

North Soundings

Public Meetings in the North Sound Area, Winter 2003

Meeting/Event	January	February	March
NSRSN Advisory Board	Tue. 1/7, 1:00 PM	Tue. 2/4, 1:00 PM	Tue. 3/4, 1:00 PM
NSRSN Board of Directors	Thurs. 1/9 1:30 PM	Thurs. 2/13, 1:30 PM	Thurs. 3/13, 1:30 PM
Island County MH Advisory Board	Mon. 1/6, 10 AM	Mon. 2/3, 10 AM	Mon. 3/3, 10 AM
San Juan County MH Advisory Board	Mon. 1/20, 11:50 AM	Mon. 2/17, 11:50 AM	Mon. 3/17, 11:50 AM
Skagit County MH Advisory Board	Mon. 1/13, Noon	Mon. 2/10, Noon	Mon. 3/10, Noon
Snohomish County MH Advisory Board	Mon. 1/13, 5:45 PM	Mon. 2/10, 5:45 PM	Mon. 3/10, 5:45 PM
Whatcom County MH Advisory Board	Mon. 1/13, Noon	Mon. 2/10, Noon	Mon. 3/10, Noon
Holidays – NSRSN Office Closed	January 1, New Year's Day		

Around the Sound

A Publication of the North Sound Mental Health Administration
Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties

Vol. 11 - Winter 2003



ROSE BY ANY OTHER NAME. . . .

The NSRSN Board of Directors voted on December 5, 2002, to change the name of the North Sound Regional Support Network to **North Sound Mental Health Administration**, followed by the explanation, Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

The decision follows years of wrangling. You in the mental health community know, of course, that the DSHS Mental Health Division founded 14 regional support networks (RSNs) throughout the State of Washington. You know that the purpose is to provide local management for this region's mental health services, based on consumer voice, accountability to the citizens of the region, and answerability for the quality of care available to Medicaid eligible people in the North Sound Region.

The problem is that nobody else knows this, and it creates enormous

difficulty in getting the word out to the public about the availability of mental health services, the pre-paid mental health plan, and how the system works. After all these years, we're still fielding questions like, "Are you an internet carrier?" and "You sell cell phones?" and "Exactly what do you manufacture?" Every simple press release has required two additional pages of explanation.

Other RSNs have arrived at the same conclusion we did and have changed their names for better public understanding, notably Greater Columbia Behavioral Health. ("Behavioral Health," incidentally, excited the comment, "My behavior is just fine, thank you! It's the brain disorder I find inconvenient!")

Legally, we're still the "North Sound Regional Support Network" and only doing business as (dba) the "North Sound Mental Health Administration." And you'll be seeing the

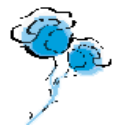
old name for awhile yet, on contracts and legal documents. We also have old letterhead and envelopes to use up, and stocks of printed materials to distribute that are otherwise perfectly adequate.

So, if you think "North Sound Mental Health Administration" is just as big a mouthful as "North Sound Regional Support Network," you're right.

But then you, like the rest of us, will probably just keep calling it "the RSN" as people have done all along.

Every year new roses appear on the garden scene. Some are the same roses with new names, though they smell just as sweet. The most common reason for the new names is that they help with marketing.

"North Sound Mental Health Administration" should do the same for us.



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117 North First Street, Suite 8
Mount Vernon WA 98273

PRSRST STD
US POSTAGE
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CMI

Consumer Digest

VISION OF HOPE: Path to Recovery



Above, left to right: Chuck Benjamin, RSN Executive Director; Jack Bilsborough, RSN Advisory Board; Jess Jamieson, Compass Health CEO; and Anna Pritchard, long-time advocate and member, Snohomish County MH Advisory Board.



Above: Recovery Conference Crowd.



Left: Consumer Panel discussion on employment. Panelists, left to right: Bruce Kraig; Suzanne Reyes; Jeff Dyer, CMHS; and Charles Albertson, Consumer Activist.

Right: Consumer Panel Discussion on Housing. Panelists, left to right: Linda Smith, Haven House; Elana Celeste; Linda Petit, CMHS; Bill Brigham; and Claire deArmand, WCPC.



