Fort Peck Tatanka Gdes'ka Capacity Building Project Evaluation

March 9, 2020
Prepared by Allyson Kelley & Associates PLLC PO BOX 1682 Sandia Park NM 87047. Funding for the Fort Peck Tatanka Gdes'ka Capacity Building Project was supported by the Montana Health Care Foundation Grant # 3136415. Intended users of this report include Spotted Bull Recovery Resource Center, Montana Health Care Foundation, Fort Peck prevention and treatment partners, and the Fort Peck Tribal Executive Board.

Executive Summary

Background

Methamphetamine use and abuse impact nearly everyone. Rates of methamphetamine use among American Indians are the highest of any ethnicity in the US and two times higher than any other group in the nation. In November 2017, SBRRC received $150,000 from the Montana Health Care Foundation (MHCF) to establish and begin the operation of a methamphetamine in-patient treatment center (MTC) on the Fort Peck Indian Reservation. SBRRC utilized a three pronged approach: 1) Build the capacity of SBRRC to conduct 3rd party billing and generate continuous revenue to fund operations, 2) Oversee the remodel and upgrade of current infrastructure to meet in-patient treatment standards: JCAHO, CARF, and federal guidelines, 3) Prioritize and implement Integrated Behavioral Health principles and programming services for the community.

Evaluation Purpose

A mixed-method evaluation design was used to evaluate the Fort Peck Tatanka Gdes'ka Capacity Building Project. The evaluation analyzed two years of SBRRC data (2018-2019) to explore how capacity was developed and outcomes achieved as a result of the effort. Value and impact of the project was assessed using standardized criteria: relevance, effectiveness, efficiency, impact, and sustainability. A capacity building evaluation framework guided the investigation of evidence toward capacity building.

Evaluation Findings

SBRRC engaged state, local, private, county, and federal organizations in the project through weekly Tatanka Gdes'ka meetings. SBRRC was effective in achieving the results they intended with nearly 100% of their work plan complete and plans to expand services for pregnant women with children, and families. Efficiency of SBRRC efforts were also noted, with three new federal grants to support treatment and integrated behavioral health funded as a result of MHCF funding. Sustainability of SBRRC efforts has been documented, with revenue projected to exceed $2.5 million per year from 3rd party billing and THIP funding.

Goal 1 Capacity of SBRRC 3rd Party Biller. Natasha Knowlton is a certified, full-time staff at SBRRC. Through MHCF, SBRRC established this position and training. Once the residential treatment facility opens, this will be another source of revenue that will sustain her position and others at SBRRC.

Goal 2 Remodel and Upgrades for the Meth Treatment Center (MTC) to meet standards. The remodel and upgrades for MTC are 90% complete. The treatment center will be sustained through 3rd party billing revenue and staff positions will be paid for through revenue generated by the facility.

Goal 3 Prioritize and Implement Integrated Behavioral Health Principles. SBRRC contracted with the National Council of Behavioral Health for the planning and implementation of integrated behavioral health services at SBRRC.

Recommendations noted in the evaluation report mainly relate to the administrative capacity of SBRRC, staffing and retention as an ongoing priority, and ongoing communications with the TEB and other partners to support the MTC and SBRRC.

MHCF Accomplishments

- State licensure certification granted to SBRRC
- 3rd party billing capacity developed, one full-time staff member hired and trained
- Three additional federal grants awarded to SBRRC (Medication Assisted Treatment, Circles of Care, and Tribal Opioid Response). Total funding awarded was $2,981,018.00
- Additional grants provided five additional full-time positions at SBRRC that supported substance abuse prevention, treatment, recovery and developing a holistic system of care for tribal members
- Methamphetamine in-patient treatment center will open May 2020
- An innovative partnership with Fort Peck Community College provided student experiences in construction, kept funding local, and increased awareness about resources available in the community among workers and their families
- Consistent planning and intergovernmental coordination through the Tatanka Gdes'ka Committee
- Integrated behavioral health services available on the reservation
- Training, workforce development, recruitment, and planning efforts integrated into policies and practices at SBRRC
- Two full-time staff at SBRRC provide peer recovery support services to clients through the MAT grant, all staff at SBRRC received state certification as peer recovery support specialists

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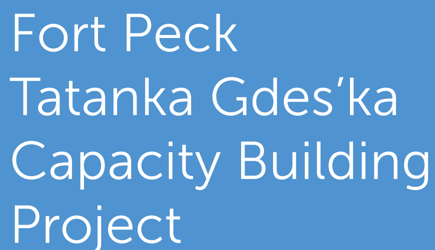

Fort Peck Tatanka Gdes'ka Capacity Building Project

Introduction and Grant Overview

The Spotted Bull Recovery Resource Center (SBRRC) organizational mission is to to provide opportunities for individuals and families to find a healthy lifestyle. Their vision is to help lead the community in an innovative way to walk in balance. The mission and vision is supported by these core value statements: 1) We respect and value the dignity of our people and their lives, 2) We build integrity and establish responsibility for our clients, and 3) We rely on a higher power to guide and provide a critical and cultural foundation of treatment.

On December 14, 2015, the Tribal Executive Board (TEB) established a Methamphetamine Treatment Program Development Committee (later named "Tatanka Gdes'ka" or "Spotted Bull" Committee) to study the extent of meth use on the reservation. Through a series of TEB resolutions, SBRRC was asked to develop a methamphetamine treatment center to address addictions in the region, particularly on the reservation. The TEB declared a state of emergency on the Fort Peck Reservation specific to meth and possession of meth. In January 2016, the TEB made the decision to develop and establish a Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF) accredited comprehensive meth treatment program on the reservation.

In 2016, Spotted Bull Recovery Resource Center (SBRRC) received $50,000 for a planning grant to explore the treatment needs for people who live on or near the Fort Peck Reservation. Then in November 2017, SBRRC received another grant for $150,000 from the Montana Health Care Foundation (MHCF) to establish and begin operation of a methamphetamine in-patient treatment center (MTC) on the Fort Peck Indian Reservation. SBRRC utilized a three pronged approach: 1) Build the capacity of SBRRC to conduct 3rd party billing and generate continuous revenue to fund operations, 2) Oversee the remodel and upgrade of current infrastructure to meet in-patient treatment standards: JCAHO, CARF, and federal guidelines, 3) Prioritize and implement Integrated Behavioral Health principles and programming services for the community. Figure 1 outlines the timeline for SBRRC activities.

Figure 1. SBRRC Capacity Building Timeline

Health Problem Addressed

Methamphetamine use and abuse impact nearly everyone. Rates of methamphetamine use among American Indians are the highest of any ethnicity in the US and two times higher than any other group in the nation.[1] The most effective treatments for methamphetamine addiction are behavioral therapies, such as cognitive-behavioral and contingency management interventions. A comprehensive behavioral treatment approach combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non-drug-related activities—these are effective in reducing methamphetamine misuse.[2] Methamphetamine and poly-substance use directly impacts family systems and relationships, leading to suicide, social issues, violence, and trauma. Finding treatment options for people who misuse methamphetamines is difficult, with the closest inpatient treatment centers located in Seattle Washington, Butte Montana, or Billings Montana. Many families are unable to visit their relatives or provide support during treatment because of the distance and costs associated with travel. The MTC alleviates this problem by providing the treatment services closer to home where families and relatives can be involved in therapeutic sessions and recovery support that encourage long-term recovery.

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[1] Eulfhorst, E. (2016). Fueled by drugs, sex trafficking reaches crisis on Native American Reservation. Reuters. May 17, 2017, available from: https://www.reuters.com/article/us-trafficking-nativeamericans-drugs-idUSKCN0Y818L

[2] National Institute on Drug Abuse (2019). Methamphetamine. Available from: https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-treatments-are-effective-people-who-misuse-methamphetamine

Target Population

SBRRC focused on the following at risk populations in their efforts, low income and economically disadvantaged children, American Indian and Alaska Native populations, other racial and ethnic minorities, people with disabilities, and older adults.

Partnerships

SBRRC's partners were involved in designing the project and implementation. Partnership roles are described in the next sections.

