

Native healthcare takes center stage at summit

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More than 20 people representing several agencies that serve Native Americans on and off South Dakota's reservations took part in Rapid City Collective Impact's Native American Behavioral Health Summit at First Interstate Bank in Rapid City on Jan. 25.

Summit co-coordinators Richie Richards and Gene Tyon welcomed the providers. Richards said many of the attendees are on the frontlines of the tragedies that happen in the Native community, and Tyon shared his own experience of being an alcoholic who was able to recover using traditional Lakota ways.

"I had to be me," Tyon said, adding that many Natives are not aware of mainstream methods of helping people with addictions, and mainstream methods often fail to factor in Lakota traditions.

During introductions Dr. Ruby Gibson of the Freedom Lodge in Rapid City described the historical trauma training her program facilitates, typically for people who are not mental health providers. She said, as Natives, there is a loyalty to those who have come before. She described the neurobiology of "we" and said, "Our bodies are burdened with the trauma of our ancestors."

Darlene Wounded Shield-Milk with the Rapid City Community Health Service told participants simply that she wants to help her people. She also said that for some of the patients she sees, starting a conversation by speaking Lakota to them changes everything for the better.

After introductions, participants were broken into small groups and asked to list the services that currently exist in Rapid City for those dealing with behavioral health problems. Later, they were asked to identify gaps in services or delays that people experience in receiving services.

Among the "gaps" mentioned were long-term methamphetamine treatment, a recovery center where multiple agencies or programs are housed together, available transportation in the city, and a lack of licensed professionals in the area, particularly those with knowledge of Lakota traditions and the language.

One participant commented that other states, including some of South Dakota's neighbors, have certification programs that make it possible for para-professionals in behavioral health

fields to receive reimbursement from Medicare and Medicaid. But South Dakota, she said, has no such certification programs.

Several providers also mentioned the need for increased efforts to prevent or intercept at-risk individuals before they enter the criminal justice system.

Behavioral Health is one of the three priorities that Rapid City Collective Impact is focusing on in 2017. The summit's participants, as well as members of the original Behavioral Health Work Stream of RCCI, will be asked to convene again in the coming weeks to work on a strategic plan for behavioral health needs in Rapid City.

"We all live here," Tyon said at the Native American Behavioral Health Summit. "And if we want it to be better, we have to work together."

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