

This document represents a community response to our substance abuse epidemic utilizing the Template provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).

This plan represents the input of many people: professionals, community members, consultants and people in recovery. It took longer than originally anticipated because we had to stop many times to address other project priorities. There was a lot of repetition in group discussion for many reasons. Needless to say, the Plan cannot cover everything that we can do or need to do.

This Tribal Action Plan is a living document that can be amended at any time. Subcommittees need to be formed to implement strategies throughout the next several years.

March 5, 2019

DRAFT

Why are we here?

“People are dying, children are suffering and families are devastated. Our rich Ojibwe culture and values are being displaced by addiction and crime. We come together today to strengthen our community’s response to help our people gain recovery and live a good life - ‘mino-bimaadiziwin.”

Synopsis from Lac Courte Oreilles Tribal Action Planning, May 21, 2018

Our Plan was built upon the following tenets:

Addiction is a disease, not a crime.

“We are all in this canoe together. Grab a paddle.”

The problem of substance use belongs to us all, affects us all, all who live here and work here. The Tribe is our lifeblood and we cannot divest ourselves of its well-being.

There are many paths to wellness
and recovery is a life-long journey.

Spirituality is important for recovery, healing and well-being,
whether you are a Traditional person or Christian.

There is hope for all addicted individuals
and all have the right to heal.

We are Anishinaabe.

We have our customs, beliefs, values, etiquette, dance, food, attitudes, taboos, relationships, land, history, roles, slang, spirituality, language, way of life, music, art, motives, learned behaviors, laws, rights, non-verbal communication, humor, things we respect, love and everything shared that makes us a TRIBE.

Table of Contents

1	Tribal Resolution	P 5
2	Drug Task Force & Tribal Coordinating Committee Members	P 8
3	Introduction	P 10
4	Assessment of Substance Abuse Problems	P 12
	A Environmental Scan	P 12
	(1) Demographic Profile	P 12
	(2) Alcohol, Substance Abuse & Other Data	P 13
	(3) Drug-related Risks and Outcomes	P 17
	(4) Resources that can help	P 20
	B SWOT Analysis	P 24
	C Needs Assessment: Gaps/challenges in resources or capacity	P 25
	D Community Readiness Assessment	P 28
5	Mission, Vision and Goals	P 31
8	Evaluation Plan	P 37

Tribal Resolution



13394 W Trepania Road . Hayward . Wisconsin . 54843
Phone 715-634-8934 . Fax 715-634-4797

RESOLUTION NO. 17-123

DECLARATION OF A STATE OF EMERGENCY BECAUSE OF THE ABUSE OF PRESCRIPTION, SYNTHETIC AND ILLEGAL DRUGS

- WHEREAS,** the Lac Courte Oreilles Band of Lake Superior Chippewa Indians (“Tribe”) is a federally recognized Indian tribe organized pursuant to the provisions of the Indian Reorganization Act of 1934, 25 U.S.C. 461, *et. seq.*; and
- WHEREAS,** the Tribal Governing Board serves as the governing body of Lac Courte Oreilles Band of Lake Superior Chippewa Indians pursuant to Article III, Section 1 of the Amended Constitution and Bylaws of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians; and
- WHEREAS,** pursuant to Article V, Section 1(h) of the Amended Lac Courte Oreilles Constitution, the Governing Board has the authority to engage in any business that will further the social or economic well-being of members of the tribe or undertake any programs or projects designed for the economic advancement of the people; and
- WHEREAS,** the Tribal Governing Board has the authority and the responsibility to provide for the safety, health and welfare of its members and over its territory within the exterior boundaries of the Lac Courte Oreilles Reservation; and
- WHEREAS,** the Tribal Governing Board is aware of the devastation caused by the abuse of methamphetamine, heroin, and illegal drugs on the Lac Courte Oreilles Reservation, and the Tribal Governing Board has been informed of additional and far reaching negative consequences of the many tribal members who have become addicted to methamphetamine, heroin, and illegal drugs; and
- WHEREAS,** the Tribal Governing Board hereby finds that the following devastating effects, among others, have resulted from the massive abuse by tribal members of methamphetamine, heroin, and illegal drugs: deaths by drug overdose; the breakdown of family networks; child neglect and abandonment; disproportionate criminal incarcerations of tribal members stemming from drug addiction; and the diminishment of the dignity of individual tribal members and ultimately the
-

Resolution No. 17-123

Page 2

diminishment of the integrity of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians; and

WHEREAS, the Tribal Governing Board hereby finds that all members of the Lac Courte Oreilles Reservation, and beyond, have a stake in solving the huge and complex public health problem presented by the abuse of methamphetamine, heroin, and illegal drugs, and that our spirit and our culture gives us strength and guidance to overcome these challenges; and

WHEREAS, the Tribal Governing Board hereby finds that in order to address this public health epidemic, our communities and its members must be educated with respect to the devastation resulting from the abuse of methamphetamine, heroin, and illegal drugs; and

WHEREAS, the Tribal Governing Board hereby finds that it is imperative to repair the devastation caused by the abuse of methamphetamine, heroin, and illegal drugs through collaboration of tribal resources and programs including, but not limited to, the following: education, public health, law enforcement, child protection, chemical dependency, legal services, human services, mental health and community involvement; and

WHEREAS, the Tribal Governing Board recognizes that through collaboration of tribal resources and tribal programs the Lac Courte Oreilles Band of Lake Superior Chippewa have the ability to provide assistance in combating the abuse of methamphetamine, heroin, and illegal drugs and the strength to preserve of tribe for generations to come; and

THEREFORE BE IT RESOLVED, that the Tribal Governing Board hereby declares a State of Emergency on the Lac Courte Oreilles Reservation as a direct result of the abuse of methamphetamine, heroin, and illegal drugs.

BE IT FURTHER RESOLVED, the Tribal Governing Board hereby directs all Lac Courte Oreilles Tribal agencies, departments, and entities to make this State of Emergency their top priority, and to work collaboratively in the development of solutions to the massive and complex problems caused by the abuse of methamphetamine, heroin, and illegal drugs which threatens our tribe.

BE IT FURTHER RESOLVED, the Tribal Governing Board hereby establishes a Task Force, including but not limited to the following: Indian Child Welfare, Housing, Clinic, LCO Boys and Girls Club, LCO Tribal School, Legal, Law Enforcement, Youth Advisory Council, Elder Advisory Council, and the Tribal Governing Board which is which is charged with creating a "Tribal Action Plan."

BE IF FURTHER RESOLVED, the Tribal Governing Board hereby directs all Lac Courte Oreilles Tribal agencies, departments, and entities to assemble statistics related to this State of Emergency, including, but not limited to: fatalities resulting from the abuse of methamphetamine,

Resolution No. 17-123

Page 3

heroin, and illegal drugs; the impact of families, including the number of children displaced from their home as a result of the abuse of methamphetamine, heroin, and illegal drugs; the number of terminations from employment and disciplinary actions at the workplace resulting from methamphetamine, heroin, and illegal drugs; the number of evictions from tribal housing resulting from methamphetamine, heroin, and illegal drugs; the number of prosecutions resulting from abuse of methamphetamine, heroin, and illegal drugs; the number of AODA referrals resulting from abuse of methamphetamine, heroin, and illegal drugs; and the number of truancy actions resulting from abuse of methamphetamine, heroin, and illegal drugs.

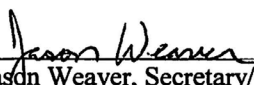
BE IT FURTHER RESOLVED, the Tribal Governing Board hereby directs the tribal planning department to compile a grant proposal to create a “tribal action plan” to address this State of Emergency and hereby directs all Tribal agencies, departments, and entities to collaboratively develop and implement this “tribal action plan” to aid the Tribe with this State of Emergency.

BE IT FURTHER RESOLVED, the Tribal Governing Board hereby redirects all Tribal directors and other budgetary officers to work with the TGB to re-assess the Lac Courte Oreilles Tribal Budget to explore all options available to aid the Tribe with this State of Emergency, including, but not limited to; allocation resources for additional Indian Child Welfare staff, increased law enforcement activity to assist the community if addressing drug abuse, develop direct communication between directors, tribal programs, and the community to seek and remove centers of drugs activities and the people who benefit from them, to establishment of a tribal ordinance prohibiting the manufacture, distribution, or consumption of methamphetamine, heroin, and illegal drugs.

