

Confederated Salish and Kootenai Tribes

The Flathead Reservation: St. Ignatius, Montana



Healthy Nations Program

December 1993 – September 2000

“A Path from Linking Services to Connecting Generations and Beliefs”

The Confederated Salish and Kootenai Tribes Narrative

Historical Context:

The Confederated Salish and Kootenai Tribes of the Flathead Nation is a Healthy Nation program established in Western Montana. The Flathead Indian Reservation comprises 1.5 million acres of reservation land that was established by the Hellgate Treaty of 1855. It is bounded on the east by the Mission Mountains, on the west by Rolling Plateaus, and on the north by the largest freshwater lake west of the Mississippi, Flathead Lake. The reservation encompassed eight communities: Arlee, Charlo, Dixon, Elmo, Hot Springs, Polson, Ronan, and St. Ignatius. Ronan is home to the Tribal government and center of most tribal services for the reservation except for St. Ignatius which is home to the health department and tribal health services. The tribal government consists of an executive secretary and ten elected council members. Governmental services and oversight are divided into departments directed by program managers.

The economy of the reservation is based on timber, tourism, and agriculture. The land supports traditional uses, spiritual grounding, and economic viability for the tribes. The Flathead Indian Reservation is somewhat unique among all American Indian Reservations. In 1910, under President Taft, non-Native individuals were allowed to homestead on reservation lands. This historical event set in motion many relationships, barriers, and wounds that contributed to the atmosphere of Flathead Reservation life. As of 1990, the

Indian population was a significant minority, less than 20 percent. The reservation is home to approximately 22,000 people with only 5,130 of them identified as Native Americans and even fewer are enrolled Salish and Kootenai members. This rural reservation and its people are commonly known as Flathead. In reality, three tribes make up the Native residents: the Salish, the Pend-d'Oreilles (Kalispells enrolled as Salish), and the Kootenai (people of the Standing Arrow). Only one-half of the registered tribal members reside on the reservation; roughly 4,200 tribal members live elsewhere.

Like most Native American communities, the Salish and Kootenai Tribes have experienced a disproportionate negative impact caused by drugs and alcohol abuse. The tribes have witnessed personal destruction, cultural erosion, and the ensuing social disruption associated with significant substance use. It is reported that 70 percent of the tribal members abuse alcohol or other drugs. A state survey found that Flathead reservation suffered the highest mortality rate in Montana—a majority associated to substance misuse. In 1984 a youth survey determined that 21 percent of Flathead youth met the criteria for substance dependence. A later survey of seventh through twelfth graders revealed that 90 percent of those surveyed had used alcohol and 54 percent had used marijuana. A 1991 reservation survey indicated that 90 percent of respondents knew someone that needed services for alcohol- and drug-related problems. The Flathead tribal council and service providers had long been aware of and had been actively addressing alcohol and its related problems. It was the vision of tribal leadership, the re-awakening of cultural traditions around extended family,

and community-based data that prompted the tribal council to demonstrate resolve and allocate more resources to addressing substance abuse. The Flathead Reservation Area Comprehensive Alcohol Program, a detoxification service, had been noted in the late 70s and early 80s as “a model IHS program.” Boldly, in 1984, the tribal council undertook a revamping of their reservation drug and alcohol programs, an action which led to an expanded continuum of care, including integrated community-based prevention. This revamping demonstrated forethought, courage, and meaningful innovation.

The expansion and repositioning of the alcohol- and substance-abuse programs guided the tribal council to establish the Omnibus Drug Act. This decree demanded that the Tribal War Dances (Powwows) and all tribal government activities and facilities be drug free and was followed, in 1987, by a distinct tribal action plan targeting substance abuse. This action plan stimulated the development of the Blue Bay Healing Center on the shores of Flathead Lake. It was here that all tribal government officers, directors, and select tribal members were educated about drug-free workplaces and dealing with substance abuse in the community. It was a place of sober gathering and healing. Blue Bay was that inaugural function of the tribe’s new Alcohol and Substance Abuse Program (ASAP).