SBRRC provided direction, advice, and leadership in the development of accepted and established appropriate Chemical Dependency Treatment Practice and Protocol. The Fort Peck Tribal Executive Board provided legal guidance, direction, and program authority. The Indian Health Service Unit-Fort Peck provided advice and direction on appropriate Medical and Psychiatric Treatment protocols and services. The Fort Peck Tribal Courts provided data and judicial support, including appropriate court ordered treatment plans through its Healing to Wellness Court. The Fort Peck Tribal Law Enforcement provided law enforcement data, direction, and program support. The Roosevelt and Valley County Commissioners provide inter-governmental cooperation, advice, and support. The Office of the United States District Attorney-Montana provided legal data, direction, and program support. The Department of the Interior Office of the Solicitor provided legal advice, direction, and program support. The Montana Department of Public Health and Human Services provided support for inter-governmental cooperation, advice and general support. The Office of the Governor and Attorney General provided support for intergovernmental cooperation, advice, and general support. The Tribal Action Planning (TAP) Committee and the Tatanka Gdes'ka Planning Committee offered support through coordination of services and working closely with SBRRC in the planning process. Accrediting agencies worked with SBRRC on the processes for seeking and achieving JCAHO and CARF accreditation.

SBRRC also coordinated efforts with potential partners identified by the MHCF. The following local entities serve on the Tatanka Gdes'ka Committee:

- SBRRC - Dale Four Bear, Courage Crawford, Terri McAnally, Carrie Manning, Sherl Shanks
- TEB - Chairman Azure, Leonard Crowbelt
- Planning Department - Dr. Key Ryan
- Tribal Health- Dennis Four Bear
- HPDP-Dale DeCoteau
- Red Bird Woman Center - Juanita Cantrell, Gwen Gourneau, Anne Denny, and Mary Windchief
- Fort Peck Community College - Loy Sprague
- IHS- Sylvia Longknife
- IHS Mental Health Team - Dr. Darlene Wilcox
- Tribal Courts- Rita Weeks
- Tribal Administration - Jackie Weeks
- Community Member - Wayne Martell
- IDEA, Inc.- Ernie Bighorn
- TAP Committee- Ernie Bighorn

About SBRRC Clients and Services

Between October 1, 2017, and September 30, 2018, SBRRC served 332 clients. Of these 172 were male and 160 were female. The average client age was 35 years and ranged from 15 to 71 years. Most clients were American Indian, however, two were white, one Hispanic-Mexican, and one Alaska Native. Nineteen clients were veterans. The most common primary diagnoses was alcohol accounting for 26.4% of all diagnosis (n=47) followed by amphetamine (n=35), and cannabis (n=29). Recent substance use is mainly limited to alcohol, marijuana, amphetamines, and nicotine. Other substances like opioids, sedatives, inhalants, cocaine, hallucinogens, heroin, and others were rare. Just 20.9% of clients are employed full-time, and 59.5% are unemployed. Referrals come from a variety of sources, with 39.3% from the Fort Peck Tribal Courts, 20.1% self-referral, and 17.8% BIA Social Services.

SBRRC provides a variety of services to clients, and IOP Groups account for the most frequently billed services. In 2017-2018 alone, SBRRC billed 2,472 hours equating to $1,124,873.75 in revenue that could be reinvested back into SBRRC staffing, facilities, and treatment efforts. Evaluation and assessment were the second most common services with 457 hours billed resulting in $207,935 in revenue. Finally, individual counseling accounted for 311 hours during this period and $141,505 in revenue. Combined, SBRRC provided more than 7,865 hours in services to clients in this one-year period.

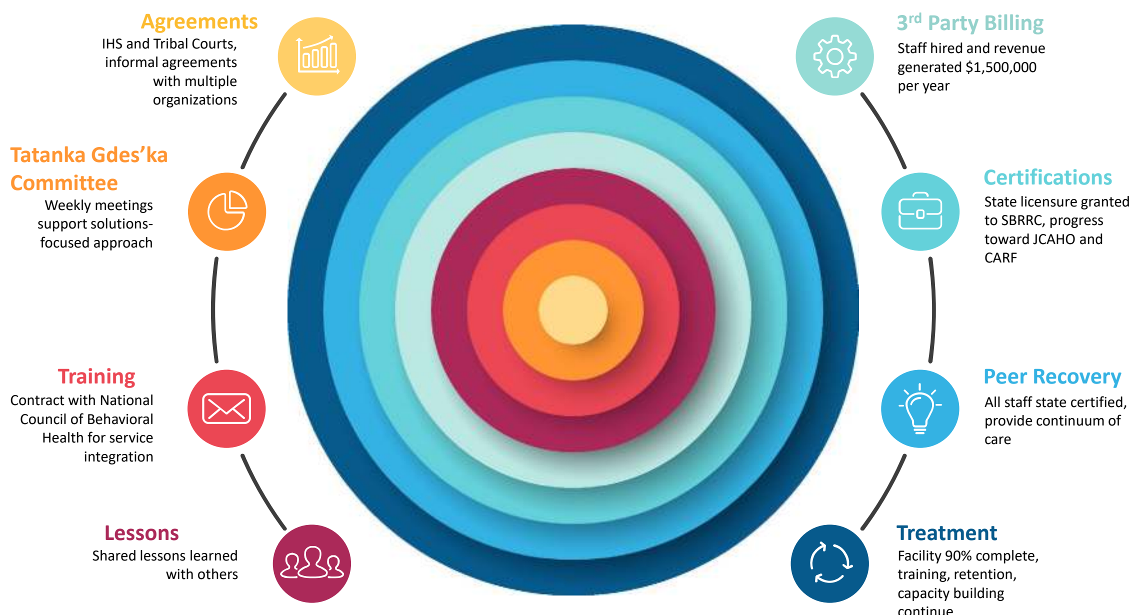
SBRRC Staffing

SBRRC employs five full-time staff LACs. During an average month, LACs serve an average of 48 clients in aftercare, evaluation and assessment, IOP, individual counseling, intake, jail evaluation and assessment, and pre-treatment. MHCF provided funding that supported 3rd party billing, allowing an increase in the number of LACs on staff at SBRRC.

Work Plan

As part of the MHCF funding, SBRRC implemented a work plan with various tasks during a 24-month period (FY 2018 and 2019). Figure 2 outlines various work plan components and their status.

Figure 2. Work Plan Components



This section of the evaluation report summarizes the status of each task with supporting evidence given for the completion rate given (0-100%).

Finalize MOU's/MOA's with stakeholders and external partners- 100% Complete

One agreement between SBRRC and IHS was signed and executed as a result of this funding. Informal agreements with local organizations like Red Bird, Fort Peck Community College, Tribal Courts, and Tribal Social Services were initiated as a result of this funding. SBRRC's strong partnership with IHS supported various grant opportunities that emerged from the MHCF funding. SBRRC partnered with IHS to provide recovery services. An agreement (via letter) from the tribal courts outlined services available from the courts for clients when they returned from treatment through their Family Healing to Wellness Courts grant. The SBRRC Director is currently working on a final agreement with SBRRC and the THIP to fund Tier 2 clients that will fund 100 clients per year. This agreement does not require an MOU because THIP and SBRRC are part of the Fort Peck Tribes.

Access the Tatanka Gdes'ka Committee's weekly meetings to inform partners and strategize solutions and follow-through on issues affecting the project. – 100% Complete

Every Tuesday the Tatanka Gdes'ka Committee met to discuss the project, plan for additional funding that would support SBRRC efforts, and address emergent needs like the meth and opioid epidemic on the reservation. From these weekly meetings, SBRRC developed successful grant applications that were funded to support medication assisted treatment (MAT) and developing a system of care for youth and families on the reservation (see SAMHSA funding described in the attached report). Courage Crawford noted, "Because of this (MHCF) project, we were able to get additional funding."

Commitment to contract with the National Council of Behavioral Health for the planning of integrated behavioral health services. –100% Complete

This was completed and written into the second level of funding for the larger grant. The Council helped SBRRC understand the importance of billable diagnoses and completed a site visit in Poplar, Montana. They also helped define third party billing and trauma-informed care. Both of these focus areas were very helpful to SBRRC. Their work increased provider knowledge about trauma-informed care. The funding of $10,000 that supported their contract was worthwhile.