BE IT FINALLY RESOLVED, by concentrating the efforts of our sovereign nation through this State of Emergency, tribal members and our tribal communities of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians will be able to continue to prosper as the “Pride of the Ojibwe” and protect our people now and the generations to come.

CERTIFICATION

I, the undersigned, as Secretary/Treasurer of the TGB, hereby certify that the Board is composed of seven members, of whom 5 being present, constituted a quorum at a meeting thereof, duly called, convened, and held on this 13th day of November, 2017 that the foregoing Resolution was duly adopted at said meeting by an affirmative vote of 4 members, 0 against, 0 abstaining, and that said Resolution has not been rescinded or amended in any way.



Jason Weaver, Secretary/Treasurer
Lac Courte Oreilles Tribal Governing Board

Community Drug Threat Response Team (also referred to as the “Drug Task Force”) and Tribal Coordinating Committee

Name and contact information for TAP point of contact or lead

Dorothy “Dottie” Crust

Drug Task Force

Diane Sullivan, Vice-Chair
Doreen Wolfe, Secretary/Treasurer
Jim Marucha
Susan Aasen
Rachel Miller
Michelle Haskins
Jason Martin

Coordinating Committee Members & Planning Participants

Heather Peterson, Boys & Girls Club
Gary Girard, Former Behavioral Health Director
Jim Strunk, Pharmacist
Mark Montano, LCO Housing Authority Director
Megan Taylor, LCO Vocational Rehabilitation Director
Nicole Smith, Makizin Pathways, LCO School
Brooke Ammann, Waadookodaading Director
Lorene Wielgot, Grants Director
Janet Quaderer, Grant Writer
Kristi Perry, Grant Writer
Kelly Nayquonabe, Grants Assistant
Sanjuanita Revoy-Lopez, Attorney
Stanley Roy Jonjak, Educational Planner
Chally Thompson, ICW Director
Lisa Stark, ICW Assistant Director
Chato Gonzales, Cultural Specialist
Marie Kuykendall, Elder Representative
Nancy Cooper, Community Representative
Rachel Miller, Community Representative
Lisa Wade, Community Representative
Christie Smart, Community Representative
Charles Smart, Community Representative
Tammy Bergum, Behavioral Health Director and CCS Administrator

Marie Basty, Comprehensive Community Services Director
LuAnn Kolumbus, Gwayako-Bimaadiziwin Director
Jason Martin, Gwayako-Bimaadiziwin
Jessica Hutchison, LCO School Administrator
James Schlender, Tribal Court Judge
Jimmy White, Community Representative
Cali Perry, LCO School student
Daniel Cousins, Community Representative
Jason Bisonette, LCO School
Tim DeBrot, LCO Tribal Police Chief
Jim Smith, Public Safety Commission Chair
Melissa Lambert, Sexual Assault Nurse Examiner, Community Health Nurse Director

(If you see any names that were missed please email dcrust@lcohc.com or grants department to be included in final draft, names were gathered through sign in sheets and memory)

DRAFT

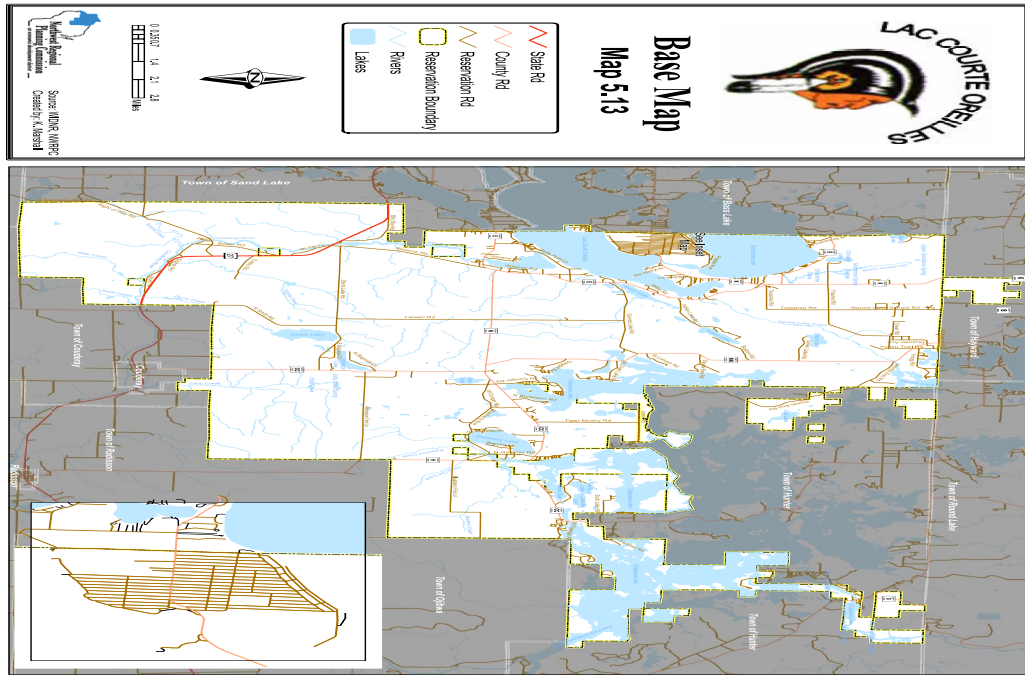
Introduction

The Lac Courte Oreilles (LCO) Indian Reservation is located in northern Wisconsin, within Sawyer County. The reservation was created by the Treaty of 1854. The land base encompasses 76,465 acres; 27 lakes and 43 miles of rivers and streams are found on the reservation, and over 7,500 acres are classified as wetlands. The Reservation also borders the Chequamegon-Nicolet National Forest that covers over a million and a half acres of the same topography.

A nomadic woodlands people, the Lac Courte Oreilles Band settled the area of the present reservation because of the abundance of game, fish and wild rice. The Band is part of a larger Tribe known as “the Lake Superior Chippewa” with other Bands spread throughout Minnesota, Wisconsin, Michigan and Canada. Lac Courte Oreilles, translated literally from French, means “Lake of the Short Ears.” The Ojibwe name, “Odaawaa-zagaiganing,” means “Ottawa Lake” because the body of an Ottawa (*Odaawaa*) warrior was found at the site many years ago.

The Lac Courte Oreilles Tribe is federally recognized and exercises its rights of sovereignty and governance. In 1966, the Lac Courte Oreilles Tribe adopted an Indian Reorganization Act Constitution. The constitution established a seven-member governing body -- Chairperson, Vice-chairperson, Secretary/Treasurer and four council members -- to make and enforce laws, both civil and criminal; to tax; to establish membership; to license and regulate activities; to zone; to charter organizations, and to exclude persons from tribal territories.

Today, the challenge facing the Tribe is an opioid and methamphetamine epidemic which threatens our way of life and undermines years of progress. Tribal resources are strained and ill-prepared to address the impact of substance abuse on children, families, Tribal Police & Judicial System, workforce, helping professionals and institutional resources. We need to come together as a Tribe to fight the major threat.



Assessment of Substance Abuse Problems

A. Environmental Scan

(1) Demographic Profile

There are currently 8,001 enrolled members of the Tribe; approximately 3,000 members reside on or near the Lac Courte Oreilles Indian Reservation.