In 1990, as ASAP matured, the action plan became central to the tribal management philosophy. The increased focus on individuals and families affected by substance abuse on the reservation created the foundation for Healthy Nations. The Center for Substance Abuse Prevention (CSAP) funded a

proposal titled “Beyond Blue Bay Project.” Primarily a program to enhance the continuum of care on the reservation, this project conducted the aforementioned survey of middle- and high-school students to see the impact of drugs and alcohol on their families within the reservation. The data confirmed the common knowledge that a majority of families had substance-related issues. The survey results also indicated that having access to resources and treatment information was lacking. At that time, numerous non-Native agencies were joining the ranks of reservation providers. Contract services within the tribal constellation of mental health and substance abuse as well as primary care grew but lacked central coordination and single access. Combined with the Beyond Blue Bay data, this diffusion of services posed a perceived challenge to addressing substance-related issues on Flathead reservation.

Phase I:

It was the ASAP director and an Indian Child Welfare Act prevention specialist that noted the advertisement for the RWJ Healthy Nations call for proposals. They participated in the pre-grantee meeting and decided that this initiative was something that could enhance their ASAP program. To prepare the proposal, they sent out 75 fliers to provider agencies, Native and non-Native, in their catchment area. Twenty-nine agencies responded and sent representatives, mostly managers, to attend “DREAM,” the first grant advisory meeting. These agency directors represented social work, addiction services, juvenile justice, the schools, doctors, community health nurses, and day care providers. This body

decided that they would compose and submit a proposal for the Healthy Nations grant. The grant proposal philosophy posited greater collaboration and coordination among the service agencies. It outlined that facilitating service seekers in acquiring appropriate information and referral was primary to addressing substance abuse on the reservation. This vision of Healthy Nations as the central intermediary of better-coordinated services and referral information informed the grant proposal, planning, and development phases as well as much of the implementation phase.

“Netlink,” as the program was known, conceived a help line resource management program as the central component of Healthy Nations. The help line was to connect all services providers, maintain a referral system, and provide salient clinical consumer information. This was especially important, given the vast territory and pattern of population dispersal. Adding support to a philosophy of linking providers and services grew from the recognition that many, if not most, services available were off-reservation and not administered by the tribal programs.

During Phase I, efforts focused on procuring appropriate computer software, establishing relationships between each agency that worked with substance-abusing tribal members, and raising public awareness of the service. Netlink’s director and staff were committed to the concept, and the advisory committee held numerous meetings. Media focus groups were conducted in six of the nine communities, eventually leading to the development of three products, one of which was a poster for Netlink.

Public awareness also included a 30-second television spot on alcohol abuse problems produced by fifteen youth. This promoted the Netlink concept and furthered the development of the 1-800 referral line to cover the two or three phone districts across the catchment area. Healthy Nations staff conducted personal visits to different agencies to gather service-related information for distribution through Netlink. Public awareness focused on introducing Netlink and the Healthy Nations name. Concerted activity was expended to solidify the networking philosophy. This dedication to this central function of coordinating associated agencies is noteworthy.

As Phase I reached conclusion, there were growing concerns at the National Program Office (NPO) that Flathead needed to have a more balanced stance in addressing the RWJ Healthy Nations components. There was also concern about the documentation processes and reporting of activities. Such concerns added to the stress of the director and defined the transition process.

Transition:

Transition into the Phase II implementation grant component was extremely stressful and nearly resulted in removal of this site from Phase II consideration. There was concern about the direction and management of the program. The Netlink director experienced distracting struggles during this crucial time; the task of coordinating the Netlink web of providers and the monitoring of the referral line was consuming a majority of resources and almost total focus. The Phase II implementation proposal continued to support this feature almost

exclusively. A timely NPO site visit attempted to redirect leadership, provide technical support to expand the Netlink scope to the other RWJ components, and facilitate a more responsive documentation procedure and policy.