Continue communications with other treatment centers on the lessons learned from the planning process and infuse those lessons learned into the implementation.- 100% Complete

SBRRC met quarterly with CD directors at Rocky Mountain Tribal Leaders Council. These meetings provided a consistent platform for sharing information with other treatment centers and learning from other treatment centers like Northern Arapaho who have been successful in their implementation of residential treatment efforts. Connections developed through these quarterly meetings will continue to support SBRRC as they continue to build their residential treatment program, 3rd party billing, and integrated behavioral health principles in the community.

Update and revise the staffing plan (100% complete), an operational budget (100% complete), construction and renovation estimates (90% complete), program design (80% complete) and a sustainability plan (100%) and seek funding for renovations. – 100% Complete

All are 100% complete except for the final occupancy of the treatment center at SBRRC. SBRRC estimates they will be opening the treatment center in May 2020. All of the work is near completion and SBRRC continues to work with students at Fort Peck Community College to install flooring, place furnishings, and other minor updates. The treatment center will be sustained through 3rd party billing and Courage's position will be paid for through revenue generated by the facility.

Continue to access training on requirements for certification and accreditation.- 100% Complete

Training continues online with LACs, SBRRC is state certified and accredited. IHS continues to be a strong partner in training, recruitment, certification, and accreditation efforts.

Hire and train the third-party billing staff within the first quarter of the grant. -100% Complete

Natasha Knowlton is a trained, certified, 3rd party biller at SBRRC. Once the treatment facility opens, this will be another source of revenue that will sustain her position and others at SBRRC.

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Continuation of the grant will be contingent upon completion of this step.-100% Complete

SBRRC successfully completed the MHCF work plan tasks.

We have coordinated with training and workforce entities to train and recruit necessary staff for the treatment facility.-100% Complete

This is completed but will be ongoing at SBRRC. Mona Summer is providing some training and workforce planning and development. SBRRC is also partnering with IHS to retain staff and recruit new staff for various positions at SBRRC and in the community.

We have begun and will continue the processes to obtain State Licensure and accreditation by JCAHO and CARF. Application for State approval for current level of care submitted by end of quarter one. – 100% Complete

SBRRC has State Licensure and continues to work toward accreditation by JACHO and CARF. Copies of licensure are available upon request.

Coordinate intergovernmental approval and facilitate interagency and intergovernmental dialogue.- 100% Complete

Through the Tribal Action Planning committee (TAP) and various prevention efforts, SBRRC is partnering with Roosevelt County and the Tatanka Gdes'ka planning committee. Any activities, grants, prevention strategies, and education efforts are first reviewed by the TAP. After the TAP reviews the document or proposed activity, strategy, effort, they assign it to the appropriate tribal program. This process has been invaluable for facilitating approval and communications between various tribal, state, local, and county agencies. For example, for topics related to prevention, the TAP assigns the review to the 477 program. SBRRC is aware of the prevention strategy because of the open communications facilitated by the TAP. When 477 clients complete treatment, they are referred to various prevention and recovery programs in the community.

Peer Recovery support will be used as part of the continuum of care, specifically utilizing the Medicine Wheel model for maintaining a healthy balanced lifestyle free from alcohol and drug abuse. It also teaches young people life skills and character development skills using a story-telling approach.- 100% Complete

Dale Headdress and Laurel Cheek are state-certified peer recovery support specialists. All caseworkers at SBRRC are state certified as well. Their work continues as peer recovery support specialists through a SAMHSA funded MAT grant that focuses on opioid use disorder and providing peer recovery support services in addition to MAT for up to 60 clients over a 3-year period.

Upon discharge, individuals have access to local resources such as Narcotics Anonymous, Alcoholics Anonymous, Medicine Wheel, Alanon, FPCC Language, and Culture Program, traditional leaders and healers in the medicine lodge and regular religious services.- 100% Complete

SBRRC has made progress toward this work plan item but will continue. MCHF funding encouraged communications and partnerships with the TAP and the wellness courts. With the wellness court as a partner, clients also receive housing support, medical services, 477 programming, access to college education, GED, and other opportunities. With funding from the Tribal Opioid Response grant (TOR) and the Intergenerational Connections Project (ICP) SBRRC has been able to offer cultural activities, transportation to and from sacred sites, attendance at powwows, and naming ceremonies.

SBRRC formal services include intensive outpatient, aftercare, pre-treatment, 1-to-1 counselor options, Talking Circles: anger management and parenting classes, Annual Red Ribbon Run, Creator's Games, Rodeo participation, and other local events and programs. – 100% Complete

Through the 3rd party billing capacity development, SBRRC bills for formal and informal services summarized above. Over 70% of referrals come from Tribal Courts such as probation, Healing to Wellness Court, and the DUI Court. SBRRC has a liaison to work with Tribal Courts for those referred from Courts. Tribal Courts were awarded a SAMHSA Family to Healing Wellness multi-year grant where a LAC is housed at SBRRC to assist those who are referred through the Family Healing to Wellness Court. This helps to leverage the resources gathered and avoid duplication. Referrals are also made from IHS Mental Health services and BIA Social Services. Walk-ins from the community also occur regularly.

A significant obstacle to recovery is the loss of

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momentum between the time a patient actively seeks treatment and the availability of a bed. The MTC will solve this by decreasing the current 4-6 week wait for a free bed in Butte, MT; Billings, MT; and Seattle, WA. Current services include but are not
limited to when the client is evaluated, is assigned a case manager, takes a TB test, physical, pre-treatment classes, and is invited to existing non-formal support groups and intensive outpatient. – 90% Complete

The MTC addresses the need for immediate treatment and access to a local treatment facility.

Courage Crawford said,

"We don't want to be waiting anymore, now with THIP dollars we can get them out faster."

The MTC will offer easier access for visitation. Treatment can be a lonely place. Developing an after-care plan a natural extension of treatment – the LAC is brought in rather than handing the client off to a different LAC. Other services can be continued such as Mental Health or Education in the community during treatment.- 90% Complete

The facility will treat pregnant women or women with young children in Phase 2. -50% Complete

Once MTC is up and running, 50% of clients that SBRRC serves will be pregnant women or women with young children. SBRRC has a lease with LeAnn's hotel in Poplar Montana that will house women.

Develop Proforma, business plan, staffing analysis, program design, and construction analysis are attached as a separate file.- 100% Complete

Additional documentation is available upon request.

Integrated Behavioral Health is an ongoing and lively topic of both SBRRC staff meetings and TG Committee meetings. Through the Circles of Care grant, SBRRC is actively integrating Behavioral Health with staff specifically trained in BH and finding opportunities for staff to be trained in behavioral health methods and principles- 100% Complete

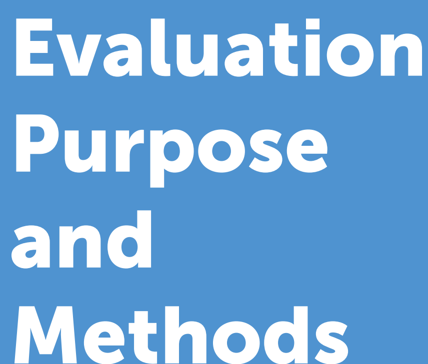
Additional documentation from Circles of Care is available upon request. Circles of Care goals to develop a community resource map, train 20 agency staff, and involve 405 community members in planning a holistic system of care have been achieved. Circles of Care works closely with Fort Peck Community College students interested in pursuing their LAC to provide training opportunities. Students attend national conferences, community GONAs, and various trauma-informed workshops.

The only tasks that were not 100% complete were related to the MTC and Phase 2 of the project that focuses on treating pregnant women with young children. Reasons why these tasks were not completed within the project period are related to delays with renovations of the facility and the contracting process.

