



National American Indian & Alaska Native

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Mental Health

IN NATIVE AMERICAN COMMUNITIES · VOL 4 ISSUE 2 SUMMER 2023

**Mental  
Health and  
Indigenous  
Elders**

## DIRECTOR'S CORNER



Welcome to the latest issue of the Newsletter Mental Health in our Native Communities published by the National American Indian and Alaska Native Mental Health TTC. This issue is focused on Native Elders' mental health (MH) and how to preserve and support their MH in their sunset years. Respect for the Elders, their wisdom, and their teachings is not always translated into supportive care for Native Elders. The main column in this newsletter reveals that unfortunately there are very limited MH resources for Native Elders to access, especially in crises such as suicide. A strength-based approach with specific attention to increasing social support is crucial for Elders to stay healthy, thrive, and live a meaningful life in their communities.

The National AI/AN MHTTC has for some time been working on a curriculum for caretakers and healthcare professionals working with Native Elders. Weaving Together includes two tracks: 1) the first tract targets professionals working with Native Elders with mental, cognitive and physical challenges, and 2) the second tract focuses on caretakers and family members providing care for their elderly relatives. This work has been a collaboration between the National AI/AN MHTTC, Associate Professor Sato Ashida and many Native Elders across the country. The center has initiated a webinar series introducing the new curriculum.

Lena Thompson, PhD, who has worked with the Native Center for Behavioral Health for some time, is interviewed in this newsletter about her dissertation, which focused on disaster management in the older Native population: "We act as one: intersections between culture and Native Elder disaster management." The dissertation explored Native Elder perceptions around natural and man-made disaster management practices. and Dr. Thompson introduces us to the results published in the three dissertation studies, aimed at studying risk, attitudes, social norms, and control in disaster management. The studies also explored the roles of social support and generativity in determining disaster management behavior, specifically how to prepare the older population for disasters and how we can encourage their efforts in disaster preparedness.

I would like to introduce you to our new manager of the National AI/AN MHTTC K-12 School Mental Health program: Kevin Simmons, MA, PhD candidate, and a member of the Confederated Tribes of Grand Ronde/Muckleshoot, OR. He shares what the project has been focused on since the last newsletter, with specific reference to bullying among teens and young adults in tribal as well as urban Indian communities.

Kathyleen Tomlin, PhD, took the position as co-director for the MHTTC in January 2023. She is a member of the Cheyenne River Sioux Tribe in South Dakota and has worked with the Native Center for several years on implementing culturally informed Motivational Interviewing (MI). She is heading up a very extensive program for the 9 tribal nations in Oregon on implementing culturally informed MI for professionals working in child welfare.

Finally, let me boast a little. Since April, we have been sharing, through a series of webinars, the accomplishments of our graduates from the Native Leadership Academy. Six webinars are already completed (you can access them [here](#)), and we have two to go in August.

I hope you are able to stay safe and cool in the middle of a very hot summer for all of us.

Anne Helene Skinstad, PsyD, PhD  
Program Director, National AI/AN Mental Health TTC



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# Preserving the Mental Health of Indigenous Elders

Ken C. Winters, PhD

Contributions from Mary K. Winters, MEd

*Editor's Note: American Indian/Alaska Native (AI/AN) Elders can be differently defined by tribes and communities in their own way. Age alone is not always the determining factor for designating who is an Elder, and Elders are sometimes selected from the community. For this column, the term Elder will refer to individuals 55 years and older, as suggested by the Urban Indian Health Institute in Seattle (2022).*

American Indian/Alaska Native Elders are key role models in terms of knowledge and wisdom and for teaching and practicing their traditions, culture, and language (Urban Indian Health Institute, 2022). Many are leaders and supporters of the health and well-being of all AI/AN Elders (e.g., Kahn et al., 2016). Carole Ladd, a licensed independent clinical social worker in White Bear Lake, Minnesota, is an enrolled member of the Menominee Tribe of Wisconsin; in her role as an Elder, she provides teachings and stories. “These teachings are good medicine for living in this world,” she says. “They help reframe thoughts with heart and mind connected, to see the self and others with compassion and love.”