This meeting was a prelude to and an outlining of the important Phase II implementation proposal process. This proposal process needed to reflect lessons learned from the previous two years in how to address the four RWJ components. From May 1995 through January 1996, Salish Kootenai presented the NPO and the NAC with four iterations of their Phase II proposal. In the fall of 1995, after the third proposal was rejected, a meeting at Flathead with the NPO, staff, and tribal leaders convened. At that time a Healthy Nations Netlink management change took place. The initial director moved to a different job and an existing Netlink staff member was assigned the directorship. This action was prompted by the NPO's ongoing concern that each proposal effort did not adequately address the early intervention and treatment and aftercare components. The emphasis on the Netlink was too singular in focus for the targeted outcomes from Robert Wood Johnson. Technical support from the NPO was provided in the rewrite of the fourth iteration. The Netlink representative was taken to Denver to finalize the proposal. The final proposal was presented in December of 1995 and was subsequently approved as adequate but did not meet all of the NPO's expectations.

Phase II:

Consistent with the Netlink director's vision and commitment, Flathead Healthy Nations continued to utilize the original community agency advisory board and emphasized the resource networking. Grant resources were used to compile information regarding specific treatments, available providers, and consumer-friendly topics relevant to health and recovery. These were distributed through Netlink. There was an increase in public awareness and prevention activities, especially participation in school-based presentations and youth gatherings. Netlink generated curriculum and classroom interventions to be distributed around reservation schools. They sponsored a Youth Conference and created public awareness PSAs and outreach materials. Healthy Nations expanded its scope by including more work with other established community agencies in sobriety activities, traditional education programs, and resource support for community events.

In year two of Phase II, there was a reconstruction of the service delivery model on the Salish and Kootenai Reservation. The tribal council and health services division revamped departments creating the Tribal Health and Human Services division. A subdivision of the Tribal Health and Human Services, the Community Health Division, became the organizational home to the Healthy Nations Netlink program. This change strengthened administrative oversight, a concern voiced by the NPO during the rewriting of Phase II proposals. This administrative placement increased compliance with the complex financial

reporting. This shift in management responsibilities increased intra-tribal service connections and communication.

Concurrent with these tribal changes, the NPO convened a site visit to shift the focus of the grant resources. The growing concerns about the Netlink resource line culminated in NPO and NAC frustration and strong action. Evidence regarding the inappropriateness of continuing the current direction was based on data that showed significantly fewer-than-expected calls to the 1-800 referral number. Further undermining the Netlink system was the question of the advisory board's continuing value. Reassessment of its viability developed from its ineffectual functioning, including many meetings without quorum or worse—no attendance. This weakening of a working steering group and agency network undermined the central tenet of the original Healthy Nations proposal and concept. The vitality and viability of the Netlink was under serious scrutiny. Tribal leadership, Healthy Nations staff, and the visiting NPO and NAC members met to resolve this situation. Again, the stakes were high, prompting a radical overhaul and repositioning of the Healthy Nations program. The Tribal Health and Human Services administration proposed a solution by shifting the Netlink management oversight to the Mental Health and Addictions Treatment Services. They restructured the leadership of Healthy Nations, adding the Netlink/Flathead Healthy Nations Program to the roster of projects under the existing director of the Mental Health and Addictions Treatment Services. This new Healthy Nations director moved quickly to integrate the existing Netlink staff. This adjustment was

challenging but proved wise and rewarding. Personnel remained stable throughout the following two years of the program.

The new director's attempt to rewrite the objectives and goals was resisted initially by the NPO. Their demand was that Flathead fulfill the Phase II objectives as stated. The director had cited the demise of the advisory steering committee and the underutilization of "Netlink" as reasons for the revision. She proposed shifting to a participatory model of prevention through partnering with established community resources. Substituting existing community committees and traditional groups as the guiding voices was the first task of the new administration. The goals were now to reflect the desires and opinions of these nonprofessional committees. The advisory group was no longer program and agency driven, but rather directed by Elders, cultural committees, and youth groups. Traditional relationships and respect guided the energies of the last two years. Traditional Salish and Kootenai belief is that you must act if you consult the wisdom of the Elders and community for guidance and direction. The new Healthy Nations programming challenges were to honor this tradition and, simultaneously, to fulfill the Phase II approved objectives. Better documentation and reporting, changes at the NPO, and increasing success in the community created a more flexible interpretation of grant-objective completion.