Major Work Plan Accomplishments

- State licensure granted to SBRRC
- 3rd party billing capacity developed, one full-time staff member hired and trained
- Three additional federal grants awarded to SBRRC (Medication Assisted Treatment, Circles of Care, and Tribal Opioid Response). Total funding awarded was $2,981,018.00
- Additional grants provided five additional full-time positions at SBRRC that supported substance abuse prevention, treatment, recovery and developing a holistic system of care for tribal members
- Methamphetamine in-patient treatment center will open May 2020
- An innovative partnership with Fort Peck Community College provided student experiences in construction, kept funding local, and increased awareness about treatment resources available in the community among workers and their families
- Consistent planning and intergovernmental coordination through the Tatanka Gdes'ka Committee
- Integrated behavioral health services available on the reservation
- Training, workforce development, recruitment, and planning efforts integrated into policies and practices at SBRRC
- Two full-time staff at SBRRC provide peer recovery support services to clients through the MAT grant, all staff at SBRRC received state certification as peer recovery support specialists

Evaluation Purpose and Methods



A mixed-method evaluation design was used to evaluate the Fort Peck Tatanka Gdes'ka Capacity Building Project. The evaluation analyzed two years of SBRRC data (2018-2019) to explore how capacity was developed and outcomes achieved as a result of the effort. Using process and outcome-based measures, the evaluation explored activities and outcomes resulting from the two-year project. Theory of change frameworks guided the evaluation effort to document the activities, outputs, outcomes, and goals. We assessed value and impact of the project using standardized criteria: relevance, effectiveness, efficiency, impact, and sustainability. A capacity building evaluation framework guided the investigation of evidence toward capacity building using three dimensions, individual level, within organizations, and the enabling environment. Conclusions address issues related to capacity in four areas: effectiveness, efficiency, relevance, and sustainability. This section also discusses these lessons within the context of programming at SBRRC and beyond.

The evaluation used several methodological approaches and data sources:

- A review of existing SBRRC reports, client progress summaries, budgets, and funding agency correspondence
- Informal interviews with SBRRC staff in-person and over the phone
- Correspondence with MHCF grant staff
- On-site visit with SBRRC staff and tour of MTC
- Partner program data and evaluations from GONAs, Methamphetamine Symposiums, and community-based outreach

Original MHCF Evaluation Plan

The original MHCF evaluation plan included eight components:

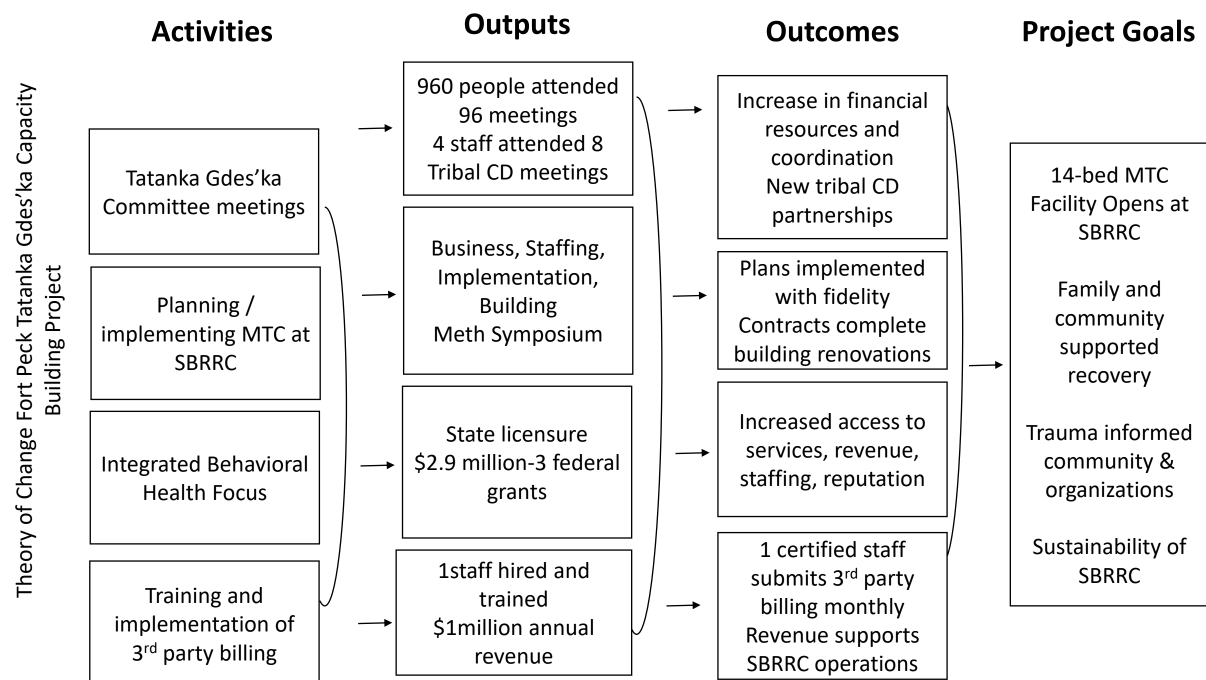
1. Collect, analyze and report substance abuse data (methamphetamine)
2. Implement start-up plan, operational plan, staffing plan, and sustainability plan
3. Build capacity for IBH and 3rd party billing
4. Obtain accreditation from JCAHO and CARF
5. Complete renovations on MTC
6. Recruit and retain necessary staff for MTC
7. Recruit first cohort of patients to be treated
8. Documentation of treatment services provides and success rates

The evaluation of these components was intended to be process and outcome driven *(see Appendix A).* However, because the evaluation was conducted three months after the project ended and not implemented throughout the project, some of the process and outcome related data are not available. In such cases, the evaluation team used the best available data to document outcomes and impacts as they relate to the original evaluation plan. In the next section, we summarize the theoretical framework used, process, outcomes, values, and impacts resulting from the funding.

Theory of Change

A theory of change is a theory of how and why a program, intervention, or initiative works.[3] Figure 3 outlines the theory of change model used in evaluating outcomes of the Fort Peck Tatanka Gdes'ka Capacity Building Project.

Figure 3. Tatanka Gdes'ka Theory of Change



Value and Impact

We assessed the value and impact of the project using standardized criteria: relevance, effectiveness, efficiency, impact, and sustainability.[4] Briefly, relevance involves engaging target populations and promoting learning. Effectiveness is achieving results and meeting standards/goals. Efficiency means implementing project activities and increasing reach. Impact means changes resulting from the project. Sustainability involves mobilizing resources and increasing social capital.
SBRRC engaged state, local, private, county, and federal organizations in the project through weekly Tatanka Gdes'ka meetings over a 2-year period with an average of 10 people attending each meeting. Meetings promoted learning about best practices, training opportunities, needs of the community and population, and trauma informed principles in behavioral health.

SBRRC was effective in achieving the results they intended with nearly 100% of their work plan complete and plans to expand services for pregnant women with children, and families. The efficiency of SBRRC efforts were also noted, with three new federal grants to support treatment and integrated behavioral health funded as a result of MHCF funding. Sustainability of SBRRC efforts has been documented, with revenue projected to exceed $2.5 million per year from 3rd party billing and THIP funding.

"Our hope is that we all learn from each other. We all have that place we call home... it is our responsibility. The solutions lie with us. It is a process that begins with ownership, it is about saying I have a problem. We live in this fast food society where we expect solutions to be right there. When we are hungry, we pull into Mc Donalds. We are feeling down; we go to I.H.S for a pill. It is a beautiful process when they turn that corner. We are in a battle; Meth is the ultimate feel good drug. It changes the brain chemistry. It gets individuals thinking differently. When it comes to providing therapy, we have to look at the physical structure of the brain."

– Dale Four Bear, SBRRC Director March 2018

[3] Connell, J. P., & Kubisch, A. C. (1998). Applying a theory of change approach to the evaluation of comprehensive community initiatives: progress, prospects, and problems. New approaches to evaluating community initiatives, 2(15-44), 1-16.
[4] Better Evaluation (2019). Impact Evaluation. Available from: https://www.betterevaluation.org/en/themes/impact_evaluation

Goal 1 Capacity of SBRRC 3rd Party Billing

Natasha Knowlton is certified, full-time 3rd party biller at SBRRC. Once the residential treatment facility opens, this will be another source of revenue that will sustain her position and others at SBRRC.