Total Population	3045
Male	1494
Female	1551
Elders 65 and over	441
Total Households*	978
Owner Occupied*	440
Renter Occupied*	538
EMPLOYMENT STATUS	
Population 16 years & over	2173
In labor force	1273
Unemployed	273
Unemployment Rate	21.4%
Wisconsin: 4.1%, Sawyer County White alone: 6%	
INCOME	
Median household income	\$30,149
Wisconsin: \$54,610 Sawyer County, White alone: \$44,169	
Per Capita Income*	\$14,179
Wisconsin: \$29,253 Sawyer County, White alone: \$28,550	
Poverty Level	25.5%
Wisconsin Poverty Rate: 11.8% Sawyer County, White alone: 8.4%	
Families, with children under 18:	41.1%
Families, with children under 5:	37.8%
Female householder, no husband present, with related children under 18:	53.1%
All people, with related children under 5	52%

Source: My Tribal Area, Lac Courte Oreilles Indian Reservation. U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

(2) Alcohol, Substance Abuse and other Data

Opioid and Meth Crisis

The Lac Courte Oreilles Tribe has battled an ever-increasing opioid epidemic which erupted in 2011. That year, because of the number of overdose deaths, law enforcement officials of the Drug Enforcement Administration seized 131 medical records from Lac Courte Oreilles Community Health Center and began a long-term investigation of narcotic abuse and inappropriate prescribing. An on-site monitoring review by the Bemidji Indian Health Service found that during October 2011 – June 2012, there were 268,241 Hydrocodone (Vicodin) pills dispensed for a total clinic user population of 3,162. (In November, 2012 alone, 37,000 hydrocodone pills were dispersed.) The volume translated to 85 pills per patient if all patients were taking the medication. Further, a chart review of nine deceased patients revealed that all were on narcotic medications. For eight of the patients, there was no documentation of a diagnosis, continued care, or justification for use of a narcotic, and no indication of monitoring and no referrals to Behavioral Health/AODA counseling. And finally, *that the tribe's doctor had been prescribing hydrocodone (Vicodin) at four times higher than the next highest prescriber in Wisconsin.* U.S. Attorney Vaudreuil stated that the interviews they conducted revealed ***“the creation of a chemically dependent community.”***

According to a report released on March 6, 2018 by the Centers for Disease Control and Prevention, opioid overdoses jumped 30 percent in just one year. The largest regional increase occurred in the Midwest, which saw a 69.7 percent jump in opioid overdoses, **driven in part by a 109 percent increase in Wisconsin.**¹ (Emphasis added).

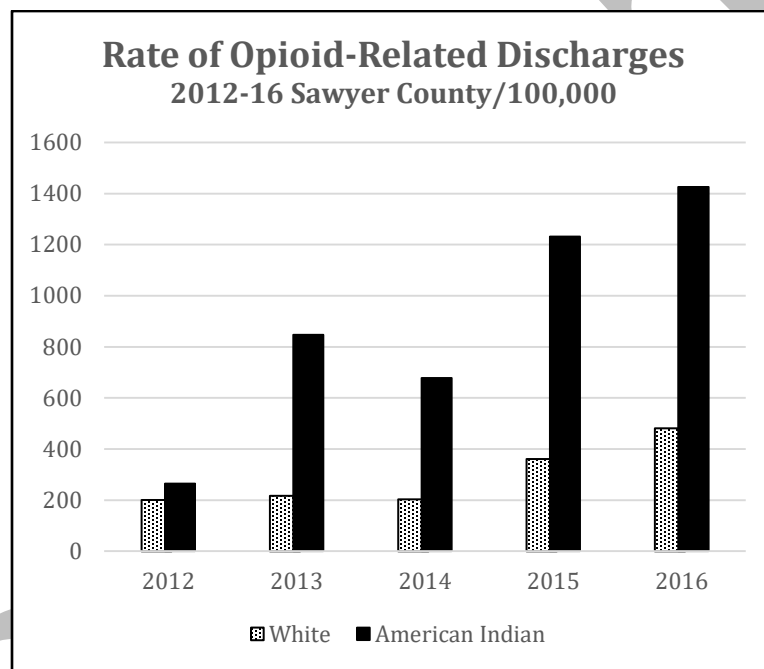
The impact of the opioid crisis on American Indians and Alaska Natives is immense. The Centers for Disease Control and Prevention (CDC) reported that American Indians and Alaska Natives had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and

¹ <https://www.npr.org/sections/health-shots/2018/03/06/590923149/jump-in-overdoses-shows-opioid-epidemic-has-worsened>

ethnic groups. During that time, deaths rose more than 500 percent among American Indians and Alaska Natives.²

The 2017 Wisconsin Methamphetamine Study by the FBI reports that meth use is higher in rural parts of Wisconsin, north of US Highway 29, (encompassing Sawyer County and Lac Courte Oreilles) and that meth is trafficked into Wisconsin from Minnesota, originating from California and Mexico.³

Opioid abuse among native people of Sawyer County has increased 700% in the past five years.

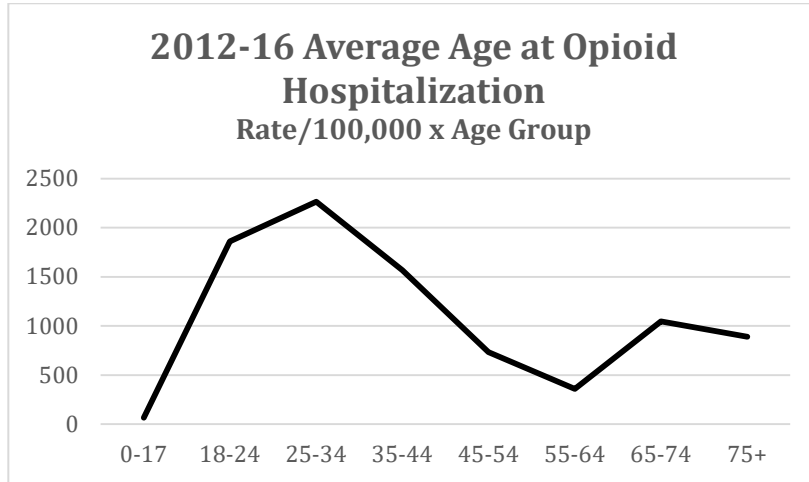


Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Opioid-Related Hospital Encounters Module, accessed 10/31/2017.

During this period, the average rate/age at opioid hospitalization for natives in Sawyer County was as follows:

² <https://www.cdc.gov/mmwr/volumes/66/ss/pdfs/ss6619.pdf>

³ online at <https://www.doj.state.wi.us/news-releases/methamphetamine-abuse-wisconsin-expands-250-percent-wisconsin-doj-fbi-dea-and>

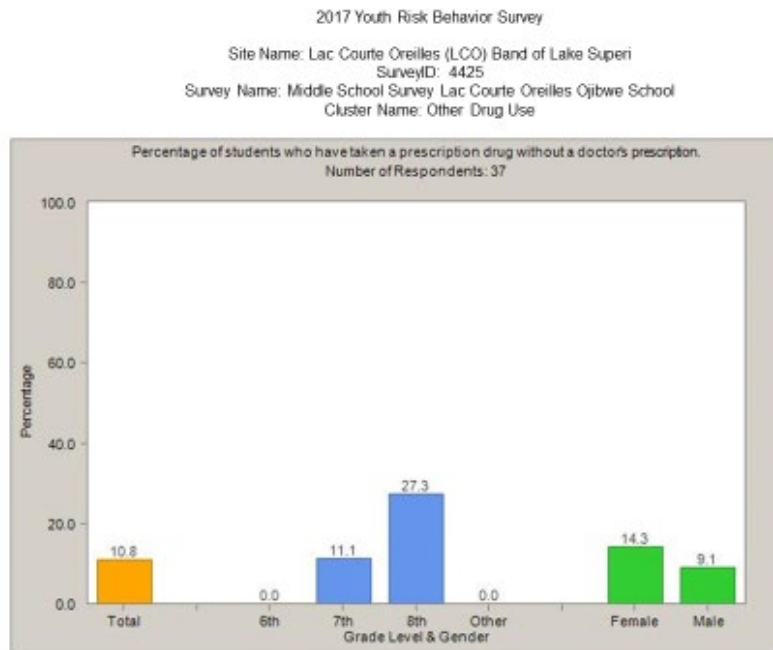


Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Opioid-Related Hospital Encounters Module, accessed 10/31/2017.

