

Program # 25112 - Warrior Down Project

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Priority: Basic Needs Lead Agency: County Human Services

Program Offer Type: Existing Operating Program Contact: Gayle Kron

Related Programs:

Program Characteristics:

Executive Summary

The Warrior Down Project provides relapse prevention and recovery support services for Native Americans and their families. This new three-year \$1.5 million grant is funded by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Program Description

"Warrior Down" is the cry used to signify that a warrior has been wounded or incapacitated in some way and needs help. The Warrior Down Project creates a response team that provides the support and finds the resources to get that warrior back into his/her recovery process. This project expands the substance abuse treatment capabilities for Native Americans by enhancing the availability of comprehensive, high-quality, family centered, relapse prevention and recovery support services. Services are targeted at persons with a history of substance abuse, criminal justice involvement, high utilization of public health care, and homelessness.

"Warrior Down: A Relapse Prevention and Recovery Support Services Model" that was developed by Native Americans for Native Americans will be used for this project. Addictions counselors, childcare staff, and cultural advisors, trained in this model, will provide an array of services in residential and/or outpatient treatment settings such as: individual and group counseling, gender specific groups, parenting skill building, child abuse prevention, and early childhood development. Recovery Coaches (peers who have experienced the recovery process) will work closely with clients as they move into aftercare to identify community supports, facilitate a connection to the Native community, provide referrals to appropriate community resources, and provide early intervention to help the client implement their relapse prevention plan. The Recovery Coach is the critical link back to treatment services if the client relapses and is in need of more support than can be provided by the community. Members of the Warrior Down Team will work with local community resources to help clients with employment, housing, transportation, family services, mental health services, medical care, and education and training.

Program Justification

The United States Indian Health Service has declared substance abuse among Native Americans as the number one health problem facing them. Native Americans use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups and their alcohol-related mortality rate is 5.3 times greater than that of the general population (Center for Substance Abuse Treatment (1999) "Cultural Issues n Substance Abuse Treatment"). This grant serves clients who have long and extensive histories of substance abuse, criminal justice involvement, and high utilization of public health care, and homelessness. This project directly links to the Basic Needs Priority by providing support and case management to vulnerable Native American men, women, and children. This project coordinates services including primary health care, addictions treatment services, mental health care, and family wellness programming. Early relapse intervention moves individuals quickly from possible crisis to stability. Further, this project assists clients with obtaining permanent and livable housing, helps them become self sufficient in achieving adequate income and providing adequate food, and links people with local community resources.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of clients served.	0	0	35	100
	Percentage of clients successfully completing treatment.	0%	0%	0%	60%
Outcome	Percentage of homeless families housed at follow-up.	0%	0%	0%	90%

Performance Measure - Description

100 clients will be served annually. 60% of clients will successfully complete treatment. 90% of families that were homeless upon entering treatment will be housed at follow-up. Estimated program start is February 2006. The two outcomes will not be measurable until FY 2006-07.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$0	\$0	\$0	\$19,533
Contracts	\$0	\$0	\$0	\$468,261
Internal Services	\$0	\$0	\$0	\$12,206
Subtotal: Direct Exps:	\$0	\$0	\$0	\$500,000
Administration	\$0	\$0	\$0	\$16,970
Program Support	\$0	\$0	\$0	\$24,704
Subtotal: Other Exps:	\$0	\$0	\$0	\$41,674
Total GF/non-GF:	\$0	\$0	\$0	\$541,674
Program Total:	\$0		\$541,674	
Program FTE	0.00	0.00	0.00	0.20
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$3,418	\$0
Intergovernmental	\$0	\$0	\$0	\$500,000
Program Revenue for Admin	\$0	\$0	\$0	\$41,674
Total Revenue:	\$0	\$0	\$3,418	\$541,674

Explanation of Revenues

Substance Abuse and Mental Health Services Administration (SAMHSA) grant.

Significant Program Changes

Last year this program was: