuals who volunteered their time and became CCAR certified. Meantime, his nephew and those two individuals worked on starting a department within the Seneca Nation. They stole the slogan and the motto. They stole the-- they even stole the logo from their grandfather there.

But the logo was-- it's a bundle of arrows. One arrow can cause some damage, but it's breakable. And if you take a bundle of arrows together, it's almost impossible to break. So that's what we used as our logo because we were going to come together as a group and try to work within our territories to figure out what was needed.

We quickly found out that this peer model, which hadn't been introduced in this area of the state-- it wasn't even used outside of the territory yet-- was a much needed piece that was missing. You have our mental health counselors. And I like to say that they're chained to their desk because of a schedule. They're seeing so many people a day, and they get a little bit of time in between each individual.

And then they have on to the next schedule, so they can't really get up and go do anything. If you have a client who doesn't show up, you can't leave and check on them. If you have somebody who hasn't been here maybe one or two sessions, you can't leave and go check on them. So that's where our peers instantly came in to play. They were able to go out and do outreaches on individuals that weren't showing up for appointments that weren't making their drug and alcohol counseling. This way, we had that real time to make sure they were OK and show them that somebody is here for you, that we care, that we need you.

And then that quickly escalated into the amount of people that were struggling. We knew it was a problem, but until you get into the weeds of it and you start listening and you start looking for where to-- where your services might be needed and to find out that it's everywhere, there wasn't a day that we didn't go between the two territories to several different people and try to outreach them, tell them who we are, tell them what we're here for, leave our cards, leave our numbers, leave our information.

We then moved into telling the nation, hey, listen, this is what our issue is. They made us a department. They gave us four vehicles. They gave us two locations on either territory so that we had two offices.

So we immediately set that up with four pairs in each-- sorry, four peers at each location with two case managers, one in each territory, a program manager, and a director. And the program manager and director would cycle between the two territories. Whatever one they were on, the other one would go out to the other.

That first year, we had 175 clients that we reached out to, that we talked to, that we physically either brought through the doors or we sat down and talked to. One of the things that I started with at the time is I was one of the case managers. So what we did is we would meet people where they are, which I think is huge.

I'd take you to lunch. Maybe you're not ready to come into a building. Maybe you've been institutionalized so much that it's-- that kind of a setting just isn't for you. So we quickly learned that peer model was to meet them where they are.

We would go to lunches. We would go-- just take them a coffee even, sit down by the river like you're saying, Bobby. That was probably one of our biggest things. We have a really mighty river that runs through our territory here, which you can use for a lot of different things, some ceremonial things where you can wash all of your woes and problems away.

So 2017, I want to say, they decided to move us underneath the health system here, which gave us the opportunity towards more monies to be able to help people get into in-patient facilities that weren't necessarily covered by the insurance they had, or in some instances with the insurance they had, there was three to five days wait time for the facilities where we could kick in with that money and get somebody into a facility that was accepting people right away. So that was a huge asset for us. We are now-- we're now we're considered a group. We were moved in under the same facility as our mental health and drug abuse counselors.

So with that, we became this group of community service. We had our prevention team. We had our child and family team that was there for family support. We were there before a CPS call is made. You'd want the tribal family support. We had our BH mental health counselors. We had our care collaboration team, which consisted in social workers for anybody who needed medical assistance that was not provided by the nation-- excuse me-- like at home oxygen or stuff like that.

So together we did this wrap around approach to our clients. So when you came in, we had all these services that were right there and ready. The peers would go out and get you-- get you in here, help you clean up, or in some cases, we were getting people out of the woods. We'd give them showers. We'd give them clean clothes. We'd give them a warm meal that they hadn't had.

And then we start that process like whether it was inpatient or do we just need to get to counseling to get things off of your mind to get you to think straight. And that was instrumental. I agree that the peers are an instrumental part of the wheel, and I sometimes like to think about it as like a marriage. Everybody's like, oh, 50/50 in a marriage, but it's really not. There's some days where it's 80/20, and I think sometimes that that's what our wheel does.

20% of the time, it could be that mental health person providing what that person needs, but 80% of the time, it's those real-life things. I think Sunny said it best when people want to know if you've been there, done that, that resonates huge in the addiction world. They want to make sure that you know where they're coming from before they share their stories.

So today we sit same. We have expanded our Allegheny territory. Our building consists of a drop in center. We have a holistic healing room. We have a woodworking shop here.

I think one of the biggest pieces for that is the cultural part. Sunny said that, again, too, where years ago we didn't have these kind of issues when it came to drugs and alcohol. They just weren't there.

And I think that that's one of the things we need to get people back to. We do-- we've done two twice a year. We'll do a six-week course on the lacrosse stick making classes. We do water drums. We do rattles. We've done star quilts.

We do ribbon shirts and skirts making classes. We have a bead work class, and then we've also done bead working classes. So we implicated the cultural piece to that, and one of the things that happened there was our-- Cattaraugus County in New York State here, they recognized what we were doing, and they invited us into the jail.

So now we have-- we go into the jail with our cultural pieces, one hour for the men, one hour for the women. And we get to tell that to our inmates, our people that are incarcerated. The benefits of that from the feedback we got from the jail is not only was it helpful for our tribal members, but it was helpful for the jail CEOs and everything to understand what our tribal members were going through. So that was something that was huge to us.

One of the things we also got to partake in here at the Seneca nations recently we're coming off of-- we did the World Indigenous Suicide Prevention Conference. We hosted it right here in Niagara Falls. The Seneca Nation was the host nation for it, and the ideals and the issues that we've seen come out of there realizing that we're not alone in this fight. This is across all of tribal land, everywhere you look that this epidemic of drugs is just something that is huge.

Out of that conference, I got to find out that there is a group from the University of New Mexico Health Sciences, and they are instilling an Indigenous peer-support specialist training. It's not out yet. It hasn't been put publicly, but they brought it to our attention that it's something that they're working on, which I think is huge because even 988 is experiencing that, too, where they're having separate lines where you can call as a Native American and you can answer the phone and like, hey, this is Peter Wilson, Turtle Clan. How can I help you today? And that immediately for us, that opens us up to be warming and inviting like, hey, this is a Native. They're going to understand my issues. They're going to understand where I'm coming from.

So I think that that's huge, and I'm looking forward to some more information. And, Chris, I'll make sure that I forward everything across to you so you can get it out once some more information comes out on that Indigenous peer support specialist training.

One of the other things that came out from this conference was it was the first time that it was close enough for South America to be invited. So this conference was overseas. It started in Australia. It was in New Zealand. It was up in Manitoba, Canada.

So we were the ones to host it, the fourth, and when we reached out to tribes and tribal leaders in South America, they pretty much said they don't have an issue with suicide. They are still so engrossed in their culture that this issue doesn't arise to them. At age five, kids are instilled into part of the culture as to what your role and what your job is and what is expected for you to help the tribe go on, and everybody plays that little role.

So the minute something is off, they're right there. They're right on it because, hey, Pete hasn't supplied his fish he's supposed to. Let's go check on him and see if he's OK. So that peer model already instigated down there that they get together and they go say, hey, Pete, what's going on, man. How are you feeling? What's up? We didn't get our fish today.

And then I think that that's something that was huge for the conference because our motto was reclaiming and resilience to our cultural pieces as far as it's concerned to our growth and our future. So it was huge to hear that from those leaders that to know that an issue that's so prevalent across all of our Turtle Island, especially in Alaska, where it's probably the most prevalent of any single area to hear that culture is the reason why this is working somewhere else was huge. So I do feel like our peer model has come-- is instrumental in where we are today and getting individuals linked with services that they normally wouldn't get linked with-- to have somebody sit and talk to you without the stigma of drug abuse or drug use, to understand where you're coming from in this road, to understand what it is to have a dream about drugs, to know that the cravings and understand where they're coming from and how they get there and things that we can do to go around them.