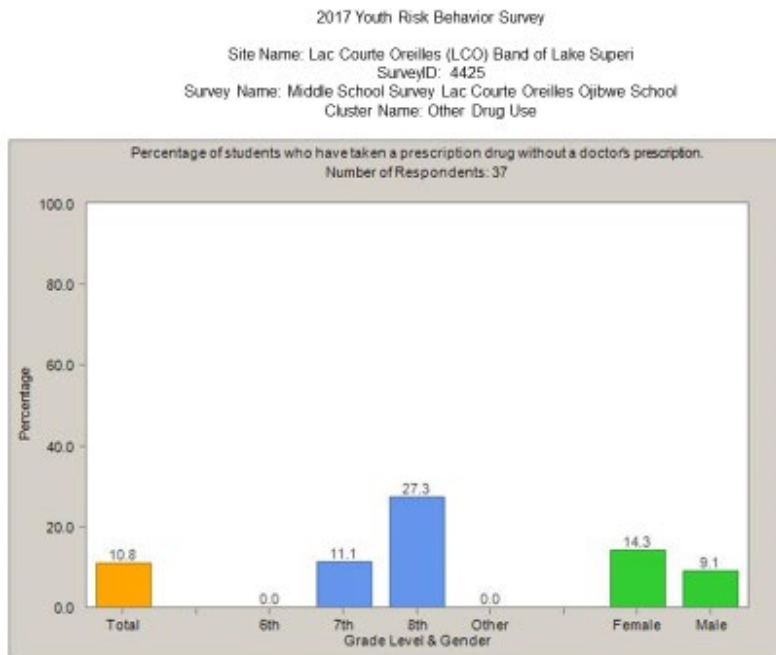
Drug Overdose Deaths

In 2016 (2012-2014 data), Sawyer County had the highest per capita drug overdose mortality rate per capita in the State of Wisconsin; in 2017 (2013-2015 data), it ranked the fourth highest.⁴

The substance abuse problem begins in middle school, where more than 10% of students take both over-the-counter drugs and illicit prescription drugs to get high.

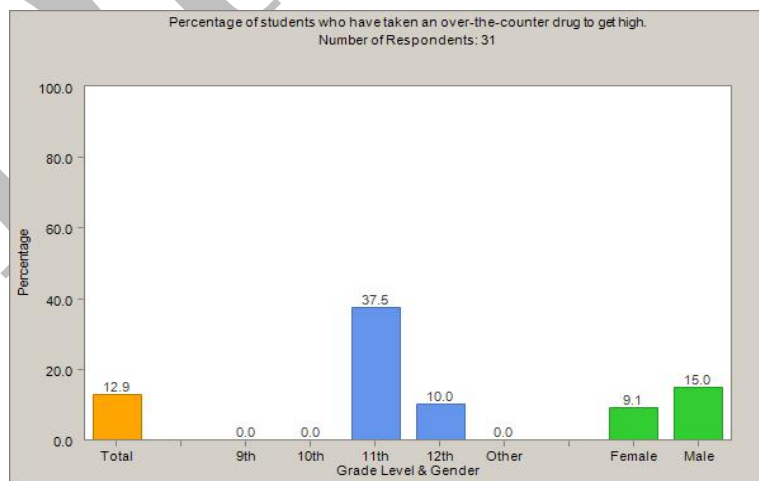


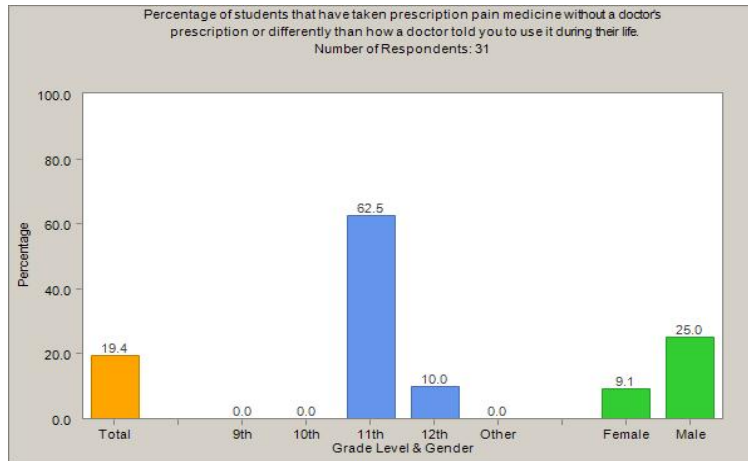
⁴ County Health Rankings and Roadmaps, online at <http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/138/data?sort=desc-3>



And girls seem to be more likely than boys to take drugs in middle school. Why girls? Nearly two out of three of these girls have thought seriously about killing themselves, and 4 out of 10 have actually tried: this is more than 3 times the rate of boys for both categories.

To their credit, 9th and 10 graders did not take these drugs (13 students surveyed), but 11th and 12th graders did (18 students surveyed). Among all high school students surveyed, nearly 13% have taken over-the-counter drugs and nearly 20% illicit prescription drugs to get high.





And there is a clear shift to boys taking drugs in this sample: fully 25% had taken prescription drugs to get high compared to only 9% of girls. In this group 31 student, no girls thought seriously about committing suicide during the prior year, but 20% of the boys had. Two of the 20 boys surveyed actually tried.

(3) Drug Related Risks and Outcomes

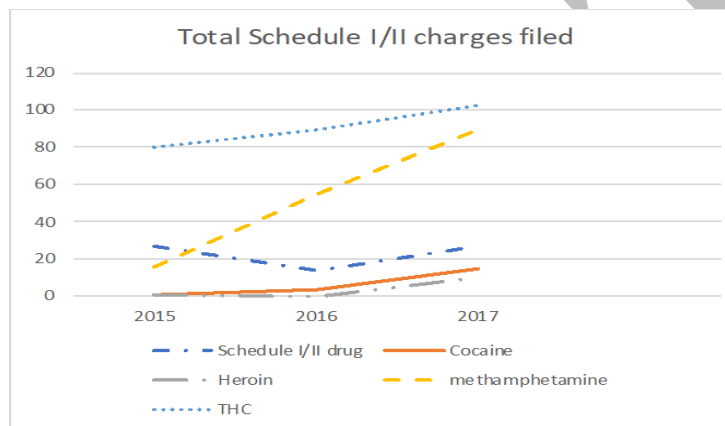
- Impact to Crime and Law Enforcement

The Wisconsin Native American Drug and Gang Initiative Task Force (NADGI) Commander, Bryan Kastelic, reported meth and heroin have made their way to the reservation at an alarming pace. In 2017, the Tribal Police Department received so many drug complaints they had to pull an officer off patrol to exclusively handle drug investigations. Sawyer County Sheriff Mrotek confirmed, “The biggest challenge facing our county is the drug epidemic” and that “Meth and heroin [is] out of control.” Further, “It’s not just the illegal activity of using or selling drugs, it’s the additional criminal activity they get involved in to support their habits.” Sawyer County Circuit Court Judge Yackel reiterated those remarks saying, “The current drug epidemic has infiltrated into almost every area of our community. It seems as if these drugs are fueling a significant majority of all the crimes being committed.”

In Sawyer County, Wisconsin, Native Americans are arrested at a rate seven (7) times

greater than non-natives (22% vs. 3% of population).⁵ 40% of all crimes within the county take place on the Lac Courte Oreilles Reservation even though its population represents only 17.3% of the total. County Law Enforcement officials attribute the high incidence rates to drugs, gangs and criminal activity of Lac Courte Oreilles tribal members. 61% of the inmates in the Sawyer County Jail are native. According to the Sawyer County District Attorney's Office, most drug-related crimes originate from the LCO Reservation.

Shown below is the increase in drug charges filed with the Sawyer County Court since 2015 with methamphetamine cases increasing the most.



- **Impact to Child Welfare**

There are 106 children placed with relatives in Kinship Care, and 22 children placed in foster homes and residential settings. There are 71 open ICW cases with court ordered involvement. During fiscal year 2018, there were 221 child abuse and neglect reports (Access reports) taken by the Indian Child Welfare and Family Services Department (not all warrant removal of children). And there is no foreseeable decline in those numbers. Currently, reports of neonatal exposure to substances remains high and eight (8) Access reports have been received this quarter. Native Caseworkers from the Bad River reservation report that most infants in the Duluth, Minnesota neonatal intensive care unit are drug-exposed babies from northern Ojibwe reservations, including Lac Courte Oreilles.