(<https://psychcentral.com/depression/depression-in-indigenous-communities>)

A qualitative study was conducted to learn how Elders can utilize talking circles to inform youth of the deleterious effects of alcohol use and abuse (Momper et al., 2017). Specifically, the researchers recruited Tribal elders to use the focus group format as an opportunity to convey their own oral histories of the harmful effects of alcohol use for the younger participants. The storytelling led to shared personal insights regarding pathways to quitting or reducing drinking, along with messages aimed at preventing the youth participants from initiating drinking. As the authors note, “The Elders’ stories highlight the need to rejuvenate traditional methods of healing among AIs to reduce the initiation and/or harmful effects of overuse of alcohol among AI youth.”



Hopi art by Josephine Wall



Readers interested in detailed health data regarding Urban AI/AN Elders will want to access the 2022 report from the Urban Indian Health Institute: *Safeguarding the Health of Our Elders: A Community Health Profile of Urban American Indian and Alaska Native Elders* (<https://www.uihi.org/resources/safeguarding-the-health-of-our-elders/>). This report is “devoted to measuring the health status of Native Elders residing in urban areas (i.e., counties or metropolitan areas) in order to understand their health assets and needs.”



# Overall Mental Health

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Many AI/AN Elders experience poor overall mental health, according to a 2022 report by the Urban Indian Health Institute.

The report provides trend data on quality of life experienced by Elders. These data are based on the Behavioral Risk Factor Surveillance System (BRFSS), a measure of past-month mental health distress determined as 14 or more days of stress, depression, and problems with emotions. (The 14 days or more cutoff has been demonstrated in research to be strongly associated with mental health outcomes). Based on this BRFSS-based index (see figure), the proportion of reported mental health distress among in AI/AN Elders was 19%, nearly 2.5 times the proportion reported in White elders (9.0%).

Moreover, the prevalence rate of specific mental disorders is typically higher among elderly AI/AN individuals compared to other adults (Urban Indian Health Institute, 2022). As with all racial/ethnic groups, the proportion of Elders will grow among AI/ANs in coming years, resulting in some mental health disorders expected to be more prevalent (e.g., depression) and expanding the need for health services.

Aggravating matters is the scarcity of mental health resources. Mental health problems and co-existing physical health issues intensify the need for specialized and long-term-care services among older AI/ANs (Smyer & Stenvig, 2007). Important considerations in providing these services include understanding historical and cultural influences on their family life, role expectations across generations, and aging as part of human development in contemporary life. In addition, poverty and changing federal policies influence how elders view and access mental health services on reservations and in urban settings.

It is estimated that, out of a population of several million AI/AN people, only 200 to 300 Native American psychologists exist in the entire country. Notes Doug McDonald, a professor of clinical psychology at the University of North Dakota, and a member of the Oglala Lakota and Northern Cheyenne tribes, "American Indians are the most underserved and underrepresented when it comes to psychologists to potential population ratio." (<https://thecirclenews.org/news/native-american-communities-prioritize-culture-recruitment-to-treat-mental-health/>)

# Depression

Depression among AI/AN Elderly has been referred to as a devastating disorder “among an invisible minority” (Garrett et al., 2015). An investigation of 233 Elders in the Midwest identified these risk factors associated with depression: childhood neglect, dysfunction within the household, lack of social support, living alone, and self-perception of poor physical health (Roh et al., 2015).

Goins and colleagues (Goins et al., 2019) studied the association between depressive symptoms and all-cause mortality among a subset of participants in the Native Elder Care Study (N=222). The findings indicated that individuals with the highest scores (those in the third and fourth categories) on the depression measure had significantly higher mortality than those with lower depression scores (those in the first and second categories). The analysis adjusted for demographic characteristics, health behaviors, obesity, and prevalent type 2 diabetes complications. The authors note the findings “underscore the importance of addressing the mental health needs of this population, particularly because depression in older patients is often undetected or inadequately treated” (Goins et al., 2019).