And I think one of the bigger things for us is it's-- that stigma to-- of everybody who's abusing is just quit. That's what we hear across the board. Why can't they just quit? And it's super hard. Once your body and your mind get overtaken by these drugs, you're no longer you. You're no longer what you were. So just to have our staff on hand to be able to do that.

And I think one thing that I can tell to anybody who's trying to start new, continuity is a big thing. You want to make sure you're having your groups that you say you're going to have when you're going to have them. If you're having a talking circle and only one person shows up, that's OK. You just you have that group.

Because what's going to happen is once you have that continuity of that group being there, more and more people are going to understand that it's there, and they're going to show up when they're ready when it's time for them to be there. And if for some reason we don't finish or keep that group going, the day they show up it's going to be when they need the help the most.

The other thing is self-care for your staff. I have moved up into the supervisor role here at Seneca Strong, and that is one of the things that is huge to me. Our staff members, our peers are out in the community trying to pull people in that either, A, they used to use with from buildings they used to use in. And when that fight takes a turn and we're not able to get that person in and we lose them to the addiction before we get a chance to help them, it's a toll on our staff. I want to say it's the same thing as them losing a family member or best friend because you're working so hard with these individuals to get them in and get them on the road to sobriety and when you lose them in between.

So we've implicated, making sure there's we have a standard day off that you have to take if this happens. We make sure that you're talking to somebody to make sure that you're in the right space. And then the interim, we always have-- we have retreats. We have mental health days off for them because making sure that their head and their mind is right is just as important as the work that they do to make sure everybody's coming in. So those two things, the continuity and self-care for your staff, are huge in the beginning when you start this up.

I appreciate the time. I appreciate everybody that came because this means you yourself are trying to make a difference in the area that you are in. I feel like our peer model work now that it's here and has been active and successfully working. I echo both my two predecessors for their responses so that I can't imagine us not having it or the work that they do not being available for the community members is huge. So thank you guys for allowing me to talk.

So I just want to thank you, Peter, and Sunny and Bobby for today. It was really great to hear from you and to hear about your experiences, the work that you're doing. I want to open it up now for some time for people to ask questions. You can put them in the chat.

Thanks, Caley. And, yeah, let's do a few questions, and then I've got a few wrap up slides we need to do.

So there is a question-- let's see here-- from Danica. This panel touched briefly on the efforts to provide culturally relevant services to mental and behavioral health. I'm wondering what supports are in place in other areas for culturally relevant sustainability in terms of keeping colonial agenda off the backs of contemporary traditionalists.

I can take this one, a little bit of what I've seen in my community, my village. One of the things that we do with the-- and everybody has struggles with mental health, and it's just a matter of addressing it or helping them with those mental struggles. Actually my own daughter had some things going on to where she was really going through some things. They kept giving her medication, medication, and medication, but what I found that works for her is keeping her on a diet of the traditional diet of having moose, salmon, different diet, the diet that we're used to from our culture, and also keeping her connected to community and not letting her isolate, doing beading and things like that with my aunts and my-- hanging out with my uncles when they're around, and just building her back up into community. And keeping her in that safe place has really worked for her.

Also I'm not going to leave out the part that she does need medications, but working-- what you put in your body is really important to know that you stay in contact with your doctor, and also that you stay in contact with your tribe, with your food that you're putting in your body and that you're able to give yourself time to heal, time to be out there, and ground yourself with mother nature. It's really important, all those factors, so that's what I want to share.

Great. Thank you. So I was going to go to the next question was for Peter. Can you be a little specific on how your Seneca program fits into tribal reintegration-- reinte-- reentry programming?

Yes. So in the Cattaraugus County area, we were able to get into the jails to reintegrate before discharge dates to make sure that we had everything in place for individuals where they come out whether it be doctor's appointments, medical health appointment-- mental health appointments. One of our biggest struggles and is still a struggle today is housing, having a place for them to go.

