

## TRIBAL AND STATE RELATIONS COMMITTEE

THURSDAY, MAY 29, 2014

I offer this testimony in consideration of the correctional system and the impact on Native American offenders with substance abuse issues or other mental impairments. Currently many Native offenders released from the corrections system, those under supervised probation as well as unsupervised, have substantial barriers which ultimately lead to re-offending or revocations. Some of the barriers include homelessness, lack of credit to obtain housing, transportation, mental health and other health related issues, and employment barriers common to felons and other probationers. Additional barriers include lack of family support and community resources. In response to these issues, concerned citizens along with other tribal members are addressing lack of advocates/sponsors and are working toward implementing a team to oversee trained advocates/sponsors who will assist the offender assigned throughout the legal process and upon release in a variety of ways in order to promote success upon release and to reduce re-incarceration. While these processes are in the beginning stages, it is imperative that the state also consider these barriers and look for ways to address the problems facing addiction based offenders in order to achieve success and meaningful rehabilitation. D. Joyce Kitson

## Northern Plains Indian Outreach

D. Joyce Kitson, Presenter

May 29, 2014

Presented to Tribal and State Relations Committee

### Summary

Transitional Living Pilot Project

#### Program Goals:

The goals of the *Transitional Living Pilot Project* are to allow Native Americans and other minorities, homeless and transient, people making a transition from group homes, jails and prisons, detoxification centers, and temporary housing to build honest, vital, healthy relationships with others: develop self-confidence and respect for self and others; to learn to help one another instead of ridiculing, knocking down, belittling, and shaming the other person. The *Transitional Living Pilot Project* will attempt to quietly restore the individual to growth and maturity through love, warmth, concern, affection, implementing responsible behavior, and to return him/her to functional involvement in the community. Functional involvement as part of the entire treatment process will be to bring the participant to adopt socially acceptable behaviors.

The *Transitional Living Pilot Project* will provide a tough and difficult goal—specific protocols of what is right and wrong—within the context of the participant's living environment. The *Transitional Living Pilot Project* will provide more than just a loose desire to reject negative, counter-productive, or self-destructive behaviors and/or lifestyles. It will provide an automatic desire to work and be a productive member of the community.

#### Organizational Structure and Governance:

The *Transitional Living Pilot Project* is a non-profit corporation organized pursuant to Title 10 of the North Dakota Century Code whose goals are stated above.

The *Transitional Living Pilot Project* is governed by its members through a board of directors. Membership is voluntary, and each member is entitled to one vote. The members of the board are elected by the members at an annual meeting and are responsible for overseeing the management of the *Transitional Living Pilot Project*. The *Transitional Living Pilot Project* will be staffed by a combination of employees, coordinators, and volunteers. There will initially be a Manager and a secretary. The Manager will direct the day-to-day operations of the *Transitional Living Pilot Project*, subject to the direction of the board and the membership.

#### Plan Operation and Product:

The *Transitional Living Pilot Project* will provide two different types of services: (1) provision of raw materials for the production of finished products; and (2) marketing of finished products for wholesale and retail distribution to the general public (including American and European markets), museums, schools, local retail stores, hobby shops, mail order and Internet markets, and other similar markets.

The products which will be independently manufactured by participants in the *Transitional Living Pilot Project* will be beadwork, crafts, and products which follow authentic Native American authentic processes and procedures. Studies have indicated that modern consumers of these products "want the real thing"; that is, traditional beadwork, crafts, and products which have not been mass-produced in foreign countries.