Goal 2 Remodel and Upgrades for MTC to meet JCAHO and CARF standards

The remodel and upgrades for MTC is 90% complete. SBRRC estimates they will be opening the treatment center in May 2020. SBRRC continues to work with students at Fort Peck Community College to install flooring, place furnishings, and other minor updates. The treatment center will be sustained through 3rd party billing revenue and staff positions will be paid for through revenue generated by the facility.

Goal 3 Prioritize and Implement Integrated Behavioral Health Principles

SBRRC contracted with the National Council of Behavioral Health for the planning of integrated behavioral health services at SBRRC. The Council helped SBRRC understand the importance of billable diagnoses and completed a site visit in Poplar, Montana. They also helped define third party billing and trauma-informed care. Both of these focus areas were very helpful to SBRRC. Their work increased provider knowledge about trauma-informed care.

SBRRC met quarterly with Chemical Dependency Directors at Rocky Mountain Tribal Leaders Council in Billings Montana. These meetings provided a consistent platform for sharing information with other treatment centers and learning from other treatment centers like Northern Arapaho who have been successful in their implementation of residential treatment efforts. Connections developed through these quarterly meetings will continue to support SBRRC as they continue to build their residential treatment program, 3rd party billing, and integrated behavioral health principles in the community.

"We need a residential in-patient facility. A community, support network, a recovery community. You go to treatment and come back, and that support isn't there. The wellness courts-we need 100% sober living or recovery housing- a safe place to be sober. This is something for the future that would help people achieve long-term sobriety."

- Public Defender, March 2018

"We all have the same goal. We want to deal with the drug problem but we cannot deal with that without helping the person first. We have all these different courts, but most of them have children. Working with people the greatest challenge is mental health. One of my goals was to see if we could get more mental health."

– Tribal Court Judge, March 2018

Outcomes Evaluation

Changes resulting from the Fort Peck Tatanka Gdes'ka Capacity Building Project are outlined below.

MHCF Outcomes - Raised Awareness. Enhanced Knowledge and Skills. Improved Communications and Teamwork. Strengthened Existing Committees and Enhanced Networks. New Knowledge and Sustainability.

Raised Awareness

New funding from SAMHSA Circles of Care, MAT, and TOR increased the number of activities that SBRRC was involved in during the 2-year period. Activities raised awareness about methamphetamine and poly drug abuse on the reservation. One of the major barriers in the community is the stigma and lack of information about MAT. On May 23, 2019, SBRRC led a 1-day conference for professionals to increase awareness about MAT and treatment/recovery resources available in the community. A total of 12 individuals completed a survey at the end of the conference. Just 59% knew about MAT before attending the conference and 37% felt that MAT was available on the reservation. When asked to list the three biggest myths about MAT, responses varied. Most wrote that people think MAT replaces one drug for another, getting free drugs, that the focus is on medication only and not therapy, and that the MAT program will fail. Despite these myths, 64% of respondents would encourage a family or friend to use MAT, while others were not sure. Additional comments from conference attendees include a concern about monitoring MAT drugs so they are not traded for other drugs, a concern that TEB is not open to learning about MAT, and appreciation for the conference information.

"Before the conference, I would not have recommended MAT, but now I would."

– MAT Conference Attendee, May 2019

"I really liked the topics we touched on. I understood some things I didn't before. It helped me out a lot on how to deal and think with certain things."

- Symposium Attendee, March 2018

Enhanced Knowledge and Skills

SBRRC contracted with the National Council of Behavioral Health for planning of integrated behavioral health services. The Council helped SBRRC understand the importance of billable diagnoses and completed a site visit in Poplar, Montana. They also helped define third party billing and trauma-informed care. Both of these focus areas enhanced the knowledge and skills of SBRRC staff. Their training increased provider knowledge about trauma-informed care.

SBRRC coordinated with training and workforce entities to train and recruit necessary staff for the treatment facility. Mona Summer is providing some training and workforce planning and development. SBRRC is also partnering with IHS to retain staff and recruit new staff for various positions at SBRRC and in the community.

Peer Recovery Support is part of the continuum of care, specifically utilizing the Medicine Wheel

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model for maintaining a healthy balanced lifestyle free from alcohol and drug abuse. This culturally based approach teaches young people life skills and character development skills using a story-telling approach. Dale Headdress and Laurel Cheek are state certified peer recovery support specialists and current lead recovery support efforts for the SBRRC MAT grant (2018-2021). All caseworkers at SBRRC have completed the 40-hour training course hosted by the Montana Peer Network.

Six staff that collect and report on Government Performance and Results Act (GPRA) measures attended a 1.5-hour session in October 2019. The on-site training focused on when and how to conduct the GPRA interviews. GPRAs are required for two of the SBRRC grants and practices of confidentiality, trust, and data management and recording support staff knowledge and sustainability of additional program efforts that require data collection and reporting.

"I believe the training that was offered have really helped support our project. Also, working with the National Council for Behavioral Health has been very well received. We would love to have another substance use disorder conference as that was very informational."

- SBRRC Courage Crawford, 2020

Improved Consensus and Teamwork

SBRRC was involved in two separate Gathering of Native Americans (GONAs) during the project period reaching more than 150 people. Most attendees worked for the tribe, others were students, recovery professionals, parents, educators, health care professionals, tribal elders, tribal courts, and tribal health professionals. The goals of the GONAs were to document community perspectives about social problems, strengths, and bring people together to support recovery and healing on the reservation. Results from the GONA demonstrate several needs that SBRRC plans to address in the future using a consensus building and teamwork approach. The first need is to address unresolved traumas, second, unresolved grief and loss, and third, unhealthy relationships. The strengths of the community are multiple. The first strength is spiritual practices, second, family stability, and third, supportive relationships.

"I liked the team work and the communication today, it helped me learn how to communicate better. I liked figuring out what our people need, our strengths and our weaknesses."

- GONA Participant, 2019

Strengthened Existing Committees and Enhanced Networks

This project facilitated communications and networking among several committees on the reservation. Although this was mentioned previously in this report, the TAP and 477 example demonstrates how committees and networks work.

The Tribal Action Planning committee (TAP) led by Ernie Bighorn began meeting again after SBRRC received funding from MHCF. SBRRC strengthened partnerships with Roosevelt County, and the Tatanka Gdes'ka planning committee during this two-year period. Committees developed a process to ensure maximum use of resources and impact using the following strategy. Any activities, grants, prevention strategies, and education efforts are first reviewed by the TAP. After the TAP reviews the proposed activity, strategy, or effort, they

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assign it to the appropriate tribal program. This process has been invaluable for facilitating approval and communications between various tribal, state, local, and county agencies. For example, for topics related to prevention, the TAP assigns the review to the 477 program. SBRRC is aware of the prevention strategy because of the open communications facilitated by the TAP. When 477 clients complete treatment, they are referred to various prevention and recovery programs in the community. Another example is the Good Behavior Game.[5] This is in nearly every school on the reservation and is a partnership with Roosevelt County. They are now in the process of developing a parent intervention based on various stages of development and SBRRC will facilitate training during PIR days for teachers. This addresses a need identified by SBRRC of bringing more mental health resources and services into the community and schools.

New Knowledge and Sustainability

SBRRC leads an annual methamphetamine symposium with the goal of sharing new knowledge about methamphetamine, solutions to address the problem, and after care. Symposium topics include health, child abuse and neglect, mindfulness, Nako'n Wich'o'iye, early literacy, recovery, spirituality, awareness/education, and more. The value of this symposium and evaluation is that people increased their knowledge and understanding of methamphetamine solutions, problems, aftercare, and early childhood development. All attendees report that methamphetamine is a major problem in their communities and that more efforts are needed for effective prevention and intervention. Ratings for presenters, panelists, and sessions were moderate to high, and attendees felt that the information was useful to them. Attendees felt that continued support for families and the younger generation is needed. Others felt that recovery support and 12-step programs are critical for sustaining recovery. Increased outreach and prevention in the jails, community, and schools will prevent methamphetamine use. Some felt there needs to be more positive activities for youth that are grounded in culture and prevention.