Left: Facilitator Sam Magill and Bill Brigham auction off stunning Christmas wreath.



Above: Chuck Benjamin presents awards to Mike Watson (Lake Whatcom Residential), Jess Jamieson (Compass Health), Della Hill (Tulalip Tribes), Rhea Miller (Island County Commissioner), and Jim Teverbaugh (Snohomish County Human Services).

Left: Bill Kennard, CEO, Boston Centre for Psychiatric Rehabilitation, speaks on where we've been, where we are, and where we're going.

Left: Joe Marrone, community mental health & employment services specialist, speaks on employment in the community. His message? "Everybody needs a job." (See also page ____.)

Classified Ads

The Bad News: 1 person in 4 will have a serious mental illness.
The Good News: Today people are RECOVERING!
For help, call toll-free: 1-888-693-7200.

Las Malas Noticias: 1 persona entre 4 tendrá una enfermedad mental seria.
Las Buenas Noticias: ¡ Hoy la gente SE RECUPERA!
Si necesita ayuda llame gratis al 1-888-693-7200.



S-t-r-e-t-c-h mental health dollars! Get your issue of *Around the Sound* at our Web Site: <http://nsrsn.org>
To get on or off our hard copy mailing list, call 360-416-7013.

Confidentially, how satisfied are you?
The North Sound Quality Review Team (QRT) visits mental health service providers in Island, San Juan, Skagit, Snohomish, and Whatcom Counties to learn if you and your family are satisfied with the services you get. Call us anytime to schedule a visit to your provider. **Confidentially.**
Toll-Free 800-684-3555 ❖ Fax 360-416-7017
TTY 360-419-9008
We're **YOUR** QRT, Free and Confidential, and **WE'RE LISTENING!**

Complaints?
We're listening!
If you aren't satisfied with the public mental health services you get in Island, San Juan, Skagit, Snohomish, or Whatcom County, contact Ombuds today!
North Sound Ombuds
117 North First Street, Suite 8
Mount Vernon WA 98273
Toll-Free 888-336-6164 ❖ Fax 360-416-7020
TTY 360-419-9008
We're **YOUR** Ombuds, Free and Confidential, and **WE'RE LISTENING!**

About Around the Sound
Around the Sound is published by the North Sound Mental Health Administration, Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties (formerly North Sound Regional Support Network). Views expressed are those of the authors, not necessarily representing the policy of the RSN. Materials may be reproduced without further permission, if credited, except for copyrighted items.
To join our distinguished list of subscribers, to request other information about mental health activities in the North Sound Region, or to send letters or articles for possible publication in future issues, please write to:
Editor, *Around the Sound*
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RSN News



MELINDA BOULDIN NSRSN EMPLOYEE OF THE QUARTER

In Melinda Bouldin, the RSN has an exceptional Management Team member, who at the same time provides highly professional and ethical services not only to her fellow team members, but also to all staff members, collaborating agencies and consumers. She is exceptionally able, loyal and tactful. Melinda's hard work dedication and wonderful attitude is a shining example to all. Thank you, Melinda.



GREG LONG NSRSN STAFF AWARD: EMPLOYEE OF THE YEAR

On Wednesday, December, 11, RSN staff presented the North Sound RSN Staff Employee of the Year Award to Greg Long, Associate Director. The certificate reads, "To Greg Long, from his Co-Workers: For steadfastness, unflappability, ethics, kindness, collegiality, and ability to pull things together without blood, the staff of the North Sound Regional Support Network present this award with respect, admiration, and affection. The certificate was signed by all employees.

NEW MISSION STATEMENT

At the same meeting the RSN Board of Directors adopted the new name, they also adopted a more accurately descriptive mission statement:

We join together to enhance our community's mental health and support recovery for people with mental illness served in the North Sound region through high quality, culturally competent services.

This statement was developed by a Planning Committee workgroup that included stakeholders from throughout the North Sound Region.

Joe Marrone's Own Quotables

If everyone's already doing it, how come it never gets done?

All change is difficult, no matter how long you put it off.

Recovery may be a journey, but if you never get anywhere it can become a treadmill.

