TRIBAL STATE COLLABORATION FOR POSITIVE CHANGE

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TRIBAL STATE COLLABORATION FOR POSITIVE CHANGE (TSCPC)

- The Tribal-State Collaboration for Positive Change (TSCPC) is a working coalition formed in 2007 which consists of appointed behavioral health designees from each of the federally-recognized Wisconsin Tribes, State Department of Health Services members and community partners. The project is funded by a Mental Health Block Grant.
- The purpose of the TSCPC is to bring together the 11 WI tribes and State representatives to discuss the mental health and addiction issues that are affecting our communities, to collaborate planning and resource information, and to provide representation of the Tribes to State initiatives.

TSCPC Work Group

Mari Kriescher, TSCPC Co-Chair, Oneida

Ana Winton, TSCPC Co-Chair St Croix

Evangeline Suquet, Ho-Chunk

Marie Basty, Lac Courte Oreilles

Kelly Day, Lac du Flambeau

Nicole Gurnoe, Red Cliff

Jeff Langlois, Stockbridge Munsee

Addie Caldwell, Menominee

Dianna Koch, Sokaogon Band

Vacant, Forest County Potawatomi

Jennifer Sorel, Bad River

Nancy Largent, Indian Health Services BH Consultant

Kim Swisher, Lac du Flambeau, Tribal Americorp

Darwin Dick, Gail Nahwahquaw -Wisconsin Dept. of Health Services-Tribal Affairs

Vacant, Wisconsin Dept. of Health Services, Coordinator for the Underserved Populations

Sharon Reilly-GLITC

TRIBAL STATE COLLABORATION FOR POSITIVE CHANGE (TSCPC) GOALS & OBJECTIVES

- **Expand support services to adults with serious mental illnesses and children with severe emotional disturbances.**
- **Building capacity of culturally relevant co-occurring treatment for adults with severe mental illness and children/adolescents with serious emotional disturbances**.
- **Create a sustainable and holistic staff development/training program in order to enhance programming, increase quality of service delivery, and promote self-care for staff.**
- **Help build capacity of tribes to implement evidence-based and/or practices based strategies**

THE SYSTEMS CHANGE PROJECT

The Systems Change Project is a joint effort undertaken by the Tribal-State Collaboration for Positive Change (TSCPC) and the Wisconsin Department of Health Services (DHS). The Systems Change Project focuses on building capacity of culturally relevant co-occurring treatment for adults with severe mental illness and children/adolescents with serious emotional disturbances.

Strategies include:

Suicide prevention training

CCS implementation, AODA staff screening for co-occurring disorders, CST implementation, Crisis Services, DSPS, Recovery Coaching ect.

TRIBAL AMERICORPS PROGRAM

The TAP project began in 2010 and engages local tribal prevention coalitions to recruit local people to serve in their communities to help reduce substance abuse and increase healthy living opportunities with a particular focus on the idea that “culture is prevention.”

Additional Topics of Discussion

- Sober Living
- DHS 75 Updates & Integration Crisis Services
- Adolescent Treatment Center
- MAT
- Suicide Prevention
- Use of Peer supports/recovery coaches
- Staff Retention/mentoring
- Adolescent Treatment Center
- Residential Substance Use Disorder (SUD) Treatment Medicaid Benefit 2021
- Culturally and Linguistically Appropriate Service (CLAS) Standards Implementation
- Social Determinant Of Health
- Hub & Spoke Pilot Projects
- Telehealth Implementation
- Managing COVID and the Workplace

Sharing Training

- Certified Peer Specialist
- Recovery Coach Training
- ASIST Training
- QPR Training
- SafeTalk Trainer

Mental Health Advocacy Partners (MHAP)

Major concerns:

- Health disparities associated with race, ethnicity, and geographic location,
- Incarceration rates especially for communities of color, and the number of those incarcerated who live with untreated mental illness,
- Higher rates of suicide and overdose deaths in Wisconsin compared to neighboring states,
- Increase in youth reports of anxiety and depression, and an exponential increase of youth intentional self-harm occurrences,
- The UW Population Health Institute report indicating that access to behavioral healthcare is the number one concern of consumers and stakeholders in our state,
- Private insurance coverage gaps that limit access to mental health services and restrict reimbursement for emerging mental health professionals, suppressing workforce growth,
- Lack of early intervention services in county-based crisis systems,
- Variability in county service capacity to meet behavioral health needs,
- Insufficient wraparound community supports and overuse of county emergency services for people living with a serious mental illness,
- Insufficient leveraging of Medicaid funding to provide a diverse array of services.

ACCOMPLISHMENTS

- Wisconsin Mental Health Council Access and Equity Workgroup in 2021.
- Collaborated with state legislation officials to support an effort to give tribes the same status as counties in regard to the distribution of funds for OWI (Operating While Intoxicated) assessment, education, and treatment.
- Linked tribal staff to training initiatives for CCS, Trauma Informed Care and Motivational Interviewing.
- Established the resources to be technical assistance consultants to each other upon request.
- Informed tribal leadership of TSCPC activities and mental health substance abuse prevention, treatment and recovery initiatives occurring locally.
- Helped establish the Tribal AmeriCorps Program and now acts as the advisory committee for the program.
- The working committee is proactive in addressing issues, best practices and strategies, policies and collaborative efforts to improve patient care with regard to serving tribal members affected with diagnoses related to co-occurring disease.

Barriers with Tribal Programs and DHS 34

- Lack of coordination between area hospital emergency rooms and our outpatient mental health and AODA Tribal Behavioral Health Clinic.
  - For example, the emergency room quickly releasing individuals before learning risk factors from our BH Clinic.
- Also some lack of coordination with the County crisis service (e.g. not receiving reports from crisis line when open clients at outpatient clinic use their services, not coordinating with therapists at this clinic to develop safety plans none that I am aware of.
- Tribal members and descendants are less likely to call or otherwise use a County-based crisis service, due to past experiences of discrimination and historical trauma, than they would be to use a tribal-provided (within community) service. They are probably less likely to be informed of county crisis services than the general county population possible referrals.

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For more information contact

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