Data collected from the annual symposia demonstrate the urgency of addressing methamphetamine with the MTC and enhanced recovery resources on the reservation.

Methamphetamine: How much of a problem is it?

Participants were asked, "On a scale of 1 to 10, how much of a problem is methamphetamine in your community?" Where "1" = "Not a problem at all", "5" = "Somewhat of a problem", and 10 = "A major problem". Ratings ranged from 7 to 10, with a Mean of 9.67 (SD= .68). This rating indicates that attendees feel that methamphetamine is a major problem in their communities.

96% of community members feel that meth is a major problem

Community's efforts

Participants were asked, "On a scale of 1 to 10, rate your community's efforts to address methamphetamine use". Where "1" = "No efforts", "5" = "Some", and 10 = "High effort". Ratings ranged from 1 to 10, with a Mean of 7.40 (SD= 2.30). This rating indicates that communities are placing a moderate to high level of effort to address methamphetamine.

74% of community members rate efforts to address meth as moderate to high

Effectiveness of Prevention efforts

Participants were asked, "On a scale of 1 to 10, how effective are current methamphetamine prevention efforts?" Where "1" = "Not at all effective", "5" = "Somewhat effective", and 10 = "Extremely effective". Ratings ranged from 1 to 10, with a Mean of 7.16 (SD= 2.45). This rating indicates that current prevention efforts are somewhat to moderately effective.

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[5] Tingstrom, D. H., Sterling-Turner, H. E., & Wilczynski, S. M. (2006). The good behavior game: 1969-2002. Behavior modification, 30(2), 225-253.

"71% of community members feel that methamphetamine prevention efforts are somewhat to moderately effective."

"Our relationship with the creator will validate us on who we are and what we are. We all have a purpose."

- Ed Parsells, Symposium Presenter, March 2018

In the next sections, we summarize capacity building efforts resulting from MHCF funding.

Capacity Building Evaluation

Consistent with a capacity building evaluation approach, the MHCF evaluation explored capacity at the individual level, within organizations, and the enabling environment (see Appendix B).[6]

Table 1. Capacity Areas and Dimensions Evaluated

Individual	Skill levels, knowledge, competencies, attitudes, behaviors, and values
Organizational Level	Coordination, leadership, inter/intra organizational linkages, program management, multi-stakeholder processes, priorities, processes, systems, and procedures, human and financial resources, knowledge and information sharing, and infrastructure
Enabling Environment	Policy and legal frameworks, political commitment and accountability, economic framework, budgets, and power, legal, policy, and political environment.

Individual Level

To what extent did the project enhance functional and technical skills and knowledge?

SBRRC staff skills and knowledge increased as a result of this project, see 3rd party billing, knowledge of tribal and internal contracting process for renovations, GPRA training, peer recovery support specialist 40-hour certification, integrated behavioral health principles training and integration, and continued workforce development opportunities.

Attitudes about the impacts of methamphetamine changed as a result of the project through innovative educational sessions like the annual methamphetamine symposium, the MAT conference, and community GONAs. For example, some professionals reported that before attending the MAT conference they would not have recommended MAT to a family or friend, but after attending the conference they would. Values are a strength of the community and evident in community responses about the spiritual aspects of recovery, the need for community cohesion, support, and resources to support individuals and families in need.

[6] Food and Agriculture Organization of the United Nations (2019). OED Capacity Development Evaluation Framework Rome. Available from: https://mail.google.com/mail/u/0/#inbox/FMfcgxwHMGKJWlXhzwmwgRHjCcJZlkDv?projector=1&messagePartId=0.1

Organizational Level

To what extent did the project contribute to improve the performance of SBRRC and promote institutional changes?

SBRRC developed an agreement with IHS to ensure continuity of care and service provision for SBRRC clients. SBRRC serves more than 332 clients each year. Through this project, several institutional changes occurred, including hiring additional LACs, implementing 3rd party billing that will sustain SBRRC into the future, and pursuing additional funding that would involve community members in positive mental health and recovery events (Circles of Care). Through additional grants, SBRRC has been more engaged with the local schools, conducting outreach about mental health and a holistic system of care at high school basketball games and during school events (see attachments for Poplar, Wolf Point, Brockton community perspectives). SBRRC strengthened their relationship with tribal courts, sharing information and resources that improve communication and addressing gaps in the referral process for SBRRC clients.

Another institutional change resulting from SBRRC efforts is that Tribal courts now charge individuals with felonies in tribal courts and this has increased the need for treatment as more people become justice-system involved.

A review of SBRRC data from September 1, 2019, to November 30, 2019, show the largest number of clients are referred by Fort Peck Tribal Courts followed by self-referral, Table 2.

Table 2. SBRRC Client Referral Sources

Referred by	September 2019	October 2019	November 2019
Courts	54% (14)	53% (18)	26% (5)
BIA	8% (2)	3% (1)	21% (4)
Glasgow Federal State Probation	4% (1)	0	5% (1)
State Child and Family Services	0	3% (1)	11% (2)
Self-referral	31% (8)	35% (12)	37% (7)
Municipal Court	4% (1)	3% (1)	0
General Assistance	0	3% (1)	0
Total	**100% (26)**	**100% (34)**	**100% (19)**

**Note that not all clients have referral source totals reflect only those recorded by SBRRC.*

SBRRC employs five credentialed providers who provide culturally responsive sessions to clients at various stages of their recovery. SBRRC data show the number of sessions and clients served from September 1, 2019, to November 30, 2019, Table 3.

Table 3. SBRRC Sessions Provided by LACs

Sessions	September 2019	October 2019	November 2019
After Care	17% (28)	5% (7)	0%
Evaluation & Assessment	14% (23)	15% (21)	11% (20)
IOP	60% (102)	71% (96)	74% (129)
Individual Counseling	5% (8)	5% (7)	6% (1))
DUI	0%	2% (3)	7% (12)
Intake	1% (1)	0%	1% (1)
Pretreatment	4% (6)	1% (3)	2% (3)
Jail Eval/Assessment	1% (1)	0%	0%
Transportation	0%	1% (1)	0%
Totals	100% (169)	100% (136)	175 (100%)

Enabling Environment

What are the outcomes at the enabling environment level?

Awareness of methamphetamine as a major issue and the need for additional resources to support local treatment facilities and mental health services was documented through the course of this project. SBRRC was empowered through funding to take ownership of the contracting and renovations process when the original plans and contractors did not show up for the job, they reached out to Fort Peck Community College. The impacts of this partnership were unexpected, yet extremely beneficial to the community by building local construction skills, jobs, and awareness of SBRRC efforts and the new MTC.

"Swallow pride and just go through process. Fort Peck Community College Students helped build the facility and basically we are creating a pipeline from college to tribal projects, we did not know that was available. We started running into no shows for bid openings, we decided to go to college. When we did, that was it, that was the partnership, it was always there."

- SBRRC Staff, 2020

SBRRC found its path to success and this was difficult at times because the concept of creating MTC was new. Staff at SBRRC did not have the experience, but they were supported by other tribal CD programs, the TEB, and various organizations at the state, federal, and county levels.

Adequate allocation of resources and finances to implement the MTC was also noted, with funding from MHCF and $850,000 from the Fort Peck Tribes, there was adequate funding to support the MTC, staffing for 3rd party billing, and training in integrated behavioral health (see Appendix C).

Table 4 shows the number of service hours provided by SBRRC in a given month and the 3rd party revenue resulting from the services provided.

Table 4. Session Hours and SBRRC Revenue from 3rd Party Billing

	September 2019	October 2019	November 2019
Service Hours	345	445	440
Revenue	$93,388.75	$103,512.5	$101,123.75

Revenue will increase after the MTC opens. The approved substance use disorder Medicaid provider feed scheduled includes $239.23 per day for residential treatment (procedure code H0018).[7] With 100% occupancy of the MTC (14 beds) this would equate to $1,205, 719.20 per year, more than doubling the revenue coming into SBRRC each year.