⁵ 2012 Arrest Offense Rate for Sawyer County. <https://sac.oja.wisconsin.gov/sacapps/jdp.aspx>; U.S. Census Bureau Quick Facts for Sawyer County, WI

- **Impact to Tribal Judicial System**

The Lac Courte Oreilles Tribal Court has seen an increase in drug-related case filings in 2017 of over 200%.⁶ The Court is managing its highest caseload ever; 2017 cases jumped 413% in six years. There are now 1,567 open cases -- one case for every other tribal member resident.

- **Impact to Tribal Housing**

The Lac Courte Oreilles Housing Authority (LCO HA) was first made aware of the meth issue in 2015 when the Tribal Police Department participated in “Operation Raven” which conducted a series of meth raids involving five (5) of their households. Since that time that meth impact has steadily increased. In November 2017, the Housing Authority reported 16 units were uninhabitable due to meth contamination. Sawyer County Clerk reported eight (8) charges filed for maintaining a drug trafficking house in 2017 and seven (7) already for 2018; the majority are located on the reservation.

Lac Courte Oreilles Housing Authority Reports	2015	2016	2017
			(thru 9/21/2017)
Housing Samples to EMSL Labs for Meth Analysis	47	69	63
Positive Results for Meth	20	34	35
Units Requiring Professional Remediation	7	8	13
Households Evicted for Meth-related Reasons	6	8	14
Cost of Meth Analysis	\$ 8,900	\$ 21,229	\$ 15,589
Cost of Professional Remediation	N/A	\$ 79,552	\$ 113,265

LCO Housing Authority Reports, 2015-17 year to date

- **Impact to Traditional Ceremonies**

Only a handful of Cultural Specialists perform important traditional ceremonies and other cultural aspects governing Ojibwe life, and they are called upon by other Ojibwe communities throughout northern Wisconsin and Minnesota. Those specialists are now so overburdened with conducting funerals that they cannot perform naming ceremonies, first

⁶ *Lac Courte Oreilles Tribal Court annual report to the Tribal Governing Board, 2017.*

kill feasts, healing ceremonies, and the like. As one Cultural Specialist noted, the last four funerals they performed were due to drug related incidences.

- **Potential Adverse Impacts to Health**

1. HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

State Incidence: Of the new HIV cases in 2015, 229 occurred in Wisconsin, with 4.1 percent¹ of males and 17.1 percent of females had new HIV cases attributed to Injection Drug Use (IDU).

Sawyer County Incidence: (unknown at this time)

2. Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use

State Incidence: In 2015, Wisconsin reported 3,745 total cases of HCV, including 61 acute cases, at rates of 65.3 cases per 100,000 persons and 1.1 cases per 100,000 persons, respectively. Of the acute cases, 67 percent were attributed to Injection Drug Use (IDU).

Sawyer County Incidence: (unknown at this time)

(4) Resources that can help

- **Tribal programs & other resources that help meet the needs**

Health and Addiction	Judicial Services
<ul style="list-style-type: none"> • LCO Community Health Center <ul style="list-style-type: none"> • Medication Assisted Treatment • Behavioral Health • Substance Abuse Counseling • Comprehensive Community • Tribal Subsidy for In-patient • Prevention Coordinator • Northlakes Community Clinic <ul style="list-style-type: none"> • Medication Assisted Treatment • Behavioral Health • Substance Abuse Counseling 	<ul style="list-style-type: none"> • Tribal Court • Healing to Wellness Court • Sawyer County Circuit Court
	Education Agencies
	<ul style="list-style-type: none"> • Lac Courte Oreilles Ojibwe School • Waadookodaading • Head Start/Early Head Start • Lac Courte Oreilles Ojibwe Community
	Domestic/Sexual Abuse
	<ul style="list-style-type: none"> • Oakwood Haven Shelter • Sexual Assault Response Team

Youth Services	
<ul style="list-style-type: none"> Boys & Girls Club of Lac Courte Oreilles Gwayako Bimaadiziwin Youth Development, LCO Ojibwe College Home School Coordinators, Hayward 	Law Enforcement Agencies <ul style="list-style-type: none"> Lac Courte Oreilles Tribal Police Lac Courte Oreilles School Resource Sawyer County Law Enforcement Center Native American Drug and Gang Initiative
Social Services Programs	
<ul style="list-style-type: none"> Indian Child Welfare Department Family Services Program Income Maintenance Child Support Program Temporary Assistance for Needy Families Workforce Investment Act Program Energy Assistance Trails Youth Program Higher Education Program Mini-maajisewin Home Visiting Program Elderly Services Program Vocational Rehabilitation Program 	Housing Agencies <ul style="list-style-type: none"> Lac Courte Oreilles Housing Authority Sawyer County Section 8 Rental Cultural/Spiritual Advisors <ul style="list-style-type: none"> (Intentionally blank)

- How our culture and traditions support community wellness

In 2002, Walters, et.al., proposed a “new” stress-coping model for Native Americans that reflected a paradigm shift in conceptualization of Native health. The authors reviewed sociodemographic information, rates of substance abuse and related health outcomes, and research supporting a model pathway subsequently reported in an article entitled “Substance Use Among American Indians and Alaskan Natives: Incorporating Culture in an “Indigenist” Stress-Coping Paradigm.” Their observation was that although improving, large health disparities between Native Americans with other racial and ethnic groups remain due largely to high rates of substance use and abuse. Their “indigenist” model emphasized cultural strengths, such as the family and community, spirituality and traditional healing practices, and group identity attitudes to buffer stress from life events.⁷

⁷ Online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913706/>

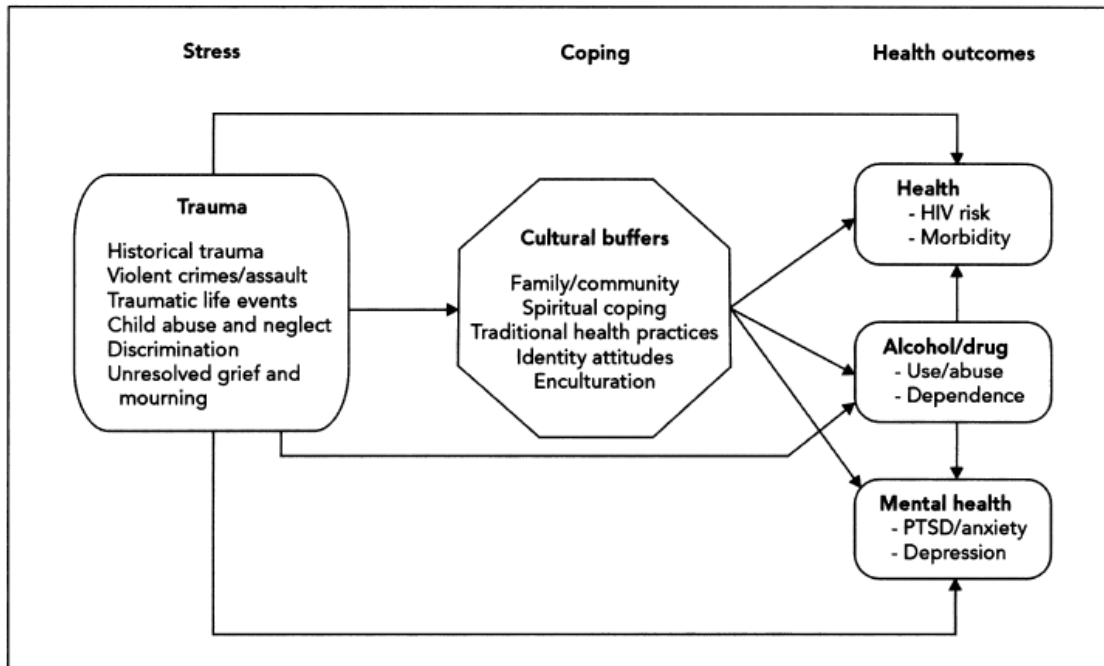


Figure 1. Indigenist stress-coping model

The cultural buffers were further described:

- **Family and Community.** Native families and communities have displayed extraordinary resilience and have historically served as the major pathways to well-being among native people. Despite the brutal impact of historical traumas, many native families and communities have resisted, survived, and even revitalized themselves. The contribution of family support to wellness may be even more pronounced in native families. Concepts such as enmeshment and codependence may not apply to traditional indigenous family systems because extended families are the norm and include blood relatives and many other kinships.
- **Spirituality and Traditional Healing Practices.** Spirituality permeates all aspects of native life and differs from non-Indian spirituality in that it is connected to the natural world: land, animals, birds, plants, rock, and water. It is circular in nature, encompassing the four directions, meanings, teachings and responsibilities. Spiritual coping serves as antidotes to anxiety, provides meaning in the world and motivation to find and experience the sacred in a crisis. Practices include the use of roots and teas, smudging, healing ceremonies, and consultation with traditional healers.
- **American Indian Identity.** A positive identity has long been considered important for cultural continuity, survival and psychological wellness. Enculturation (not

acculturation) is the process by which members of a minority group learn about and identify with their cultural heritage, norms, and traditional values. As a protective mechanism, enculturation can either mitigate the negative effects of a risk factor (such as trauma) or enhance the effects of another variable (such as identity attitudes) to decrease the probability of a negative outcome (such as drinking problems).