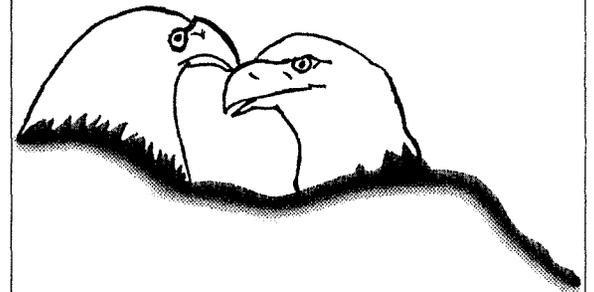
**Meeting Time &  
Place:**

To Be Announced

*Eagles Amongst Us*

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*Family & Friends  
Of Incarcerated  
Loved Ones*



*Support Group*

## **OUR GOALS**

- (1) To discover that we are not alone.
- (2) To regain a sense of Hope and Optimism.
- (3) To grow in Confidence and self-worth.
- (4) To advocate for improved Services and Treatment of our loved ones.
- (5) To encourage not to abandon our loved ones.
- (6) To increase the Outreach of our Group to help people in need.

## **OUR MISSION**

Much has been said about crime, criminals and victims of crime. Little has been said to address the needs of family and friends of people who commit these crimes.

Is someone you care about, friend or family incarcerated? If so, we have a lot in common. We know your struggle in life because we have been there and many still are.

We feel there is a need for a support group and advocacy in this area for people in this situation. People like you or someone you care about.

We want you to know you are not alone. We want you to share in your struggles and help with the knowledge we have gained.

Please join us.

## **OUR GOALS**

A group of people with common experiences and concerns who provide emotional and moral support for one another.

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It takes real courage to deal with having a family member or loved one incarcerated.

At our meetings, members will be encouraged to talk about their own individual struggles as each sees fit.

Sometimes it is difficult to discuss your situation with close friends or even family members. "Others have been there" and "You are not alone."

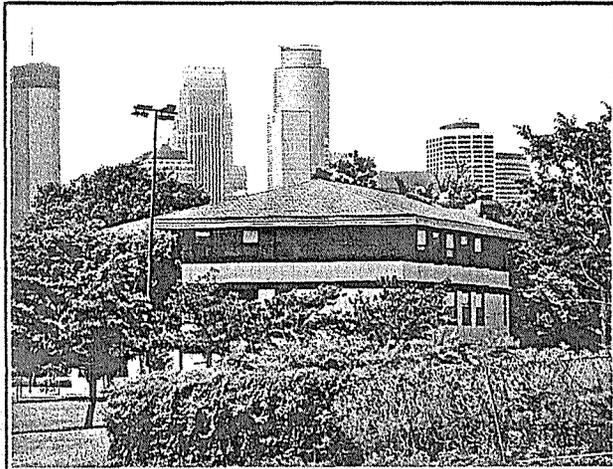
We will listen to your concerns and offer suggestions that have worked for us in the past and are still working today.

## What is Anishinabe Wakiagun?

Anishinabe Wakiagun is a culturally-specific permanent supportive housing program for late-stage chronic inebriates. It is a wet/dry facility that does not require residents to be sober in order to retain their housing.

The philosophy of Anishinabe Wakiagun is to reduce the public cost of providing services while at the same time providing a more stable living environment for the resident. The program goal is to minimize the negative consequences of the residents drinking patterns, while providing a stable, culturally appropriate living environment that encourages a reduction in alcohol consumption.

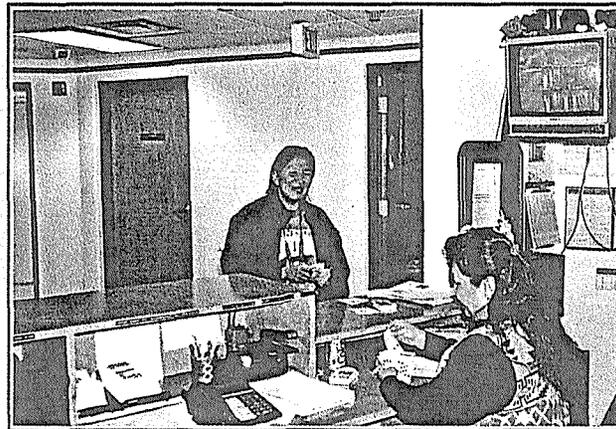
Anishinabe Wakiagun is not a shelter, but provides permanent housing that encourages long-term residency to maximize stability in the individual's life.