I worry about:

- *discrimination, not stigma.*
- *behavior, not attitude.*
- *citizenship/civil rights, not consumerism*
- *power/control, not consumerism*
- *competency, not courtesy*
- *love/relationships/sex, not intervention/ services*
- *jobs/careers, not vocational programming*

Unemployment is bad for you!!

Joe's Borrowed Quotables

Ships are safe in harbor, but that is not what ships are built for.--Anonymous

You need a little love in your life and food in your stomach before you can hold still for some damn fool's lecture about how to behave.--Billie Holiday

Few things are harder to put up with than the annoyance of a good example.--Mark Twain

To love oneself is the beginning of a life long romance.--Oscar Wilde

Someone has to do something, and it's pretty pathetic it's got to be one of us.--Jerry Garcia

I am not inattentive, you are just boring.--Thom Hartman

For you to be successful, sacrifices have to be made. It's better that they are made by others, but failing that, you'll have to make them yourself.--Rita Mae Brown

If the world were a logical place, men would ride sidesaddle.--Rita Mae Brown



JOURNEY INTO OUR MINDS: The 2002 NAMI Convention

Dwight H. Hinton
WhatcomCounty

The theme of this year's conference was *The Future of Recovery*, and NAMI was there and is here to stay. The Red Lion was filled with people from all over the state. Members from years past and present gelled like glue in the spirit of Recovery, hope and love. For me, the strength and support was overwhelming. I felt a sense of belonging, long lost in my life.

The program was varied and interesting. Dr. Huffine spoke of children, with historical accounts of the roles of religion in mental illness, and how the labor movement used children. Dr. Perlstein's presentation was on the chemistry of brain recovery, and how the biology of the brain explains behavior and outcomes. Officer Ed Riddell introduced the Portland Crisis Intervention Training program. *In Our Own Voice*, facilitated by Judy Redler, presented video testimonies and consumers sharing their own stories.

Conventions take a great deal of stamina and focus. The day was long, and it was not over. The awards banquet was emotional and enlightening, honoring Betty Scott, president of NAMI in my own Whatcom County.

The first presentation of the next day, by Drs. Fred and Penny Frese, was exciting and enlightening. Dr. Fred shared his personal experience with schizophrenia and the work yet needed in the field of science. Dr. Penny, whose field is theater and drama, shared a PowerPoint presentation developed for school awareness about mental health. After that, I caught Peggy Sheehan's presentation on *Recovering Affordable Housing*. Concise and succinct, it focused primarily on Clark County and the surrounding area. By the time the conference was over, I was overwhelmed, really exhausted, and ready to go back to Bellingham.

I did enjoy every moment and have learned a great deal about what NAMI is and what role I can play in mental health. As a consumer and an advocate, I'm in for the journey of recovery.

I would like to thank Jim and Carol Howe for their humanitarian compassion and effortless contributions of NAMI Washington. And though Tom Richardson, president of NAMI Washington, has resigned, his special contributions and tireless effort will not be forgotten--nor will he. And to the new president of NAMI Washington, we all support you.

As speaker Amy Long shared, we consumers want to be treated with dignity and respect. We want to be noticed, like everyone else. We have feelings and dreams and hopes. We are people, too.

NAMI is alive and will live forever.

Voice of the Advocate

OMBUDS 2002 POSTER CONTEST AWARDS



Grace Marshall



Grace Marshall of Bellingham, the 2002 Poster Contest First Prize Winner, receives her \$500 gift certificate from Chuck Benjamin, NSRSN Executive Director, and L. Ward Nelson, Chair, NSRSN Board of Directors. At right is her entry, Dream Castles in the Sky.



Eileen Murphy



Eileen Murphy, of Everett, receiving her \$200 gift certificate from Chuck and Ward. Ms. Murphy is the second prize winner.



Carl Armstrong



Carl Armstrong, Director's Award winner, holds the \$50 gift certificate presented by Chuck and Ward.