Ojibwe Language. Language is important to community well-being. It transmits ideas, beliefs, and knowledge, enhances social support, interpersonal relationships, and shared identity. Songs, prayers, and ceremonial activities are often delivered strictly in the Ojibwe language. Therefore, language preservation is critical to communication between generations, communication with the spirit world, and the transmission of teachings (concepts, symbolism, oral stories) within cultural, spiritual, and religious practices. Language use within these practices affects the identity, culture, and health of Ojibwe people.⁸

⁸ Language as a Facilitator of Cultural Connection. Online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5959053/>

B. SWOT Analysis

Strengths, Weaknesses/Challenges, Opportunities and Threats identified by community planning group in May, 2018

Challenges Lac Courte Oreilles is facing	Describe a Perfect Community <i>(the bold items were voted as the top six items)</i>
People are dying	Speak Ojibwe
People are overdosing both prescription and street drugs	Garden
We need a plan	House/Home/Wigwam
Drugs were always here it was easier to get pills, ebb and flow of prescription and street drugs	Ceremonies/Powwows/Singing/Dancing
Meth use, manufacturing, and hazardous chemicals	Teachings
HUD rules create another problem that does not allow a person housing again once convicted of a drug crime	Traditions-Hunting, Ricing, Gathering, Fishing
Tribal actions/action plans	Clean Water
Recovery/reentry	Traditional Parenting
Drug felony/charges	Medicine Wheel- Healthy Balance
Mobilize collaboration	Body/Mind/Spirit- Balance
Clarify current policy	Inter-connected
Impacted youth and families	Support Services
Shortage of treatment services	Restorative Justice
Addicted born babies	Healthy Food
Strain on tribal services	Long House- Extended Families
Alcohol: no stigma, easily accessible	Equality/Connection
Community readiness	Sports- Basketball, Lacrosse
Community readiness model Native Connections and MSPI	Ceremonies/Big Drum
Do a real community assessment	Dream Community
Don't let the lack of data keep us from creating a strategic plan	Heart Berries- Strawberry
Community engagement is needed	Love-Power
390 housing tribal houses	Cut the Negative Out
HUD rules create another problem that does not allow a person housing again once convicted of a drug crime	Growing Our Own Medicine
Tribal actions/action plans	Everything in our world is already here- we don't need a lot of outside resources
1 in 5 HUD homes have been testing positive for meth	Walking Everywhere- No trash
How is the tribe supporting economic development and professional development	Safe no Fear
Lack of educational success	Interconnected
Lack of career success	Traditional with modern homes and wigwams
Lack of academic opportunities	Abundant Wildlife
Children disconnected	Sugar bush/Berries
Religious differences	Playground/Trees
Loss of identity	Community Center
	Naming Ceremonies
	Feasting
	Running
	Non-Rabid well-fed dogs on the trails
	Free libraries
	Cloth and bead co-op trade/buy/barter
	Tribal services
	No checker boarded lands on the reservation

C. Needs Assessment

Gaps and/or challenges in resources or capacity

Three areas were categorized in this planning process: (1) Prevention; (2) Capacity; and (3) Recovery.

Prevention. Substance abuse prevention is often discussed in terms of first use by adolescent populations, as described by the Hazelden Foundation: “the primary goal of prevention is to delay the first use of alcohol or other drugs.”⁹ Further, “Prevention works best when attention is given to multiple risk and protective factors. Such factors exist in many areas of an adolescent’s life and common risk factors can predict many problems. Reducing one risk factor may result in reduction of multiple problems in the family, school, peer group, and/or community. Increasing protective factors supports healthy development in all life areas, which helps them to resist influences to use.”

Studies have shown that evidence-based programs can significantly reduce early use of tobacco, alcohol, and other drugs. Also, while many social and cultural factors affect drug use trends, when young people perceive drug use as harmful, they often reduce their level of use.¹⁰

RISK FACTORS	PROTECTIVE FACTORS
<ul style="list-style-type: none"> ■ Chaotic home environment ■ Ineffective parenting ■ Little mutual attachment and nurturing ■ Inappropriate, shy, or aggressive classroom behavior ■ Academic failure ■ Low academic aspirations ■ Poor social coping skills ■ Affiliations with deviant peers ■ Perceived external approval of drug use (peer, family, community) ■ Parental substance abuse or mental illness 	<ul style="list-style-type: none"> ■ Strong family bonds ■ Parental engagement in child’s life ■ Clear parental expectations and consequences ■ Academic success ■ Strong bonds with pro-social institutions (school, community, church) ■ Conventional norms about drugs and alcohol

SOURCE: US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (1997) Preventing drug use among children and adolescents: A research-based guide. NIH Publication No. 97 - 4212.

Understandably, because of the presenting crisis, some risk factors are addressed by tribal programs when intervention is warranted; data exists to support the need for those programs (e.g., juvenile delinquency, truancy, Minor in Need of Care). However, more

⁹ https://www.hazelden.org/web/public/substance_abuse_prevention.page

¹⁰ <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy>

attention and resources should be given to build the protective factors in the community -- which can be addressed proactively -- and all should work to increase those that are effective, particularly culture-based efforts prioritized by the community. (See the Types of Recovery Services listed below.) The recent efforts of Prevention Program staff to collaborate between programs is encouraging.

Capacity. As stated by one tribal member “for many years we have fought alcoholism and we are used to it – old school! We are not prepared for the onslaught of opioids and meth addiction.” Capacity refers to our ability to fight the epidemic through our institutions and community. Through the strategic planning process, significant areas for improvement were noted as follows:

- Increase cultural knowledge and practices to strengthen Anishinaabe identity as a protective factor and healing resource;
- Improve tribal justice and safety, particularly focusing on public safety and law enforcement due to a perceived lack of prosecution;
- Increase knowledge and skills of tribal workforce; and
- Enhance services to families.

Recovery. At Lac Courte Oreilles, the approach to addiction is based upon an acute care model with an ultimate goal of treatment, which drives efforts to create more beds and more treatment centers.

ACUTE CARE APPROACH	vs.	RECOVERY MANAGEMENT APPROACH
Crisis linked point of intervention		Assessments include recovery capital and asking about dreams, hopes and goals
Brief duration		Consumer-driven decision making
Singular focus on symptom suppression		Integrated services
Professionally dominated decision-making		Services over a lifetime
Short service relationship		Focus on the whole person (Ojibwe)

Seeking full and permanent resolution of problem (“graduation”)	
Relapse is seen as non-compliance or treatment failure. ¹¹	

(Wisconsin Department of Health and Human Services, “Recovery Oriented Systems of Care” Hughes and Jacobson, 2016, online at <https://www.dhs.wisconsin.gov/ccs/roscandccs.pdf>)

Research supports a recovery management approach to addiction which provides that “access to social supports, not treatment, is the main difference between those who get better and those who don’t.” (Somers 2018)¹² It also supports building recovery capital to help people maintain recovery.

“Recovery capital’ refers to the quantity and quality of internal and external resources that one can bring to bear to initiate and sustain recovery from addiction (Granfield & Cloud, 1999 and 2001). People with less recovery capital have fewer resources or reasons to recover, despite repeated attempts, (Somers 2018).

There are different types of recovery capital:

- *Personal Recovery Capital*
Physical- Things that I tangibly have: Financial assets, health insurance, shelter, food, transportation
Human- Internal resources: Education, job skills, interpersonal skills, views
- *Family/Social Recovery Capital*
Encompasses intimate relationships, family, and social relationships
- *Community Recovery Capital*
Community attitudes and resources that promote recovery
- *Cultural Capital*
Pathways of recovery that resonate with the individual’s beliefs

¹¹ Wisconsin roscandccs.pdf. Online at <https://www.dhs.wisconsin.gov/ccs/roscandccs.pdf>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6199159/>

At Lac Courte Oreilles, the approach to addiction is punitive and removes an individual's recovery capital and their incentive to seek wellness. For example, individuals arrested/ convicted of drug offense are automatically evicted from tribal homes; however, it is tribal law, not HUD regulations, that require eviction. Eviction causes more problems than it fixes because the burden is shifted from the Housing Authority to the Tribe and other extended family members who can ill afford the additional occupants. And reunification of children is much more difficult if a parent is without a permanent residence. Treatment of employment-related substance abuse issues among tribal entities are much the same.

D. Community Readiness Assessment

The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond.¹³

A Community Readiness Assessment regarding substance abuse was conducted in September, 2018. (Members of the Drug Task Force recommended "substance abuse" to include the misuse of alcohol, and prescription, synthetic, and illegal drugs.) The model utilized was from the Tri-Ethnic Center for Prevention Research which recommended a minimum participation of four to six individuals in the community who are connected to the issue and represent different segments of the community. The Assessment was conducted by 30 to 60 minute interviews with community representatives identified by the Drug Task Force at one of its meetings. Eight representatives of the Tribal Police, LCO School, Youth, Elders, Health, Tribal Council, Social Worker, and Spiritual Leader were interviewed. The combined results of the assessment revealed that, overall, Lac Courte Oreilles is at Level 4:

Preplanning – There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

¹³ <http://www.triethniccenter.colostate.edu/community-readiness-2/>

The Handbook recommends that the community should first address the dimensions with the lowest scores. At Lac Courte Oreilles, those dimensions are B and E which each scored 3, Vague Awareness:

B. Community Knowledge of the Efforts – To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

E. Community Knowledge about the Issue – To what extent do community members know about or have access to information substance abuse, and how it impacts your community?

DRAFT

LCO Community Readiness Assessment
September 14, 2018

Dimensions of Readiness

- A. **Community Efforts** – To what extent are there efforts, programs, and policies that address substance abuse?
Dimension A = 7 – Stabilization
Activities are supported by administrators or community decision makers. Staff are trained and experienced.
- B. **Community Knowledge of the Efforts** – To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
Dimension B = 3 – Vague Awareness
Most feel that there is local concern, but there is no immediate motivation to do anything about it.
- C. **Leadership** – To what extent are appointed leaders and influential community members involved and supportive of the prevention of substance abuse?
Dimension C = 5 – Preparation
Active leaders begin planning in earnest. Community offers modest support of efforts.
- D. **Community Climate** – What is the prevailing attitude of the community toward substance abuse?
Dimension D = 4 – Preplanning
There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
- E. **Community Knowledge about the Issue** – To what extent do community members know about or have access to information substance abuse, and how it impacts your community?
Dimension E = 3 – Vague Awareness
Most feel that there is local concern, but there is no immediate motivation to do anything about it.
- F. **Resources Related to the Issue** – To what extent are local resources – people, time, money, space, etc. – available to support efforts?
Dimension F = 4 – Preplanning
There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

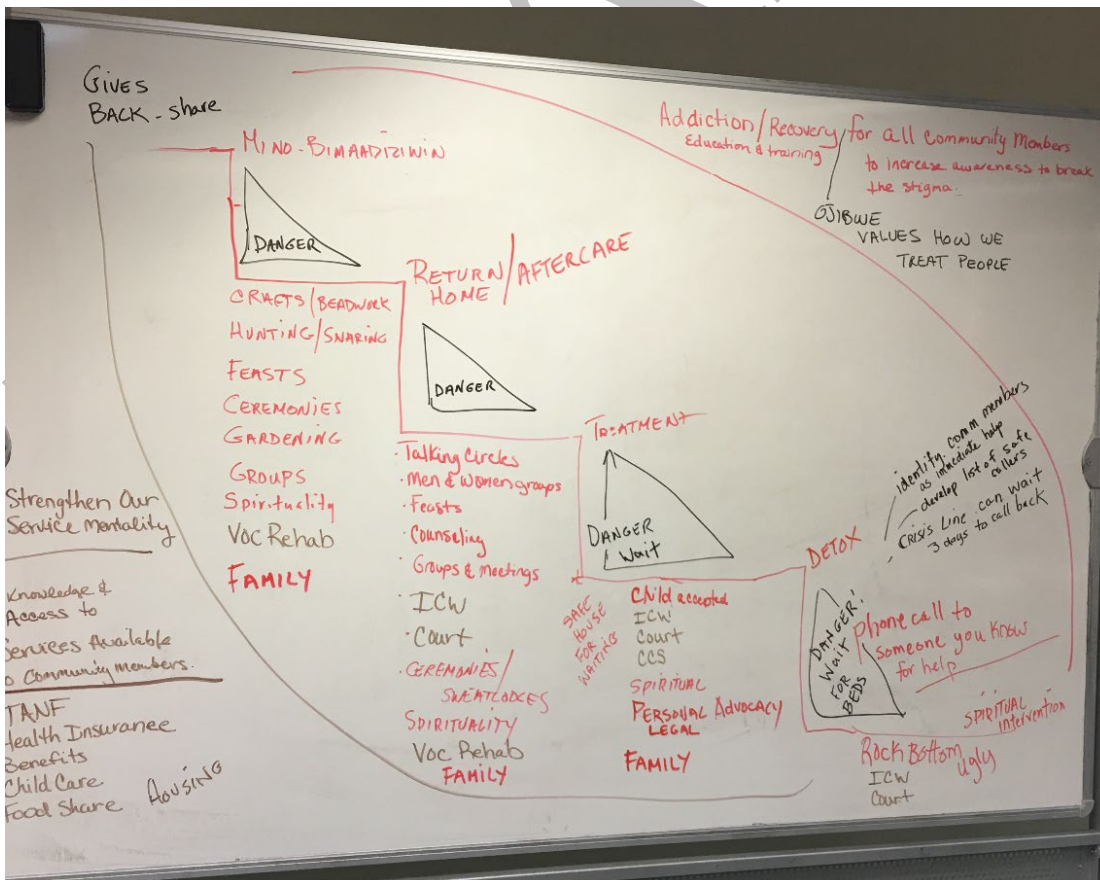
5. Mission, Vision and Goals

Led by Technical Assistance Consultants from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug Task Force, Coordinating Committee and members of the Lac Courte Oreilles community participated in a three-day strategic planning session to begin developing the Tribal Action Plan.

The group worked in teams and conducted a SWOT analysis, and created a Vision Statement, Mission Statement, and draft goal statement.

Our Vision for the Future

The following graphic represents an individual's path from addiction to wellness, termed "Mino-bimaadziwin."



Vision

Mii Anishinaabewiyang ge-gwayako-bimaadiziyang

“As we are together in all that we are as Anishinaabe”

Mission Statement

To ensure mino-bimaadiziwin through Anishinaabe-izhitwaawin

“To ensure a good life through Ojibwe ways”

Goals

SAMHSA recommends that the number of Tribal Action Plan goals are kept at a minimum. As an example, they state that one tribal consortium of 43 members have only 5 goals.

Committee work was guided by the established Vision and Mission Statement; objectives and activities were designed to build a Recovery Oriented System of Care community for the Tribe based upon fundamental tenets. Lac Courte Oreilles' TAP has three goals addressing **Prevention, Capacity and Recovery**:

1. Prevent initial substance use;
2. Increase capacity of the Tribe to address the opioid and methamphetamine epidemic;
and
3. Help our people with addiction return to “mino-bimaadiziwin” by strengthening family, community and cultural supports.