A second challenge was steering the staff of the Netlink to new directions. They were loyal to their vision of networking all of the agencies as the answer to the problems of substance abuse. The new director spent a lot of time educating both her staff and the NPO about the benefits of listening to the existing

community organizations. The conversion process was instituted by assigning the Netlink staff to attend and participate in each of these community meetings. They were sent to listen to the community's concerns regarding children and youth affected by substance abuse, including tobacco. Most worries and ideas that arose from the Elders and culture committees concerned smoking, the loss of traditional respect, and the decreased understanding of the spiritual identity of being Native. The wisdom of the community prompted a greater focus on smoking cessation.

The director set about to re-tool "Netlink," as well as the community partnering activities. The new emphasis would be on becoming a technology and information transfer resource and would include providing curricula for schools and prevention and clinical information to all consumer groups. The new director also desired to forge stronger intra-tribal program relationships and a more circumscribed focus on tribal members. Such attitudes and program development infused with more traditional wisdom and cultural aspects became the solutions to the substance abuse problems.

The emergence of these broader traditional relationships and activities demanded greater flexibility in resource management, the surrender of the concept of expert authority, and the expansion of how certain activities addressed the RWJ components. Healthy Nations transformed from a program and project to a vital partner with communities and services fighting the devastation of substance abuse and erosion of tradition and culture.

Highlights:

In responding to the community voice, Healthy Nations helped to bring about a tribal ordinance restricting smoking by all persons under the age of 18. Such an institutional product remains in effect and demonstrates the commitment of the tribe to substance abuse issues. A similar tact was taken to address fetal alcohol syndrome. The Elders and cultural representatives, in association with the Netlink staff, pronounced a historical prohibition regarding female substance use. Building on the success of the anti-smoking ordinance, the Netlink staff proposed limiting the consumption of alcohol by pregnant women. This proposal met with legalistic barriers and eventually died without action. Although it failed to reach tribal ordinance level, the proposal did increase discussion about the use of substances by women while pregnant. Public awareness and tradition teaching were accomplished; community consciousness was raised.

Locally held theories about the etiology of substance abuse included a loss of cultural identity and ceremonial living. Healthy Nations and the community committees understood the central role of culture. The connection of culture and behavior as well as the strength of Healthy Nations philosophy of joining is highlighted in the following vignette.

A tribal member was found to have wasted animals during a wanton hunting spree killing more elk than permitted and needed for his family. This upset the Elders. During a committee meeting, the idea of teaching the new generation of youth the traditional uses and respect for the animals was discussed. The group suggested to the Healthy Nations representatives the need

to address this loss of respect and knowledge. True to the new philosophy of responding to the voice of the community, Healthy Nations flexed beyond the usual practice and explicit grant objectives. Funding for community members to go hunting, purchase ammunition, and negotiate with the Fish and Wildlife department appeared outside the grant's intent. This was a challenging event designed to be substance and tobacco free. This activity bridged a gap between Elders, adults, and youth. It provided a traditional education and sense of respect and increased consciousness in both youth and adults about sacred rites like hunting. Participating youth were provided a traditional reverence toward the hunt and animals and were given an alternative to the usual modern hunting practices and values. The experience also sent a message about healthy and traditional living and was an unprecedented success for all involved.

The camp became an annual event encompassing more cultural components and lessons. This traditional hunting camp has been perpetuated through coordination with the Department of Fish and Game of Montana which had participated in the first camp. Scores of young people and tribal adults spend quality time in the ceremony of hunting and enjoying sober recreation. Respect has grown; pride has increased; and traditions have been revitalized.