Right now we are currently setting up a-- what's called a step down house for males and females reintegrating back into the territory, coming back from either an inpatient facility or from jail. Just because I think Bobby said it the best is if you don't have someplace for them to go, they're going to get reintroduced to their friends, to the places they used to go, and eventually they're going to end up using again. So we've introduced that. We have struggled with our Erie County partnership.

And Kevin and Chris both helped out a lot with that. It's gotten a lot better. We do have contact. We are in the drug court systems up there, but we're still not necessarily entirely into the jails to try and start some of that reintegration.

But I guess it's preference. I think that somebody on there said the hardest thing on here. I think our biggest struggle was just getting through the stigmatism and staying focused to our goal. We're going to have-- you're going to have people that aren't ready. You're going to have people that think that you're providing services in the wrong area. But I think that when you take that stigmatism away that this is no longer a drug issue, but it is-- it's a mental health issue, too.

Because once that drug takes over, it's no longer your mind. It's no longer your doing. I think I say it best to somebody is like if you're washing your dishes and the minute you stop, somebody hits your hand with a hammer, you're going to wash your dishes again. And then that's the same thing that happens over and over again. The minute you stop washing dishes, you get the hammer. You go to dishes again.

Drug addiction's the same way, and it does that to your entire body, your mind. It just continuously-- it's relentless on you until you find a way to stop. So I think that continuity is probably the biggest thing when you're starting is making sure whatever you do continuously do it.



Thanks, Peter. And one of the things we wanted to share with you is we-- our time is running short today. We recognize that, and we want to be respectful of your time. Our plan is to do a deeper dive on this as well. We're planning on doing for what we call community of practice sessions from January through April, once per month, a 90-minute session virtual to have deeper discussions around this, around implementing and talking with other tribal representatives and Natives who are working on this as well.

And so if you're interested, I believe we have a form that we can drop into the chat so that you can ask for to be able to participate. There's no cost to participate in this, and this is a way you can further do some of the work and dig deeper into some of these questions. This is specifically for those in tribal communities. We know that we have a number of our state and local and federal partners out there as well. And if you are interested in training and technical assistance, you can reach out to us either at NCJTC or at Altarum, and we can certainly help you as part of our training and technical assistance process as well.

But for those of you who are in tribal communities that are interested in either implementing or refining or enhancing or even starting from scratch with a program, this might be for you, this opportunity to do this community of practice session. We're going to keep it small so that we can really have greater in-depth discussion. We have a very large group today, and it's a little harder to have more personal conversation but wanted to share that opportunity with you as well.

So here is the criteria for that in terms of eligibility. And then here is the resource for the COSSUP program as well. It's got a lot of great information and including grants. There is grant funding out there that comes up in cycles, and so your tribe could look at that in terms of writing for a grant to be able to support this programming as well. But we can also help you to get some things off the ground through our training and technical assistance processes as well.

And then here is other tailored assistance and training and technical assistance opportunities available here. There's a request for to support your activities at the COSSUP website so you can request it that way, or, again, you can reach out directly to Caley at COSSUP or-- excuse me-- at Altarum or us at NCJTC. So feel free to reach out to us as well directly, or this is a way you can do that. And you can also subscribe to the COSSUP information and their newsletter and other types of funding announcements. It's a great way to stay connected and plugged in on all of this.

And so then we have a few upcoming trainings through NCJTC that we just wanted to make your awareness to. There's an overdose fatality review forum and tribal workgroup that's going to be happening in Portland in the new year, and so if this is something that you're interested in taking a look at as an issue, Peter described that happening within his tribe back when they first started the peer support program. And so if you're interested in looking at this more in depth, this is something that we're taking a look at, and NCJTC is providing some training and technical assistance support around.

And here is our-- the information in terms of the grants that funded us to be able to do this day. So with that, Caley, any final words from you?

I appreciate you all taking the time to be with us today, and I hope you have a wonderful week. All the presenters, myself, and Chris are also available at any time. Feel free to reach out to us with any of your peer recovery support service needs. Thank you all.

Thank you, Caley, and thank you, everybody. We appreciate you all. Keep doing the great work you're doing. Bye bye.