Goal 1: Prevent initial substance use

OBJECTIVES	LEAD	2019	2020	2021	2022	2023
<p>1. Increase access to information about opioids and meth and how it affects our community (ref. Community Readiness Assessment). <i>Engage community so they can be a part of the solution.</i></p>	<p>Tribal Opioid Response (TOR) Program Coordinator Program Staff People in Recovery Public Relations WOJB Radio Drug Task Force Weshki Nigaanijig traditional elders veterans elected leaders Gordon's group participants; Gwayako-Bimaadiziwin participants; MaryEllen Baker stories; Wenaboozhoo stories or the Trickster; Tribal Prevention Program staff</p>	<p>a. Adopt a culturally appropriate slogan that presents a unified message and flood the community with the message through all means of communication b. Media Campaign: Visit groups in person; put information in bulletins, Facebook; distribute media articles; c. Compile and distribute information about local efforts to combat substance abuse, their accessibility and their effectiveness (CRA).</p>	<p>a. Collect stories of local people affected by this issue; present information at local community events (HTE); Use visuals and stories to make the message "sticky."</p>			
<p>2. Prevent first use of alcohol and drugs by tribal youth by enhancing the protective factors in the community.</p>	<p>Parents Schools Boys & Girls Club Extended Families Tribal Staff Tribal Leaders Peers Drug Task Force</p>	<p>a. Develop financial resources to provide youth programs that prevent early AODA (such as Strategic Prevention Framework); b. Train and recruit Peer Mentors as volunteers to deter substance use. c. Use social media as a positive platform to encourage youth in positive lifestyles. d. Contract with Buffalo Nickel to work with Peer Mentors to develop media campaign discouraging substance use.</p>	<p>a.. Youth Needs Assessment for input of tribal youth; b. Parenting classes: how to prevent your child from drinking and using.</p>			
<p>3. Increase community-wide wellness activities</p>	<p>Boys & Girls Club; Schools Youth</p>	<p>a. Saturday Nights, cultural awareness activities, hands-on</p>	<p>Coordinated Calendar of community activities, such as the College Extension.</p>			

that foster healthy relationships and positive social networks.	organizations traditional practitioners local artisans elders College extension Drug Task Force	traditional living/ language and activities fostering mentorships. b. Utilize community spaces for after-hour community activities such as sewing classes/circles, cooking classes, parenting classes, beading, regalia-making, traditional crafts, medicine collecting.	
---	--	---	--

Goal 2: Increase capacity of the Tribe to address the opioid and methamphetamine epidemic.

OBJECTIVES	LEAD	2019	2020	2021	2022	2023
1. Increase cultural knowledge and practices to strengthen Anishinaabe identity as a protective factor and healing resource.	Drug Task Force Program Directors Public Relations Health Director	a. Conduct Cultural Assets Inventory and develop our resources so more people can conduct our vital ceremonies; b. Invite traditional practitioners to meet with Task Force to incorporate culture into the recommendations to TGB, to comment on the role of culture and tradition as a response to substance abuse. c. Publish information through multi-media formats to increase knowledge and highlight positive initiatives that embody “mino-bimaadiziwin.” d. Employ cultural elder/practitioner or Ojibwe spiritual advisor in the Tribal Behavioral Health Department.	Coordinate a comprehensive calendar of events for all programs providing supportive activities for all. Include Comprehensive Seasonal Ojibwe Calendar. (Waadookodaading Phases of Life Curriculum;			
2. Improve tribal justice and safety including improved services for victims of crime, community	Public Safety Commission Tribal Police Conservation Dept Fire Dept Tribal Court	a. Initiate a broad assessment of the Tribe’s justice system to develop a justice system wide strategic plan, particularly focusing on				

<p>wellness, and increased capacity to prevent and address violent crime.</p>	<p>Sawyer County Circuit Court Sawyer County District Attorney</p>	<p>public safety & law enforcement. b. Provide adequate space in the Tribal Courtroom to allow judicial staff to collaborate and work more efficiently to provide improved services to the community. c. Plan and implement alternative dispute resolution methods (e.g., mediation), community service, and additional recommendations of the BIA Tribal Court Assessment of 2016.</p>				
<p>3. Ensure that professionals and stakeholders have the right credentials, training, experience, cultural competence and expertise to address the substance abuse problems in the native community.</p>	<p>Drug Task Force Human Resource Depts Tribal Organizations Consultants</p>	<p>a. Increase the skilled tribal workforce to fill the roles of professionals in counseling and other helping professions. (Note: Building trust with native clients will take a greater investment of time and understanding of trauma experience.) b. Strengthen Indian Preference.</p>				
<p>4. Enhance services to families and increase opportunities for recovery</p>	<p>ICW Dept Consultants Tribal Liaison Legal Dept IT Dept Federal and State Representatives Other Tribes</p>	<p>a. Provide staff training in Recovery Oriented Systems of Care, a relatively new concept in the substance use disorder field. b. Conduct an assessment and increase staffing in Indian Child Welfare/ Family Services Department to address the opioid and meth epidemic.</p>	<p>a. Strategic Planning for the ICW & Family Services Department. b. Build intra-tribal communication bridges to share program information.</p>			
		<p>c. Increase the number of native foster homes on the Reservation so that tribal youth maintain their familial and tribal ties to Lac Courte Oreilles, by increasing staff and adopting Licensing Standards/ Codes to Recruit, License, Train and Support Tribal Foster Homes.</p>				

Goal 3: Help our people with addiction return to “mino-bimaadiziwin” by strengthening family, community and cultural supports.

OBJECTIVES	LEAD	2019	2020	2021	2022	2023
<p>1. Increase/ strengthen the recovery capital of people with addiction in our community.</p>	<p>TOR Coordinator Behavioral Health Staff Comprehensive Community Services (CCS) Individuals in recovery</p>	<p>a. Recruit, train and deploy 15 Peer Specialists to serve as Recovery Coaches and organize community support groups.</p>				
	<p>TOR Coordinator LCO Housing Director HR and Employment Assistance Program (EAP) staff of tribal entities Tribal leaders Tribal Healing to Wellness Coordinator Drug Task Force</p>	<p>a. Change tribal housing laws or policies to prohibit eviction when arrested/ convicted of drug offense. (“Shelter” is recovery capital) b. Change tribal employment EAP policies to allow employers to partner with an individual in their recovery. (“Financial” is recovery capital.) (We shouldn’t divest ourselves of responsibility for a person’s recovery.) Ideally, Supervisor and HR work with employee to ensure supportive resources are accessed and follow through with a long-term recovery plan.</p>				
<p>2. Increase access to help for substance abuse and information about addiction.</p>	<p>Tribal Behavioral Health Tribal Police Dept Family Services Public Relations Health Director</p>	<p>a. Increase ability of parents and other family members to recognize the signs of substance abuse, including drug paraphernalia, through community forums, pamphlets, posters, and other methods. b. Create apps to push digital notices to phones for information about crisis phone numbers, community events, Peer Support contact information, family resources, etc. Apple music ads.</p>				
	<p>Drug Task Force IT staff</p>	<p>b. Create access to family support services for persons affected by a family member’s substance abuse. Create a go-to person employed at the Behavioral Health</p>				

		Center to help people on a walk-in basis.				
--	--	---	--	--	--	--

Evaluation and Monitoring

The Community Drug Threat Response Team (CDTRT) will be the oversight committee responsible for supervising the development of the plan of operation to implement the TAP. The plan of operation will provide structure with details on the roles and responsibilities of all stakeholders.

Additionally, the CDTRT is responsible for maintaining implementation of the TAP to ensure timely progress towards achieving the identified goals and objectives. Relevant program indicators will be used to monitor the growth/regression of the TAP. Quarterly meetings to review the progress will take place.

An annual report will be written by the CDTRT and shared with all stakeholders and appropriate oversight committees as well as the Tribal Governing Board. The report will be objective and identify areas where program goals are not being met and prescribe a corrected/amended action plan.