## Residential Board & Lodging



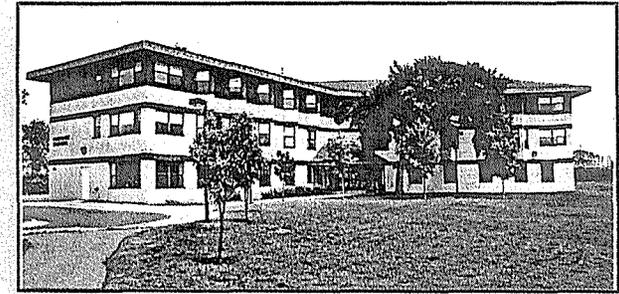
**Length of Stay.** The average length of a resident's stay is 21 months, with the longest at 4-1/2 years. Sixty-percent stay for more than one year. Eighteen-percent stay six months to one year. Five-percent stay three to six months and 17% stay up to three months.



**On Track Program.** The On Track Program is an extension of both Anishinabe Wakiagun and AIHCDC's KOLA Program and is designed to provide support to those residents and clients who are seriously working at developing and maintaining sobriety.

The focus of the program is to enhance self-esteem through service to the community and building skills. On Track collaborates with American Indian Opportunities Industrial Center, AIOIC in providing job skills assessment and training.

## Resident Eligibility



**Resident Profile.** Residents must have 20 or more admissions to detox centers in the last three years, two or more attempts at chemical dependency treatment, and have been homeless the majority of the last five years. Other indicators of eligibility include physical deterioration and evidence that the individual is incapable of self-management due to alcohol use.

**Health Management.** Most chronic alcoholics do not have health care coverage. The goal of the health care management component is to reduce the number of times emergency services are used by the resident and introduce them to health care systems. As residents of Anishinabe Wakiagun, the individual is entitled to medical coverage and their continuing eligibility is monitored by their case manager. 100% of Anishinabe Wakiagun residents have medical coverage.

**Cost Savings to County.** Anishinabe Wakiagun saves the taxpayers over \$500,000 per year by reducing:

- detox admissions by 85%
- ER visits by 20% and
- jail bookings by 23%

For more information call the director.

## Anishinabe Wakiagun Staff



Anishinabe Wakiagun is staffed 24 hours a day. All program staff are trained in issues relating to late-stage alcoholism, including crisis prevention techniques.

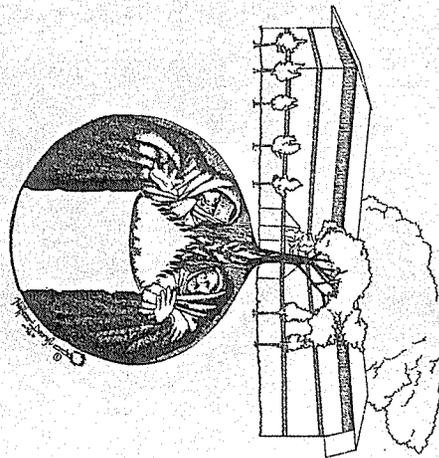
### Resident Activities & Supports.

Recreational activities include weight lifting, table games, music nights and camping trips. Residents are also encouraged to participate in traditional spiritual and religious activities.

Several residents have demonstrated their gardening skills with plants in an indoor dayroom and outside in a community garden. Residents are encouraged to fully explore their arts and crafts skills. Some are also very accomplished artists whose works have been marketed.