## Importance of Social Supports

Data from the National Native Elder Care Study also provides insights into the role of social supports in the mental health of AI/AN Elderly.

Based on survey results from the full sample of 505 community-dwelling Elderly AI/ANs, respondents reported a high prevalence of feeling support

The study by Roh and colleagues (2015) also studied predictors of help-seeking for mental health services. Significant predictors of poor levels of help-seeking reported by the Elderly research participants were being male, greater perception of stigma about mental illness, low levels of social supports, and not being physically healthy.

from others (76%), including receiving emotional and affectionate supports (69% and 88%, respectively) (Conte et al., 2015). Higher levels of overall feelings of support were reported by females, those married or reporting having a significant other, those with lower levels of depression; and those not reporting a problem with chronic pain. The study authors conclude that “public health programs that emphasize strengths at a community level, such as strong social support, among minority populations may provide solutions to reducing health disparities and improving mental and physical functioning” (Conte et al., 2015).

The People Awakening Project focuses on the role of social supports in understanding the recovery process from an Alcohol Use Disorder among AI/ANs (Lewis & Allen, 2017). One goal of this qualitative project was to explore recovery maintenance factors among Elders. Elders reported that keys to recovery were accessing several types of social supports, including family influence, learning from others' role modeling, and engaging in Indigenous cultural and spiritual activities with their family and community. An additional factor was passing on their accumulated wisdom to a younger generation through engagement and sharing of culturally grounded activities and values.

## Strength-Based Perspective

The harsh reality is that historical trauma, genocide, colonialism, and systemic racism continue to perpetuate health disparities of Native Elders and contribute to poor mental health outcomes. Yet Indigenous communities offer cultural and community-based strengths that can reduce the chances of developing negative mental health symptoms. These protective forces for Elders include the practice of connecting individuals to their culture, language, and traditional healing (Urban Indian Health Institute, 2022). Many AI/AN communities have adopted specific mental health approaches developed and validated by Indigenous traditions organized around the community, the environment, and connection to local history and teachings (Conte et al., 2005).

## Perspectives of Services from Elders and Service Providers

Willging and colleagues (Jaramillo et al., 2022) conducted interviews with 96 AI/AN Elders and 47 professionals (including health care providers, outreach workers, public-sector administrators, and tribal leaders) in two Southwestern states. Interviews focused on Elders' experiences with health care and health insurance. Three major themes emerged from these interviews:

1. Whereas most Elders found that their medical costs were adequately covered by their health insurance plans, the complexities, ambiguities, and shortcomings associated with health insurance were significant problems.
2. These problems were aggravated by inconsistent or unreliable outreach services on the part of government agencies and health insurance providers.
3. This frustration with outreach services called into question the use of health insurance as the preferred method to decrease health disparities.

The authors offer the following perspective of the study's conclusions: "Findings underscore the inadequacy of health-system reforms based on the expansion of private and individual insurance plans in ameliorating health disparities among American Indian elders. Policy makers must not neglect their responsibility to directly fund health care for American Indians" (p. 351).

Photo: Shutterstock

## Policy Issues

The AI/AN part of the Older American's Act National Family Caregiver Support Program seeks to ensure that AI/AN caregivers have training, education, and other forms of support for dealing more effectively with Elders mental health issues and the needs of family members (Garrett et al., 2015). Policies and practices by caregivers must target a broad range of contextual influences, such as gaps in elderly services, benefits and limitations of the Affordable Care Act (Willging et al., 2021).