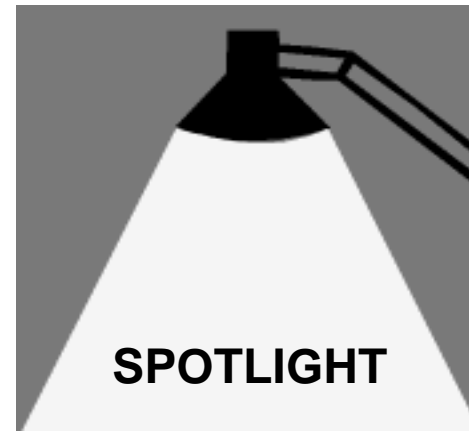
Chuck Davis, Ombuds



Melissa Decino (left), Quality Review Team, and Shirley Conger, Ombuds.

Before the award ceremony, the winners joined Ombuds (Chuck Davis and Shirley Conger), the Quality Review Team (Melissa Decino), and OCA Manager Sharri Dempsey (not shown) for a celebratory lunch.

Current plans are to distribute copies of the winning poster to everyone who attends the December 4 Recovery Conference.



COMPASS HEALTH OBSERVES 100 YEARS

On September 19, 2002, Compass Health dedicated its new children's mental health crisis facility. At the same time, it also celebrated its hundredth anniversary of serving children. Starting as the Parkland Children's Home orphanage, Compass Health accepted the first child in September 1902. Since then, Compass has consistently served children with mental health needs, most recently as Luther Child Center.

In 1997, Compass consolidated services with other nonprofit mental health providers and now provides a full continuum of behavioral health care for more than 12,000 children, families, and adults each year under the name Compass Health.

The Children's Crisis Facility is a short-term, 24-hour staffed residential facility for children from seven to fourteen years of age who are suffering from mental health crises. The facility enables them to stabilize and work with staff and their families to arrange a safe and emotionally secure setting for their return home.

Whatcom Counseling & Psychiatric Clinic Gets Awards

Whatcom Counseling & Psychiatric Clinic (WCPC) received two "Service Excellence Awards" for the best utilization of public, private, non-profit and charitable resources to provide exceptional care and whose services can be replicated elsewhere. The awards, presented by the Washington State Mental Health Advisory Council, specifically recognized WCPC's Jail Mental Health Case Management Program and the Rainbow Center Peer Street Outreach Program.

Jane Relin, WCPC Executive Director, said "The Jail Program provides access to care for a small but vulnerable part of the mentally ill population. That treatment also reduces risks to our community." WCPC's Jail Program provides on-site psychiatrists and case managers who help identify and help mentally ill people who are in custody, coordinate care with jail personnel and outside agencies, consult with the Department of Corrections, and collaborate with the Prosecuting Attorney and Public Defender in planning post-release support. WCPC staff also conduct risk assessment studies for clients with histories of repeated incarcerations.

The Rainbow Center Program provides a five-week training to teach mentally ill members of WCPC's downtown drop-in center how to help others with a variety of problems. Ms. Relin says, "The Peer Support Counselors demonstrate how effectively people recovering from mental illness can, with appropriate training, reach out to others who have serious psychiatric problems. I think it's important that so many of these Counselors report that in the process they also feel that they're helping themselves."

Reprinted from Community PERSPECTIVE, the newsletter of the Washington Community Mental Health Council.

Angels Adopt Skagit Crisis Respite House.

The Vinyard Community Church sent angels to the Community Mental Health Services Skagit Crisis Respite House. The Church donated five sets of mattresses, box springs and bedding. One day in July, they showed up in force with paint and materials, and started prepping the exterior of the house. By the end of the day, the job was complete, and the Crisis Respite House gleamed with new paint and flower boxes. All these wonderful changes came about due to the efforts of Annette Marietta, CMHS Staff, whose initiative was responsible for getting her church involved.

Crisis Respite houses provide safety and stabilization for people experiencing acute mental health crises. Boone Sureepisarn, MHP and Manager, CMHS Residential Services, expressed the thanks and gratitude of CMHS, the Respite House staff, and the entire community. Chuck Benjamin, NSMHA Executive Director, said, "The Vinyard Community Church has given our entire community an outstanding example of how a handful of good people can make a profound difference."

