Karen Chemical Dependency Collaboration

A Bridge to Better Health in the Community

Marge Higgins, LSW
The Building of a Program

- Recognize a Problem
- Propose Ideas
- Generate Support
- Figure out Logistics
- Find Leadership
- Create a Team
- Make Plans
- Implement
- Evaluate
- Repeat ...
The Problem

• Karen community members were having problems because of alcohol and drug use.

• Available chemical dependency treatment programs in MN were having problems effectively serving Karen clients.

“Problems are not stop signs, they are guidelines.”

R. H. Schuller
The Problem – the nature of addiction

- Why do people use drugs or alcohol?
- How do you know when someone is having trouble with alcohol or drugs?
- What is the link between Mental Illness and Chemical Dependency?
The Idea

• Create a Karen-specific Chemical Dependency Program
  • In Karen language
  • With Karen values and strategies for health
  • Created by Karen Community members in collaboration with others to meet the criteria of a valid CD treatment program

Culture and Belief determine:
• The Cause of the Dis-ease
• The Cure for the Dis-ease
• The type of Healer needed
The Idea – Questions Raised

• Chemical Dependency
  • Is Chemical Dependency a “Disease”?  
    • Is it hereditary?
  • If so, is there a “Cure”?  
  • What is the “Treatment”?  
  • What is the difference between alcohol/drug:
    • Use?
    • Abuse?
    • Dependency?
• What do Karen people know and believe about Chemical Dependency and Treatment?
Generate Support

• EVERYONE we talked to about this thought it was worth pursuing.
• MANY said they would help.
• A FEW got things rolling.
• MORE got involved along the way.
Logistics

• Who? • HealthEast + “The Team” + the Larger Community
• What? • Start with Outpatient CD Program, then Expand
• Where? • HealthEast Roselawn Clinic
• When? • Start when everything is ready – (Fall 2016)
• How? • Staff, Interpreters, Referrals, Billing, Evaluation...
• How to Fund? • HealthEast, Bush Fellowship, Other Grants, Volunteers
• How to Develop a Program? • Experts in the Chemical Dependency Field, with Karen Community Members – talking, sharing ideas and stories, agreeing on how to move forward
The Leadership

• HealthEast – the organization & the foundation
• HealthEast Roselawn Clinic – Dr. Shana Sniffen, from HealthEast Roselawn Clinic became the “point person” and brought partners together through a Bush Fellowship and other Grants
• The program was initiated and built through a collaborative – so the Team became the leadership
The Team

• Stakeholders Group – umbrella group that includes work groups:
  • MI/CD Treatment Program Group
  • Community Education Group
  • Faith Leadership Partnership Group
Make Plans – the working groups

• MI/CD Treatment Program Group
  • Work out the details of the treatment curriculum and process
  • Determine type, length, and staffing of program

• Community Education Group
  • Large Community meetings about Chemical Dependency
  • Interpreter trainings to develop common understanding and language/terms

• Faith Leader Partnership
  • Education and Training among faith leaders
  • Incorporating CD content into work of congregation
Make Plans – the nature of treatment

• Awareness & Education

• Theories:
  • Cognitive behavioral Theory (thoughts and feelings influence behavior)
  • Motivational Interviewing (encourages thinking about change & motivation to do so)
  • Trauma-Informed (recognize how trauma influences behavior, not forcing the processing of trauma)

• Relationship building – integrating with family & community

• Individual and Community benefits and involvement

• ALL done in a cultural context
Make Plans – questions raised

- Should the group be open or closed?
- Should the group be gender specific?
- Should the group have a limited number of sessions?
- What time of day is best?
- Should the group include food/meals?
- What should the structure of the group sessions include?
- How will people be referred?
Implement

• Closed group of about 8 persons max – all adult men to start with (group will stay closed while building the curriculum)
• 12 weeks with a total of 24 sessions
• Time of day TBD with each group
• Include food – cultural and community building
• Referrals from clinic, court, family members, other treatment facilities
Implement – session topics for treatment group

• Introduction to Treatment
• Healing the Mind and the Body
• Substance Use
• Health and Substance Use
• Employment/finances and Substance Use
• The Law and Substance Use
• Family, Friends and Community, and Substance Use
• Emotions and Substance Use
• Asking for Help
• Shame and Saying “No”
• Relapse
Implement – group session structure

• Calming Exercise (5 minutes)
• Check-in (15 minutes)
• Education - topics from previous slide (15 minutes)
• Group Discussion – treatment/therapy interaction (60 minutes)
• Calming Exercise (5 minutes)
• Check-out (10 minutes)
• Homework (10 minutes)

Approximately 2 Hours per Group
Evaluate

• Formal evaluation lead by Tonya Horn, Dr. Shana Sniffen, and Jennifer McCleary, with input from others on the treatment program team.