Willging and colleagues (2021) argue that a national research agenda should be developed that includes a rich needs assessment to collect prevalence and incidence of AI/AN Elders mental health issues. Another agenda item noted by Willging is the importance of identifying and evaluating effective culturally appropriate intervention programs. Such programs should support resilience among AI/AN Elders; recognize the role of support systems, cultural identity, and spirituality in promoting mental health; and develop and improve the capacity of clinical and social service staff to recognize, identify, and treat mental health issues among AI/AN Elders.



## Summary

The knowledge and wisdom held by Elders, as well as their vital role in teaching and performing traditions and preserving language, elevate their respect in AI/AN communities. Thus, the prevention of and treatment for mental health issues are a high priority. Mental health for Elders can be supported through spiritual engagement, support from the family, and a focus on personal and community strengths and on Indigenous culture (Lewis, 2013; Pederson et al, 2021; Urban Indian Health Institute, 2022).

Access by AI/AN Elders for mental health services tends to rely on public insurance, which is far from ideal for adequate mental health care. Gains in insurance enrollment after the passage of the 2010 Affordable Care Act have not reversed the underfunding of the Indian Health Service system (Jaramillo & Willging, 2021). With gaps in formal and specialized mental health services, the use of culture-specific prevention and mental health treatment approaches and intergenerational healing provided by those close to Elders are even more critical for Elder mental health (Lewis, 2022).





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# Culturally informed practices improve program usefulness



**Lena Thompson, PhD**

*Lena Thompson, PhD, earned her BA in International Relations from Drake University and her MPH from the University of Iowa. She worked with the Native Center for Behavioral Health for several years while pursuing her PhD in Community and Behavioral Health. Her research interests include disaster management, dementia caregiving, and designing and implementing culturally adapted interventions.*

## **Tell us about your work with Native Elders and adapting programs to be more culturally responsive.**

I have had the honor of working with Elders throughout my time as a graduate student in the Department of Community and Behavioral Health at the University of Iowa. One of the first projects I worked on, called the “Elders Curriculum” at this time, is a set of two curricula, one designed for health care providers working in the field of aging and one designed for Elders and their family caregivers. The intention of the project is to give family caregivers and health care providers some language, context, and resources so that they can communicate effectively with one another in a way that is beneficial for all who are involved. I have been able to work on this as part of a team here at the U of I and we have also connected with three Native providers and three Native caregivers to further inform the work.

As part of my dissertation, I also worked with the Sac & Fox Tribe of the Mississippi in Iowa (also known as Meskwaki Nation) Executive Director, Department of Emergency Management, Senior Center, Cultural Center and Museum, Police Department, and several Elders to determine cultural

adaptation needs to a disaster management program. Disaster PrepWise was developed and adapted at the U of I for older adults by Dr. Sato Ashida and her team. The program guides older adults through the steps needed to create household disaster management plans.

Right now, Disaster PrepWise consists of five interactive modules:

1. Complete a Personal & Household Assessment
2. Develop a Personal Emergency Network
3. Develop Emergency Information & Gather Important Documents
4. Keep a 3-5 Day Supply of Medications & Medical Supplies, and
5. Build an Emergency Supply Kit.

It also has two supplemental sections — special topics and additional resources. Each module includes a brief video, text that highlights important information, and forms that an interventionist completes with the older adult to develop the disaster management plan. Disaster PrepWise has existed in some form for about a decade.

Currently, I am working as a postdoc with the Memory Keepers Medical Discovery Team at the University of Minnesota Duluth and on the Alaska Native Successful Aging Program. The Alaska Native Successful Aging Program is a qualitative study learning about how Alaska Native Elders age well or age in a good way. I am getting lots of opportunities to learn from an excellent team of researchers and from the Elders themselves.

### ***What are the advantages of culturally informed approaches in your program?***

The Western systems that we live in were not designed by or for Native people and while we are working on breaking those systems down, it is important that in the meantime, we are supporting Native people as they navigate these systems, such as health care.