NEW RSN BROCHURE TRANSLATIONS in

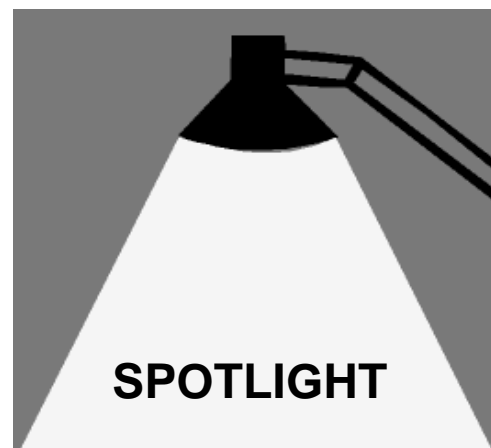
On-line translations of the RSN brochure are now available from our web site in Spanish, Russian, Ukrainian, Korean, Vietnamese, and Chinese (Mandarin). These are not copyrighted, can be downloaded on letter-sized paper to any printer, and everyone is welcome to make unlimited copies.

The NSMHA brochure contains important information for consumers about the prepaid mental health plan, access, services, eligibility, mental health rights, contacts, Ombuds, and the Quality Review Team. MHD requires that this information be translated into all the languages spoken at home in 500+ households in the region. The specified, definitive source of data about languages for our region is from the US Census data, "Languages Spoken at Home."

Unfortunately, the Census Department has not yet released the new data, and the old is severely outdated. For example, the 1990 Census showed German and Swedish as the non-English languages most frequently spoken in the North Sound Region. You don't have to be a rocket scientist to suspect this may no longer be so. But which languages? And what is the most pressing need for translations?

Our knight in shining armor was the State Superintendent of Education, who published a January 2002 report by school district of the number of school children who are not proficient in English (LEP), and the languages they are proficient in. By adding the numbers of all these children in all North Sound school districts and the numbers who speak each language--and by assuming that 1 child = 1 family, we arrived at a temporary, working approach. The box at right shows the results.

When the 2000 US Census Data is finally released, more translations may be indicated. Meanwhile, if you need additional translations, email us at translations.nrsrn@nrsrn.org.



Non-English Languages Most Widely Spoken by LEP Students in the North Sound Region**

Language	No. Students in Region
* Spanish	4242
* Russian	817
* Ukrainian	644
* Korean	409
* Vietnamese	383
* Mandarin	309
Serbo-Croatian	287
Arabic	278
Tagalag	232
Punjabi	143
Mixtaco	123

* On-line translations now available on our web site: <http://nrsrn.org>.

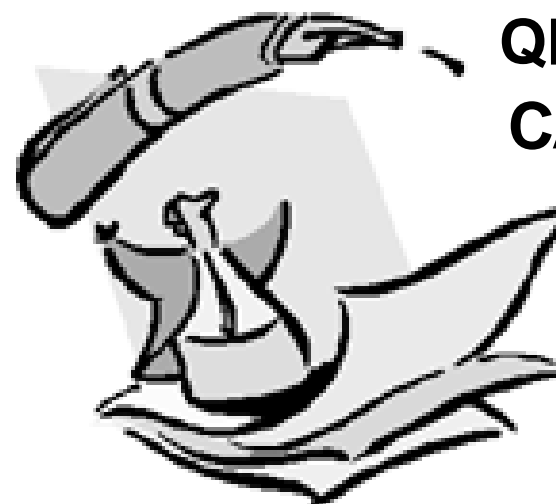
Only when people such as yourselves come out "Loud and Proud," sharing openly your stories of becoming ill and the ongoing process of recovery, will significant progress be made in educating young people and the general public. The fact is that today, unlike earlier times, there can be a purposeful and happy life after experiencing the devastation of mental illness. You have the opportunity to prove that not only to yourself, but to a new generation.

The life ahead of you may not be the same as it would have been; it probably won't be as easy a life as it might have been; but it can be just as fulfilling and just as productive as anyone else's life. Today, a person who becomes ill with a neurobiological brain disorder, if given the opportunity for early and effective treatment and the support of family and friends, can work hard and achieve great happiness and whatever purpose in life s/he sets sight on.