Current SBRRC 3rd Party Billing
$1,474,313.75

Anticipated SBRRC 3rd Party Billing from MTC Open with 100% Occupancy
$1,205,719.20

Annual Revenue Anticipated at SBRRC 3rd Party Billing
$2,680,033.00

Percent Increase with MTC- 122.2% Increase in Revenue

Significant Challenges, Problems, Barriers

A key challenge that SBRRC was the prevalence of substance abuse on the reservation. Table 5 outlines SBRRC client polysubstance abuse diagnosis, where alcohol accounts for 50% of diagnoses followed by nicotine, 21% and amphetamines 20%.

[7] Based on SUD Medicaid Provider Fee Schedule Montana. October 1, 2019. Available from: https://medicaidprovider.mt.gov/Portals/68/docs/feeschedules/2019FS/Q32019/October2019FeeSchedules/FINAL100119SUDMedicaidfeeschedule508CompliantBMFMP.pdf

Table 5. SBRRC Client Diagnosis by Month and Total

Poly Substance Diagnosis	September 2019	October 2019	November 2019	Total	Percent
Alcohol	24	30	20	74	27%
Opioid	4	11	0	15	5%
Cannabis	18	21	11	50	18%
Sedative	0	0	0	0	0%
Other	0	0	0	0	0%
Cocaine	0	1	0	1	0%
Amphetamine	17	21	17	55	20%
Nicotine	24	19	14	57	21%
None/Other	8	9	6	23	8%
Total (count)	**95**	**112**	**68**	**275**	**100%**

Recent use is another challenge facing SBRRC. Despite efforts at SBRRC and in the community, recent substance use and methamphetamine use continues. Alcohol, nicotine, and amphetamines are the top three substances used by SBRRC clients, Table 6.

Table 6. Recent Substance Use by Month and Total

Recent Use	September 2019	October 2019	November 2019	Total	Percent
Alcohol	26	26	19	71	28%
Opioid	4	9	0	13	5%
Sedative	0	0	0	0	0%
Marijuana	20	20	9	49	19%
Inhalants	0	0	0	0	0%
Cocaine	0	1	0	1	0%
Amphetamines	17	21	18	56	22%
Hallucinogens	0	0	0	0	0%
Nicotine	27	25	13	65	25%
Heroin	0	1	0	1	0%
Over the Counter	0	0	0	0	0%
Other	0	0	1	1	0%
Totals	94	103	60	257	100%

A key barrier cited in interviews with SBRRC staff is getting people to treatment, or to the SBRRC facility. A review of services provided by LACs indicates that clients often no-show for IOP classes and evaluation/assessments. In September 2019, 35% of clients did not show-up or reschedule a service that was planned. MAT treatment is not available for amphetamine clients, although this is the third most common substance used by clients (with alcohol first and marijuana second).

In the first year of the project (2018), dealing with the drug and alcohol epidemic was very challenging. SBRRC wanted to put together the very best programming for the community, but this was difficult because much of the process of developing the MTC and 3rd party billing was not familiar. Another challenge SBRRC encountered was the need for certified staffing. To have a state certified facility, SBRRC needed LAC's that were willing to work in a remote area like Poplar Montana. Another related challenge is that there is limited housing for staff and clients that are in recovery.

> *"Poplar needs in-patient treatment center. Also, Wolf Point needs another in-patient center for the West end, a new facility. The bed facility is not big enough. We need two facilities. We need a recovery home also."*
>
> - Symposium Attendee March 2018

In the second year of the project (2019), SBRRC was attempting to put together long-term programming that did not exist. They discovered that 30 to 90-day treatment would not be sufficient for individuals with methamphetamine and poly-substance use treatment needs. SBRRC struggled with finding out ways to sustain programming and treatment long-term. Because most of the billable hours for treatment are only within the 30-or 90-day window it is difficult to fund treatment needs beyond that time period. SBRRC addressed this by creating a 3.1 level of care at the MTC that would support clients that needed a transition from the 3.5 level of care back into the community.

> *"With the MTC, clients will be able to stay with SBRRC/MTC for the long term as an outpatient service with housing."*
>
> - Courage Crawford, SBRRC 2020

Another barrier was the MOU that was written into the MHCF grant. Although the initial grant called for an official document, SBRRC decided that the best way to achieve agreements with partners and programs was through the Tatanka Gdes'ka committee. SBRRC has a business agreement with IHS rather than an MOU because of policy and bureaucratic issues within the federal government. This agreement allowed SBRRC to work closely with IHS in 2018 and 2019 to identify clients' needs and treatment placement. The agreement has been a success, in 2019 SBRRC sent 20 Tier 2 clients to treatment. SBRRC's goal for FY 20 is to send 100 clients to treatment and in the first quarter, they have sent 24 clients to treatment.

With funding from MHCF, SBRRC developed and strengthened partnerships with local, regional, state and community stakeholders and organizations. SBRRC's goal was to create a treatment facility that could serve all of North-eastern Montana and patients from other Tribes.

To improve support MHCF could be more available and present in the community. Although this is difficult because of the number of grants they fund, and the expansive geography of Montana, this would have strengthened the relationship between SBRCC and MHCF. One staff member said, "They could not come out, they would always meet half way, more availability, they did the best that they could. I have no complaints."

Conclusion

SBRRC was successful in implementing the project. This is evidenced by the status of work plan items and the revenue generated as a result of 3rd party billing.

Findings from the evaluation indicate that capacity was strengthened at the individual, organizational, and environmental levels. At the individual level, SBRRC employees received training in peer recovery support, GPRA, integrated behavioral health principles, medication assisted treatment, and 3rd party billing.

At the organizational level, SBRRC received state licensure which allows them to bill and open the MTC in the coming months. SBRRC also stayed true to its mission statement of wanting people to do well for themselves and their families. SBRRC encountered multiple barriers and delays throughout the 2-year project but remained committed to the mission and their people. Leadership and support from the TEB, the TAP, and various program partners mentioned previously contributed to their success.

At the environmental level, community awareness about the need for a treatment facility, and the impacts of meth on individuals and families was noted. SBRRC partnered with other programs like COC and MAT to implement community outreach that encouraged community members to take ownership of the problem and get involved in the planning process. Financial and policy support from the TEB and other agencies was a contributing factor to the success of the project, without this support, it would have been difficult to implement the project.

Project outputs demonstrate that the goals of the project were achieved, 960 people attended 96 meetings that coordinated and supported capacity building efforts. Four staff members attended 9 tribal chemical dependence director meetings that provided solutions and support to SBRRC. A business, staffing, and implementation plan were completed, and this guided the project. One staff member was hired and trained, monthly 3rd party billing revenue will support SBRRC in the years to come, and once the MTC is fully opened, this will double the revenue of SBRRC.

Project outcomes include increased financial resources and coordination, new partnerships with other tribal programs. State licensure will lead to increased access to services for clients, increased revenue at SBRRC, and the reputation of SBRRC as a credible service provider.

Project goals have been mostly achieved but will continue as SBRRC opens the MTC. Organizations and individuals are more trauma-informed as a result of this effort, and families and community members feel supported. Sustainability of SBRRC is possible because of the capacity established and supported with MHCF funding.

Recommendations

SBRRC found solutions to the challenges they experienced throughout the project. Recommendations noted in the evaluation report mainly relate to the administrative capacity of SBRRC, staffing and retention as an ongoing priority, and ongoing communications with the TEB and other partners to support the MTC and SBRRC.

Administrative capacity to document program processes and outcomes is needed. Because of the nature of the drug epidemic and running a treatment facility, staff are often overworked and documenting what is happening is not an immediate need, so in some cases, it does not happen. Documentation of progress is necessary because it establishes what has been done and what needs to be done, while informing program implementation, policy, and redirection of resources and efforts.

Staffing and retention of qualified staff is an important issue to focus on, with the Fort Peck reservation located in a rural and remote area of Montana with limited housing available. SBRRC may consider creating a work force development plan to train existing staff and retain them. Succession planning may help with the transition of the organization when key leaders or providers leave. Identifying the staffing and resources needed to sustain the organization will be important in the coming years as SBRRC increases services and treatment available. SBRRC provides a flexible work environment, support for staff to attend classes and training—these are important incentives that encourage employees to stay.