Projects like the Elders Curriculum give health care providers language and context they can use when working with Elders and their family caregivers. Supporting culturally informed approaches for health care providers may help Native patients and their families feel less stigmatized, which can lead to earlier diagnoses, improved trust, and more return visits to see a health care provider.

Implementing cultural adaptations to a project like Disaster PrepWise with community organizations and people makes the program more useful for that community. While Disaster PrepWise has been designed for older adults in Iowa, we found that the strong focus on individual/personal preparedness did not fit as well for the Meskwaki community. Without adaptations, Disaster PrepWise may be less useful or not useful at all for Meskwaki community members.

### ***Have you faced any challenges in implementing culturally informed treatment approaches?***

There are definitely challenges when conducting community-engaged work around who and how individuals and organizations are included.

It is important to work with trusted community partner who can help build trusting relationships. I would love to continue our work

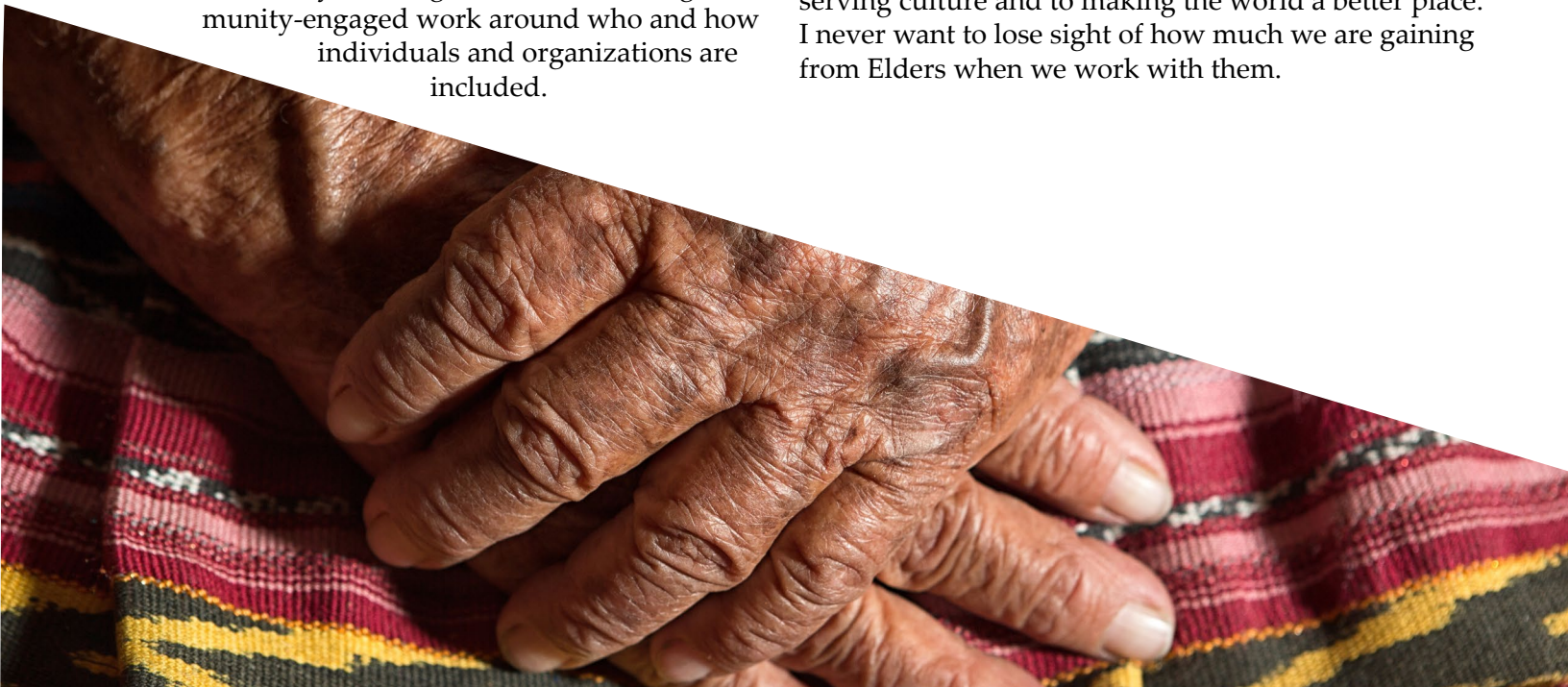
in adapting and testing Disaster PrepWise with a project that includes more Elders and community organizations. Additionally, some of the topics we discuss in both the Elders Curriculum (physical, mental, cognitive health and aging) and Disaster PrepWise (natural and man-made disasters) can be challenging topics to talk about. It takes time to build trusting relationships where we can have these conversations in a good way.

### ***Do you have any success stories you're willing to share?***

Through conversations with Meskwaki organizations and with Elders, we made a list of 25 specific adaptations that we would like to implement to Disaster PrepWise for the Meskwaki community. Some of these adaptations were cultural adaptations, others were tribal-specific additions, and we also found ways to make the program more user-friendly. We hope to use this list as a guide in writing a grant proposal to fund future work on this project!

### ***What advice would you give to other providers about integrating culturally informed approaches with Westernized approaches?***

When I was working in Alaska recently, someone told me that one way they can identify whether someone is an Elder is if they feel like they want to be close and hear more and more from that Elder, and that they felt that Elders have a light about them. Shortly after that, I encountered a 90+-year-old woman who teaches basket weaving and Alaska Native language. I felt like I couldn't get enough of her stories and found myself trying to come up with more questions so that we could talk longer. Elders have seen many hard times, and they also bring hope, joy, and wisdom to the work that we do. They are integral to preserving culture and to making the world a better place. I never want to lose sight of how much we are gaining from Elders when we work with them.



# Project AWARE Virtual Learning Collaborative focuses on bullying and suicide prevention

*Kevin Simmons, PhD Candidate  
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National American Indian and Alaska Native

MHTTC

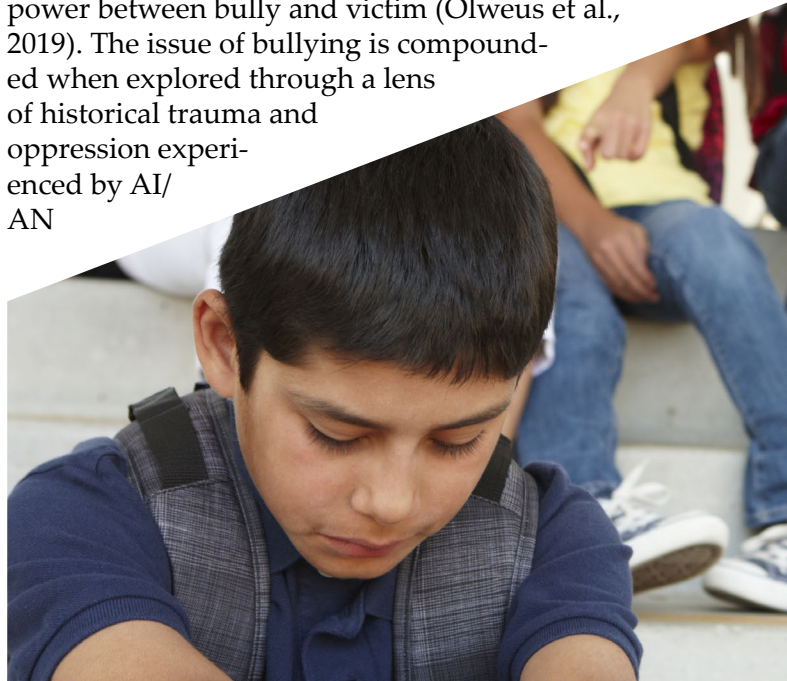
Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration  
**School Mental Health Program**