Tom Richardson

NAMI Whatcom Education Forum "Loud & Proud Awards," May 9, 2002

**QRT POEM & STORY CONTEST
CALL FOR ENTRIES**



The North Sound Quality Review Team announces its POEM AND STORY CONTEST, with two (2!) grand prizes of \$500 each: one for the poem and one for the story that best describes the author's Path to

Recovery and Vision of Hope. Our definition of Recovery is not necessarily that the illness is cured. Rather, Recovery is defined as the process by which a person with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity, and life meaning.

Vision of Hope Publication

The two winning entries--plus those that are honorably mentioned--will be published in a collection of poems and stories about the mental health recovery experience. The purpose of the publication is to reduce stigma, promote understanding of people with mental illness, give hope and courage to others who have mental illness, and encourage people to seek help for mental illness.

Who May Enter:

Anyone who is now or ever has been a consumer of public mental health services in the North Sound Region (Island, San Juan, Skagit, Snohomish, and Whatcom Counties), and members of their families.

Entry Specifications

- Your poem and/or short story must be your original work.
- You may enter one item in each category.
- Your entry must have a title and it must be easy to read.
- Please number the pages.
- Your first page should show the title of your entry, your name, address, phone number (or your case manager's name and phone), and whether you're entering the item as a poem or as a story.
- Please include a signed *Permission to Publish* form, granting permission to print and distribute your poem or story. You can download a form from our web site (nrsrn@nrsrn.org), pick one up in our office (117 North First Street, Suite 8, Mount Vernon), or call 360-416-7013 to have one mailed to you.

Judging

Entries will be judged by a committee of QRT and Ombuds staff, members of the NSRSN Board of Directors, and Advisory Board members, according to how well the poem or story describes the author's Path to Recovery and Vision of Hope.

- Entries must be accompanied by a signed *Permission to Publish Form*.
- Entries that are not easy to read cannot be judged.

Deadline for Entries

5:00 PM, Monday, February 1, 2003

Mail or Deliver to:

QRT Poem & Contest
North Sound RSN
117 North First Street, Suite 8
Mount Vernon WA 98273

Email to:

qrtliterarycontest.nrsrn.org

Fax to:

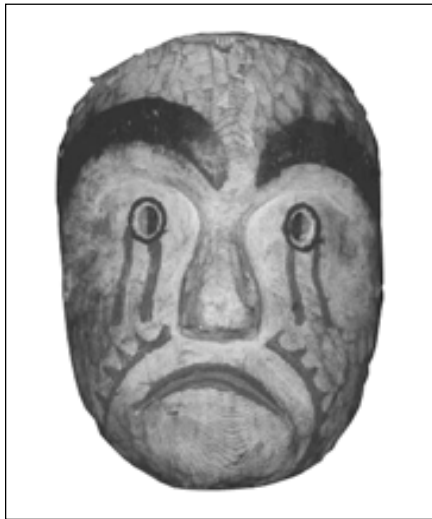
360-416-7017, ATTN:
QRT Poem & Story Contest

Thank you for sharing your Vision of Hope.



Drum Beats

DOMESTIC VIOLENCE: *NOT* TRADITIONAL CULTURE



On November 20, The Upper Skagit Indian Tribe hosted a Circle of Support: Domestic Violence workshop. Presenters were Diane Vendiola, mental health supervisor, Swinomish Tribal Mental Health Program, and Karen Andrews, Associate Director, Skagit Domestic Violence & Sexual Assault Services.

The format of the conference was designed to produce a community action plan for Tribes in combatting domestic violence. Here are some of the conclusions reached.

Facts

- Bullying and hurting wives and children have no place in Traditional Tribal Cultures.
- In Traditional Cultures, women hold places of equal honor.
- Domestic violence is not an illness; it is a choice, and a perpetrator can change.
- Domestic violence hurts children.
- Domestic violence hurts the entire community.
- Children raised with domestic violence tend to perpetuate it.

- Tribes can halt domestic violence.

