How do Roundtables work? Start at any table you would like and you will have to opportunity to visit the other tables every 15 minutes and in any order that suits you.

1 - Integrated Care 1: Weaving Primary and Behavioral Health Services Together
Kate Grismala, United South and Eastern Tribes, Inc.
Mike Cook, St. Regis Mohawk Tribe

Integrating primary care and behavioral health services seamlessly provides for more comprehensive patient care. Consistent with indigenous and Native values, comprehensive care delivered in a culturally safe setting is most effective for producing better health outcomes. United South and Eastern Tribes, Inc. (USET) identified two Tribal Health systems who have implemented this woven approach, Saint Regis Mohawk Tribe in upstate New York and Santo Domingo Health Center at the Kewa Pueblo in New Mexico. During this roundtable, USET will share promising practices in both settings and representatives from St. Regis Mohawk will talk about how their services have evolved to address community needs; how these approaches were implemented with the use of interdisciplinary teams and administrative support for necessary tasks, such as policy changes and will share challenges they have had to overcome along the way to achieve their health goals. In the related roundtable Integrated Care 2, Santo Domingo will share their successes and challenges with implementing their integration of care.

2 - Integrated Care 2: Weaving Primary and Behavioral Health Services Together
Cynthia Guzman and Dave Panana, Santo Domingo Health Center

The roundtable is an extension of the Integrated Care 1 roundtable. Integrating primary care and behavioral health services seamlessly provides for more comprehensive patient care. Consistent with indigenous and Native values, comprehensive care delivered in a culturally safe setting is most effective for producing better health outcomes. In this roundtable, representatives from Santo Domingo Health Center will talk about how their services have evolved to address community needs, how these approaches were implemented with the use of interdisciplinary teams and administrative support for necessary tasks, such as policy changes, and share challenges they have had to overcome along the way to achieve their health goals.

3 - The Use of Peer Recovery Advocates to Assist in Treatment/Recovery
Justin Peglowski and Peter Wilson, Seneca Nation Health System

This workshop will share how the Seneca Nation Health System currently utilizes peer recovery advocates to support community members in their pursuit of recovery. Topics covered will include the training process for peer recovery advocates including becoming Certified Peer Recovery Advocates; the services offered to individuals before, during, and after treatment; documentation
concerns, and program sustainability through third party reimbursement. We will discuss how our outpatient behavioral health services have integrated with the peer recovery services to enhance our outreach and recovery support efforts.

4 - Ninde (My Heart): A Community-Based Collaborative to Support Healthy Birth Outcomes

_Meghan Porter, Great Lakes Inter-Tribal Epidemiology Center_
_Louise Matson, Division of Indian Work_
_Stephanie Graves, Minneapolis Health Department_

The opioid epidemic among American Indian/Alaska Natives (AI/ANs) in Minneapolis/St. Paul has affected some of the youngest community members: infants diagnosed with Neonatal Abstinence Syndrome (NAS), which may occur when women use opioids during pregnancy. Taking action to prevent NAS and support healthy birth outcomes, health professionals working with the Minneapolis AI/AN community formed the Ninde Collaborative. Two Ninde initiatives will be discussed during the roundtable: results from focus groups held to illuminate root causes of this issue and develop viable solutions, and a Native doula project. Focus group participants identified seven themes (tradition and culture, community and family, mindfulness and gratitude, resistance, accountability, health, and future) as being integral in guiding efforts to address opioid abuse in the Twin Cities AI/AN community. The Ninde doulas are women who have received standard doula training in addition to receiving ongoing training from elders regarding traditional Native birth practices.

5 - Building Capacity to Prevent Suicide in Tribal Communities

_Luther Talks, Minnesota Department of Health_
_Sherri Newago, Cass Lake Indian Service Hospital_

Suicide is preventable. Come hear the story of how the Minnesota Department of Health’s Community Partners Preventing Suicide (CPPS) program is working with Minnesota Tribal partners to implement suicide prevention in selected Tribal communities. The CPPS is funded by the Substance Abuse Mental Health Service Administration (SAMHSA) to support suicide prevention for youth and young adults in Minnesota, between the ages of 10-24 years old. The CPPS uses a comprehensive public health approach to build capacity within systems and organizations. The systems and organizations are selected based on need, capacity, and readiness. The evidence-based strategies, tools utilized and best practices used are flexible and culturally appropriate to address and plan for suicide prevention in Tribal communities. This session will focus on all-levels of partnerships and suicide prevention being implemented- Zero Suicide model, school-specific comprehensive suicide prevention planning, and community readiness assessment & strategic planning.