The National American Indian and Alaska Native Mental Health Technology Transfer Center's (National AI/AN MHTTC) K12 School Mental Health program has recently engaged tribal personnel through a learning collaborative with tribal Project AWARE (Advancing Wellness and Resiliency in Education) grantees and grantee organizations serving Native populations. Project AWARE is a federally funded initiative through the Substance Abuse and Mental Health Services Administration (SAMHSA). Our virtual learning collaborative (VLC) with grantees has provided several opportunities to listen and learn about mental health programs and services being offered to AI/AN youth and communities. Our VLC has discussed important issues like intergovernmental agreements and relationships between tribes, schools, and community organizations, staff wellness and burnout, and most recently we began discussions about bullying within schools and tribal communities.

Important to the conversation about bullying is its connections to suicide and suicide attempts. Research highlights that bullying is a contributing factor to the rise in AI/AN suicide rates (National AI/AN MHTTC, 2023). In fact, nearly 54 percent of AI/AN youth report experiencing some form of physical violence or threats of physical violence (National AI/AN MHTTC, 2023). The communities and personnel participating in our

VLC have emphatically stated that addressing bullying in their communities is a top priority. However, the intersections between historical trauma and oppression makes addressing the issue of bullying that much more complex.

Bullying within AI/AN communities and settings is like bullying within non-Native communities and settings (Baez & Isaac, 2013). It takes several forms: physical, verbal, relational, and cyber-based. It is intended to cause harm and occurs repeatedly with an imbalance of power between bully and victim (Olweus et al., 2019). The issue of bullying is compounded when explored through a lens of historical trauma and oppression experienced by AI/AN



communities and people. This intersection between history, schools, and trauma further complicates an already complex issue.

Given the prevalence of bullying experienced by AI/AN youth, it seems appropriate to explore, research, and develop specific programs and curricula to address the issue. In their article, *A Sweetgrass Method to Bullying Prevention for Native American Youth*, Baez & Isaac (2013) contend that bullying by AI/AN youth is a demonstration of intergenerational trauma and needs to be addressed through a tribal lens that involves parents, extended family, and the larger community.

There is a need for communities, schools, organizations, and governments to collaborate and develop solutions to bullying within AI/AN school settings. These solutions need to incorporate cultural and spiritual values (Baez & Isaac, 2013) and incorporate holistic approaches that focus on historical and intergenerational trauma. The National AI/AN MHTTC's K-12 School Mental Health Program has started this important work along with our Project AWARE partners, and we seek others to join our efforts in building safe and inclusive school environments for all Native students and families.

A cursory scan of bullying resources for AI/AN populations provided a few resources for tribal communities, schools, and organizations to utilize:

1. American Indian Life Skills Development Curriculum is a school-based suicide prevention program that addresses bullying: <https://www.sprc.org/resources-programs/american-indian-life-skills-developmentzuni-life-skills-development>



2. We R Native is a multimedia health resource for Native youth that addresses bullying, amongst other health and safety issues: <https://www.wernative.org>
3. Not In Our School (NIOS) is a bullying specific program that offers trainings, videos, and other resources to build safe school environments: <https://www.niot.org/nios>
4. The National American Indian and Alaska Native Childhood Trauma Treatment and Service Adaptation Center, Category II, developed a fact sheet for Bullying Prevention Month that discusses the impact of bullying and lists additional resources for schools and communities: [https://www.nativecenter-ttsa.org/files/ugd/e6acf4\\_2fb1a88630544c0d97dcd310506ff411.pdf](https://www.nativecenter-ttsa.org/files/ugd/e6acf4_2fb1a88630544c0d97dcd310506ff411.pdf)