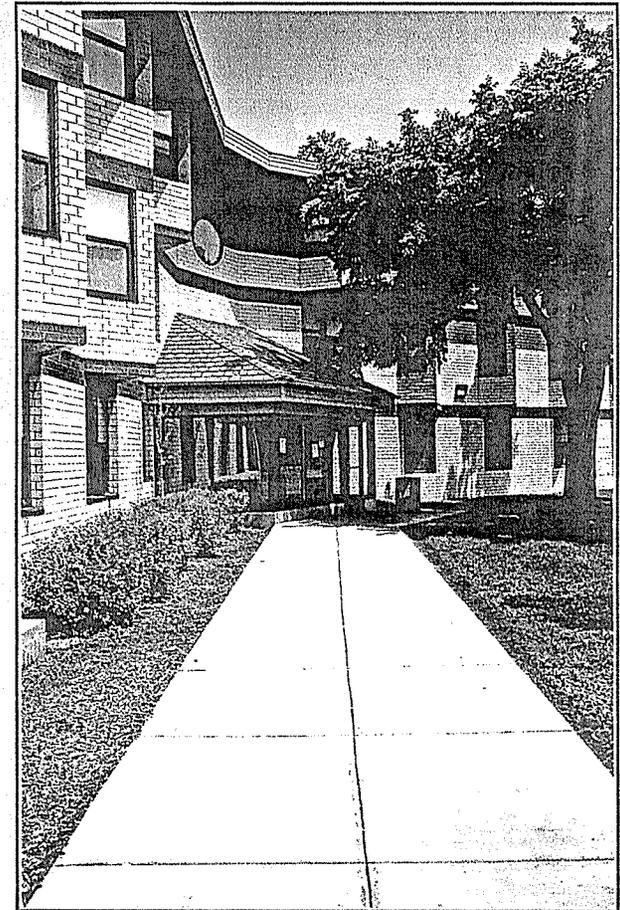


ANISHINABE WAKIAGUN  
1600 EAST NINETEENTH STREET  
MINNEAPOLIS, MN 55404



# ANISHINABE WAKIAGUN

(THE PEOPLES' HOME)



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# **TRIBAL AND STATE RELATIONS COMMITTEE**

**Thursday, May 29, 2014**

**Testimony by D Joyce Kitson**

## **Discussion**

### **American Indian Housing & Community Development Corporation:**

Housing Advocacy & Support Services  
Responsible Renters Training & Certification  
KOLA, Street-Based Care Management Program

### **AIHCDC MISSION:**

Develop and provide culturally creative programs, support and educational services designed to strengthen American Indian communities by offering opportunities leading to a better quality of life and healthy Indian communities.

### **Sample of goals:**

Provide training and technical assistance in the areas of housing, rehabilitation, maintenance, and management of residential housing units.  
Engage in demonstration projects which will develop experimental and creative approaches to provide housing within a primarily American Indian community for homeless and low and moderate incomes with special needs such as chemical dependency, mental health problems, (untreated mild closed brain injury, by D. Joyce Kitson).

### **KOLA Client:**

May suffer from mild depression, mental illness and have severe addictions.  
Is distrustful and suspicious of regular medical clinics  
Show loyalty to one another  
Many are gifted and talented people  
Sometimes are decorated veterans  
Recognitive skills may deteriorate with continued drug and alcohol use (if mild to moderate traumatic brain injury is untreated, by D. Joyce Kitson).

### **GOALS:**

Improve general health of this high-risk, vulnerable population.  
Increase periods of sobriety with clothing, food, and activity incentives.  
Decrease inappropriate use of Emergency Rooms and Detox Centers.  
Reduce the number of deaths on the streets and due to chronic alcoholism/homelessness.  
Restore dignity and self-respect through goal-setting, relationships and honesty.

**Anishinabe Wakiagun (The Peoples Home)**

The focus of this program is to enhance self-esteem through service to the community and building skills. On Track collaborates with American Indian Opportunities Industrial Center, AIOIC in providing jobs skills assessment and training.

Long-term Residency to maximize stability in the individual's life.

**Health Management:** Most residence do not have health care coverage. The goal of the health care management component is to reduce the number of times emergency services are used by the resident and introduce them to the health care systems. As residents of Anishinabe Wakiagan, the individual is entitled to medical coverage and their continuing eligibility is monitored by their case manager. 100% of Anishinabe Wakiagan residents have medical coverage.

**Costs Savings to County.** Anishinabe Wakiagan saves the taxpayers over \$500,000 per year by reducing:

**detox admissions by 85%**

**ER visits by 20%**

**jail bookings by 23%**

On April 7<sup>th</sup> my son came to my house around 3 AM. I let him in and he said "I left my phone here and I came to pick it up." About 5 minutes later there was a knock at the door. I opened the door but left the screen door shut. A police Officer was there and asked if someone came into the house. I asked "Why?" He said the driver of that vehicle (he pointed to my sons car) came to this house and the car is still running. I looked out and saw an officer talking to someone by my sons car. I asked again "Why? What happened?" As the Officer was explaining about pulling the car over for not using a turn signal, another Police Officer (African American) came running through the neighbor's yard and through my yard came up the steps grabbed the handle on the screen and said "We need in!" He ripped the screen door open and shoved me against the door and said "MOVE!" The Officer then proceeded to go down the hallway, when my other son came out of his room and said he is in the kitchen. The Officer then went into the Kitchen and I heard "You need to come with me!" My son said "Why? What's the charge?" The officer said "LET'S GO." My son said "Get off me!" I heard some banging around and my son said "OH! Now you're pulling a gun on me? I'm unarmed!" I heard some more banging around. Then another Officer came in the house and walked into the kitchen. It was quiet and minute later they came into the living room with my son hand cuffed. Then the verbal abuse started. My son called the Officer (African American) a F---en Pig, N---er, etc.... The Officer responded by throwing my son down on the floor and started to slam his head to the ground repeatedly, and then he yelled "HE'S RESISTING!" My son tried to turn over and was cursing vulgar language at the same time. Our Boston terrier came running out to see what was going on and the Officer (African American) yelled "GET THIS F---EN DOG OUT OF HERE!" The other 2 Officers were standing back watching and my other son walked over to get the dog and the Officer (African American) yelled at my other son "GET THE F--- BACK!" the yelled again "GET THIS F---EN DOG OUT OF HERE!" This happened 2 more times. One of the other Officers got the dog and gave him to my son to put in the room. Then another Officer got down on the ground held my sons legs down and put something around his ankles at the same time the 1<sup>st</sup> Officer (African American) was still slamming my son's head around and slapping him. When the Officer got done putting on the restraint around my sons' ankles he told the 1<sup>st</sup> Officer to move and he picked my son up and he and

another Officer proceeded to escort my son to the door. When they got into the door way the 1<sup>st</sup> Officer went behind my son and pushed him real hard from the back. The 2 Officers that were escorting him lost their grip and my son went head 1<sup>st</sup> down the cement steps. I tried to go see and an Officer held me back and said don't interfere. I said "Is my son ok?" and he said "Yes."

This whole time I kept screaming "Don't hurt him! He just got stitches in his head." The Officer that was beating my son took advantage of this when he kept slamming my son's face into the ground repeatedly and smacking his head.

Then 2 of the Officers carried my son to the Police car while the Other Officer followed. In the mix of everything the last Officer came to me and said "We are sorry but your son was resisting arrest. He will have court tomorrow and you can bail him out then." I again asked "Are you sure he is fine?" The Officer said "Yeah, we are taking him to the hospital to have him checked out." I said "The hospital!" The Officer said "Yeah, he fell down the steps when we took him out." Then the Officer that was beating my son walked in, walked up to me, leaned down in my face and stared at me in the eye. I backed up and looked at the other Officer who then said "Again, I'm sorry. Court will be at 10 AM." The Officer (African American) turned and walked out the door. The other Officer said "Sorry, I didn't make it in right away, but I seen someone in the car and I had to stay with him till another officer could take over." I asked "What about the keys to his car? Can I get them so I can park his car in the driveway?" He said "Yeah when we get done I will bring them to you. He then left. I walked to the door to shut it and noticed my screen door was broke.

The Police report says:

Dan Salander      Garner Jones, Jr.      Nicholas D Prigge      Michael J. Paulson

were the Officers at my residence? Officer Michael Paulson was listed as the Arresting Officer.