Ongoing communications with the TEB, partners, TAP and various committees will be important in the coming months as SBRRC opens the MTC. Weekly meetings with the Fort Peck Tatanka Gdes'ka Committee are important and should continue because they bring various programs, agencies, and partners together to plan, strategize, and implement programs that are needed in the community to promote health.

Implications

#1 Community-based treatment facilities are needed to address the high rates of substance abuse on the reservation. SBRRC is on track to open a treatment facility that will support individuals in their healing and encourage family involvement in the process. SBRRC's approach is grounded in the Medicine Wheel and spirituality—both contribute to a successful recovery.

#2 Sustaining program efforts is possible, and 3rd party billing is one of the primary ways to do this. SBRRC has the capacity and expertise to conduct 3rd party billing. Focused efforts are needed that ensure staff are retained, and that facilities continue to meet the state licensure requirements.

#3 Substance use is a persistent problem that is not easy to address. Understanding underlying factors that contribute to use, for example, unresolved trauma, unresolved grief, violence, and social and economic conditions must be included in the solutions. Treatment alone is not enough, employment, stable housing, education, spirituality, support from family and friends, and purpose must be integrated into SBRRC's approach.

"What we learned as a whole, is that you have to go through the process. The early part of the project we were just trying to force it, a lot of it was dealing with contracts, and sub-contractors. We have gone through it, instead, we just figured out to abide by policies that are there, had we done that in the beginning, we would have been further ahead."

- Courage Crawford, SBRRC 2020

Appendixes

Attachments *(available upon request)*

COC Annual Report December 2019
MAT Annual Report December 2019
Methamphetamine Symposium Report 2018 & 2019
Poplar, Wolf Point, and Brockton Community Banners

Appendix A. MHCF Evaluation Plan from Grant Application

1. Collect and analyze substance abuse data. By Quarter 1 of Year 1, SBRRC will have collected and analyzed intake information related to substance abuse and create a report for Tribal leadership and public consumption on the extent and nature of the methamphetamine epidemic. By Quarter 4 of Year 2 have collected and analyzed intake information related to substance abuse and create a report for Tribal leadership and public consumption on the extent and nature of the methamphetamine epidemic.

2. Implement a comprehensive start-up plan, an operational plan, a staffing plan, and a sustainability plan. By Quarter 1 of Year 1, SBRRC will have in place all necessary plans to begin 3rd Party Billing as an essential administrative function. By Quarter 4 of Year 1, SBRRC will have generated revenue from 3rd Party Billing. By Quarter 4 of Year 2, SBRRC will have generated funding for Phase 2 of the MTC.

3. Build capacity for IBH and 3rd party billing through training. By Quarter 4 of Year 1, SBRRC staff will have been trained on how to integrate behavioral health into the current delivery system. By Quarter 4 of Year 2, SBRRC Staff will be trained on how to integrate behavioral health into the service delivery system.

4. Obtain accreditation. By Quarter 3 of Year 1, JCAHO and CARF Certification will be obtained.

5. Complete renovations (with other funding) per the operational plan. By Quarter 4 of Year 1, all renovation and construction will be completed. By Quarter 4 of Year 2, Phase 2 will be fully funded and construction activities will begin.

6. Recruit and retain necessary staff per the operational plan. By Quarter 2 of Year 1, all position descriptions will be rated and available for publication and hiring. By Quarter 4 of Year 1, all positions will be fully funded. By Quarter 1 of Year 2, all staffing positions will be filled.

7. Recruit first cohort of patients to be treated, as measured by dissemination information, referrals, and client files. By Quarter 4 of Year 1, all 16 beds will be assigned.

8. Documentation of treatment services provided and success rates. By Quarter 4 of Year 2, a full report will be generated about the level of treatment services and the individual success rates of patients who have completed the program. Level 3 evaluation surveys will be disseminated to all patients to determine the efficacy of the treatment center. A1. Reduction in the amount of time between an individual seeking treatment and being assigned a bed. By Quarter 4 of Year 1, an analysis will be completed to determine the amount of reduction in time for a patient seeking treatment to being assigned a bed in the facility vs. the facilities off-Reservation. A2. Redirect travel costs to treatment facilities off Reservation to in house services. By Quarter 4 of Year 2, an analysis of the reduction in travel costs will be completed by SBRRC. A3. Sustainable funding for operations through a self-sustaining revenue stream. By Quarter 4 of Year 1, funding from 3rd Party Revenue will be at or near projections from 2017.

Appendix B. Concepts and Definitions

Capacity: the ability of people, organizations and society as a whole to manage their affairs successfully.

Capacity development: the process whereby people, organizations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time.

Capacity development dimensions: a. Individual dimension relates to the people involved in terms of knowledge, skill levels (technical and managerial), competencies, attitudes, behaviours and values that can be addressed through facilitation, training and competency development. b. Organizational dimension relates to tribal, public, and private organizations, state, county, federal organizations, and networks of organizations involved in substance abuse prevention and treatment in terms of : i) strategic

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management functions, structures and relationships; ii) operational capacity (processes, systems, procedures, sanctions, incentives and values); iii) human and financial resources (policies, deployment and performance); iv) knowledge and information resources; and v) infrastructure. The change in learning that occurs at individual level affects, from a results chain perspective, the changes at organizational level.

Enabling environment dimension: refers to the context in which individuals and organizations work, including the political commitment and vision; policy, legal and economic frameworks and institutional structures in tribal, state, federal and private sectors; national public sector budget allocations and processes; governance and power structures; incentives and social norms; power structures and dynamics.

Outcomes: results or effects of the MHCF funding

Outputs: activities and services provided as a result of MHCF funding.

Appendix C. MHCF Budget

MHCF - FP		**Year 1**	**Year 2**
BUDGET CATEGORIES	**NAME**		
A. Wages	Project Coordinator (Courage Crawford) $52,000 x 0.5FTE	26,000	26,000
B. Fringe Benefits (30%)	 **TOTAL PERSONNEL**	7,800 **33,800**	7,800 **33,800**
C. Travel	Conferences/Trainings Local Mileage **TOTAL TRAVEL**	1,533 1,547 **3,080**	1,533 1,547 **3,080**
D. Equipment	**TOTAL EQUIPMENT**	**0**	**0**
E. Supplies	General Office Supplies **TOTAL TRAVEL**	600 **600**	600 **600**
F. Contractual/Consultants	Licensure/CEUs Project Management Assistance **TOTAL CONTRACTUAL**	18,440 9,000 **27,440**	18,440 9,000 **27,440**
H. Other Costs	Project Management Software/License Accucare Training **TOTAL OTHER COSTS**	1,500 4,000 1,200 **6,700**	1,500 4,000 1,200 **6,700**
Total Direct Cost **Indirect Costs**		**71,620** **3,380**	**71,620** **3,380**
TOTAL COST		**$75,000**	**$75,000**

Appendix D. State Licensure

THE STATE OF MONTANA

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Certificate No. 90574

APPROVAL CERTIFICATE

OUTPATIENT CHEMICAL DEPENDENCY PROGRAM

THE DEPARTMENT DECLARES:

That this approval certificate is hereby granted to Spotted Bull Recovery Resource Center at the address of 603 Court Avenue, Poplar, Mt to conduct and maintain an Outpatient Chemical Dependency Program.
This program has complied with the Standards for Approval of Chemical Dependency Programs Rules for implementing Section 53-24-208 MCA, and is approved for the following components: **ACT PROGRAM, INTENSIVE OUTPATIENT, OUTPATIENT.**
This certificate is valid only for the person and premise for which it was issued. This certificate may not be sold, assigned or transferred and must be returned if the program is closed or sold.

This license shall be in force from the effective date to February 19, 2021, subject to revocation for due cause.

Carter Anderson, Division Administrator
Quality Assurance Division
406-444-2868

THIS CERTIFICATE MUST BE POSTED IN A PLACE EASILY VISIBLE BY THE GENERAL PUBLIC

WALK IN BALANCE
SPOTTED BULL
WELLBRIETY