### *About the National AI/AN MHTTC K-12 School Mental Health Program*

The National American Indian and Alaska Native Mental Health Technology Transfer Center's K-12 School Mental Health program (National AI/AN MHTTC) feels a sense of responsibility for the well-being and mental health of American Indian and Alaska Native (AI/AN) youth. Our staff interacts with parents, school personnel, mental health providers, cultural practitioners, tribal leaders, and Native youth daily. We delight in the positive stories highlighting the strengths and resilience AI/AN youth maintain; from living and practicing cultural lifeways, academic and extra-curricular success, leadership & community organizing; we recognize the talent and abilities of AI/AN youth and the positive impacts AI/AN youth have on their families, communities, and schools. However, we also recognize and understand that Native youth face unique struggles and challenges. They are 2.5 times more likely to experience trauma than other populations (NICWA, 2017); they also have the highest suicide rates amongst youth ages 15-24 and the highest rate of alcohol and drug addiction (Garcia, 2020). Our work focuses on the wellbeing and mental health needs of AI/AN youth and assisting tribal communities, governments, schools, and organizations develop solutions and programs to address mental health issues and outcomes for Native youth.

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# Highlights

## from the Native Center for Behavioral Health

The Native Center for Behavioral Health at the University of Iowa College of Public Health houses four national American Indian and Alaska Native centers focusing on addiction (ATTC), mental health (MHTTC), prevention (PTTC), and childhood trauma treatment and service adaptation (TSA). Here are some recent activities from these other centers.

### Leadership Academy Presentations

The National AI/AN Prevention TTC, in collaboration with the National AI/AN Addiction TTC and the National AI/AN Mental Health TTC, has offered three year-long Leadership Academies since 2018. Between 20 and 30 Native Leaders have graduated from the program and are back in their Native communities using their new leadership skills. The Center is very proud to share with you our webinar series Community Based Change Through Leadership Initiatives, through which the graduates present their CAPSTONE projects. Six graduates have presented their projects already and we are planning additional presentations in August and September. Please check out our [YouTube channel](#) and stay tuned for upcoming sessions.

### Mental Health Awareness Training

In December 2022, the Native Center for Behavioral Health received a new grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide culturally informed Mental Health Awareness Training in the Greater Sioux City, Iowa, region. Sioux City has the largest urban Indian population in Iowa, and although Indigenous peoples make up less than 3 percent of the region's residents, they represent 47 percent of the area's homeless population, and more than 40 percent live in poverty.

The SAMHSA grant provides for training up to 1,600 individuals, including first responders, corrections system and school personnel, providers, employers, and families in culturally informed Mental Health First Aid. The first training session was held June 20 with 15 attendees. Additional trainings are being scheduled for September, October, and November.

### Research at the Speed of Trust

Conducting research in Indigenous communities is not the same as conducting research anywhere else. This new guide from the National AI/AN PTTC offers guiding principles for researchers and resources for Indigenous communities to help them understand some of the complexities they may encounter and elements they must consider when approaching research with Native populations. In May, the guide received the Communicator Award of Excellence in the Social Impact-Institutional category from the Academy of Interactive & Visual Arts ([aiva.org](#)) It is our hope that this guide will help researchers and the Indigenous communities they work with to avoid common pitfalls, improve their relationships, and strengthen the value of their research efforts.

[Download the guide here](#)

# ACTIVITIES & EVENTS

For all of our upcoming events, publications, and announcements, [please visit our website.](#)

Date	Event
August	<p>Monday, Aug. 21, 1-2:30 pm CT: The Leadership Academy Project Series "Community Involvement" - Mashaya Engel, MSW, CSW, Crow Creek Sioux Tribe</p> <p>Monday, Aug. 28, 1-2:30 pm CT: The Leadership Academy Project Series "Creating a Space for Healing: The Native American Counseling and Healing Collective" - Chenoa Crowshoe-Patterson, LCSW, LLC, Blackfeet/Karu</p> <p><a href="#"><u>Register</u></a></p>
September	<p>Wednesday, Sept. 13, noon to 1 pm CT: Medication-Assisted Treatment for Opioid and other SUDs Mike Bricker, presenter</p> <p><a href="#"><u>Register</u></a></p>



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