• Ongoing evaluation of the work groups, the process, and the program through discussion, feedback from clients and staff involved in the program.

• The first group completed treatment this fall and changes have been made already for the next group based on evaluation and feedback.
Repeat ... activities “in the works”

- Bilingual Website in Karen & English with information about chemical dependency and other health-related topics
- Karen AA meetings began in September; Al-Anon meeting (for friends and family members) are pending at this time
- Follow-up Trainings for probation officers and interpreters
- Hire a new therapist for the group – HE just approved the position!
- Partner with Youth Treatment programs
- Ongoing community education and Network response teams via churches
- Pursue additional funding
- MI/CD Group #2 scheduled to start in the Spring of 2017
Karen CD Collaboration Timeline

**Fall 2013**
- Bush Fellowship – Interviews with community organizations working with Karen
- Drug/Alcohol use identified as an area of greatest need.
- Discussions begin with St Joe’s CD Treatment Department/Roselawn/MDH

**June 2014 – Start of the “Task Force”**
- Invitation of stakeholders to come together to discuss how we can address this issue collaboratively
- Stakeholder agree to start meeting regularly

**September 2014**
- Karen Leaders meeting – Leaders identify key issues and recommendations, out of this the 4 strategies are born
- Subcommittees are created and agree to meet between the taskforce meetings to develop these 4 key strategies

**March 2015**
- Mini Modules created and initial pilot started
- Karen Co-Directors formalized and Cultural Liaison position established to help with project development

**April 2015**
- Meeting with Interpreter Agencies - regarding Karen interpreter training co-sponsoring, certificate/ CEU credits, and priority request by HealthEast sites for interpreters who complete this training

**May 2015**
- DHS Grant from SAMHSA for training materials and technical assistance
- HealthEast Foundation Grant awarded funds to help continue project

**June 2015 - 1 year anniversary for Karen CD taskforce**
- Training for DUI probation officers in Ramsey County
- Revision of mini modules and development of outpatient CD treatment program
- Support/plans for education for LADC training for Karen liaison
Karen CD Collaboration Timeline - continued

July 2015
• Awarded St Paul and Bigelow Foundation Grants

August 2015
• Applied for NIH grant

September 2015
• Awarded Medica Foundation Grants
• Featured as national “Hot Spot” by IHI (Institute for Healthcare Improvement) 100 Million Healthier Lives

October 2015
• Karen Interpreter training with new glossary of MI/CD terminology – 77 participants attended
• Presentation for MMA about healthcare disparities and the best practices for working with the Karen community

January 2016
• Hired web designers to create bilingual resource web site with Karen web intern
• Pastor Focus Group with 18 Karen church leaders

February 2016
• Presentation for Gillette Hospital providers for best ways to work with Karen patients

March 2016
• Hired LICSW/LADC to start MI/CD Karen outpatient program at Roselawn

April 2016
• HealthEast Foundation award additional grant funds for community educator position

May 2016
• Faith Leaders Meeting with 50 Karen church leaders from 7 churches to discuss development of a response team

June 2016 – 2 Year anniversary of the taskforce!

August 2016
• Started field test for first ever Karen recovery group that is linguistically and culturally specific, trauma informed, resettlement aware, and community engaged. (LICSW/LADC left program- KCDC team ran group)

October 2016
• Bush Foundation requested to feature KCDC in the B Magazine next year

November 2016
• First treatment group graduates and honored by Karen leaders and police commander
• Meetings w/youth treatment programs to partner
Operating Principles of the KCDC – the 6 Cs

• Collaborative
• Community-Driven
• Comprehensive
• Capacity-Building
• Compassionate
• Culturally Responsive
Disclaimer

This presentation was developed by speaker for the MDH Refugee Health LPH and VOLAG Forum on 01/25/2017, use for other purposes is not permitted.