Healthy Nations "Netlink," capitalizing on previous interagency connections, established a mechanism by which minors in possession could give back to their community as a way of understanding cultural relationships. This tribal diversion program obligated the youth to work with Elders, perform community services, and remain in the community. A sense of responsibility and

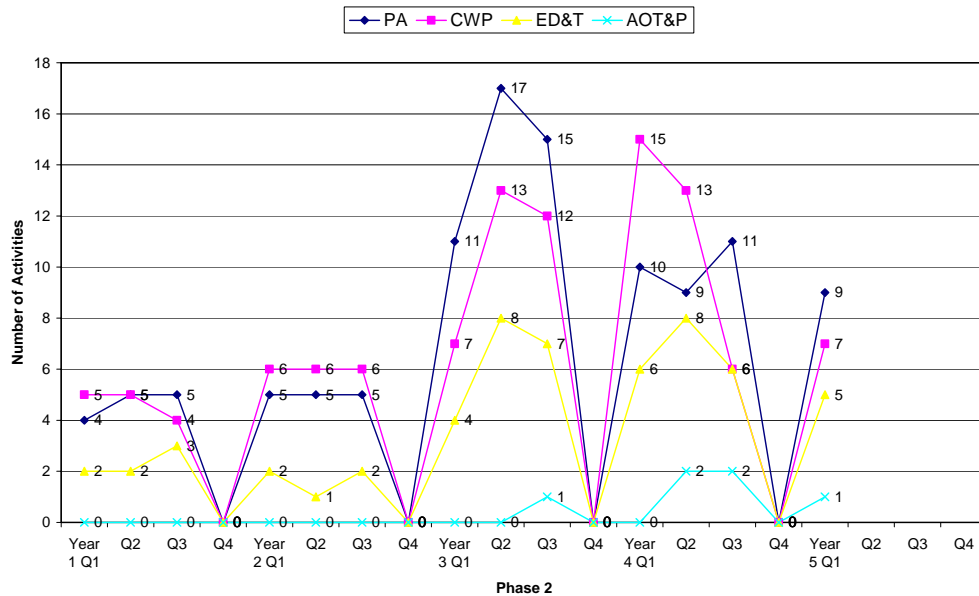
collective identity replaced individual punishment and minimal restitution. This program continues under the drug elimination program sponsored by HUD in coordination with tribal and state agencies. Punishment for many youth was transformed into a restoration of harm done and reconnection with community.

One positive intervention grew from opportunities afforded directly to Healthy Nations staff. The staff traveled to a conference on criminal thinking and the corrective process. This training struck a cord as an avenue to influence destructive patterns of thinking prevalent in the general community at Flathead. The concept and principles were presented to the Elders and the cultural councils. Excitement and encouragement about this program generated a community conference on corrective thinking. The program was established as a mechanism to teach parents and providers about guiding the youth. Some 70 individuals attended this tribal training. The principles and techniques taught in this conference continue to inform tribal programming and interventions.

The Salish and Kootenai had three lives of Healthy Nations. Over the course of these lives, efforts were made to bridge interagency differences and philosophies. Although the last director laments that there was some loss of opportunity during the evolution and readjustment of the program, she lauds the dedication and flexibility that grew through the program maturation. Processes to allow the consumers greater access to information were attempted. Although this referral mechanism was never fully utilized as envisioned, it provided dialogue, partnership, and opportunity for the different agencies to reach out to the community. The philosophy of being able to listen to the community, especially

the existing committees and natural leaders and to respond to them was institutionalized through the Healthy Nations program. This model is demonstrated now in a greater continuum of services and broader specialty components being provided by the tribal organization. Healthy Nations reminded the community of their inner strength and deep wisdom. This project established greater attention to the power of the Salish Kootenai collective traditions and their preventive and healing powers.

Salish Kootenai Activities



Key: PA = public awareness
 CWP = community-wide prevention
 ED&T = early identification and treatment
 AOT&P = accessible options for treatment and relapse prevention