Barriers to Addressing Domestic Violence in Tribal Communities

- Victims and perpetrators think nobody cares.
- Victims and perpetrators don't think the Tribe can or will help.
- Victims think the domestic violence is their fault and are too ashamed to ask for help.
- The community is not aware of domestic violence, doesn't know what to do about it, or doesn't care.
- Lack of Tribal Code against domestic violence ties hands of Tribal courts and police.
- Lack of support system for victims
- Lack of individuals identified as being willing/able to help victims
- No plan for victim safety and protection.
- No penalties for domestic violence.
- The community tolerance and condones domestic violence.
- There are no programs for domestic violence.
- There is no funding to combat domestic violence.
- Territoriality among service systems makes them ineffective in domestic violence.
- Mainstream systems ignore Traditional cultural values.
- There is no collaboration to combat domestic violence among human services, Tribal elders, longhouses, interviewers, criminal justice, and courts.
- Elders have not been included.
- Politics can weaken efforts to deal with domestic violence.

Actions Tribal Communities Can Take Against Domestic Violence

- Start a Tribal women's support group against domestic violence.
- Start a Tribal men's support group against domestic violence, to stand with the women's group.
- Identify community resources.
- Educate and Mobilize the Tribal Community that Domestic Violence is not traditional culture.
 - √ Make presentations about domestic violence having no part in Traditional Culture.
 - √ Develop pamphlets, handouts, and posters about domestic violence not being part of Traditional Culture.
 - √ Make a presentation to the Tribal Elders and ask for their support.
 - √ Publish articles in Tribal newsletters against domestic violence.
 - √ Hold community events, such as an ice cream social, dinner, wellness retreat, and seasonal activities and introduce the Tribal Human Services staff involved in activities against domestic violence. Let each department director tell the people how his/her department can be of service.

(Establish a "No Tribal Politics Zone" for each event.)

- √ Try to make a presentation to the Tribal Council about domestic violence.
- √ If there's no Tribal Code against domestic violence, seek to get one enacted so Tribal Courts and Police can help.
- √ During children's activities, teach them how to keep from getting hurt in the fighting, how to get to safety, the names and phone numbers of people who can help—and most of all, that the fighting is *not their fault*.

A Tribal Program for Domestic Violence

- Workshops, publicity, and presentations to educate Tribal members that domestic violence is not traditional culture. Use community events such as ice cream socials, wellness retreats, and seasonal activities as additional opportunities.
- Publicity and presentations to inform all Tribal members, including children, where to call for help.
- Anger/stress management programs.
- Tribal Human Services departments cooperate with each other, elders, men and women's domestic violence support groups to address domestic violence.
- Publicize availability of programs, such as anger/stress management, alcohol/drug programs, and parenting programs.
- Provide follow-up counseling and support for victims. Involve the Tribal Women's Support Group.
- Provide follow-up counseling and support for perpetrators. Involve the Tribal Men's Support Group.
- Provide follow-up counseling and support, with alcohol, drug, and mental health treatment, as appropriate.
- Identify and enlist the help of men from strong, well-functioning families to mentor perpetrators and serve as role models. Involve the group of Tribal Men for perpetrator mentorship and support.
- Uphold individual accountability.
- Encourage the community to befriend and encourage the perpetrators, as well as the victims.
- Identify funding resources and contacts

Possible Collaborations Among Tribes to Address Domestic Violence

Some measures, including a regional safe house for victims of domestic violence and a 24-hour emergency help line may not be available within the existing resources of one Tribe. Here two or more Tribes could cooperate to get funding, design, and staff them.

Dr. Maria Yellow Horse Brave Heart. Keynoter, 2003 Tribal Conference



Dr. Maria Yellow Horse Brave Heart, Ph.D. Smith College, a member of the Lakota Tribe (Teton Sioux), is an Associate Professor at the University of Denver Graduate School of Social Work, and the Director and President of the Takini Network in Rapid City, South Dakota.

Dr. Brave Heart is an acclaimed speaker, dedicated to helping Native communities heal from historical trauma. She has done extensive work in the arena of American Indian intergenerational trauma, historical trauma intervention, Native American parent skill development, and in training indigenous community members in historical trauma intervention.

Dr. Brave Heart will provide a keynote address and also teach a breakout session.

