The Elephant in the Room:
One Tribe’s Data-Driven Approach to Re-entry and Population Health Through Collaboration
TRANSFORMING HEALTH SYSTEMS IN TRIBAL COMMUNITIES

- Indigenous Pathways to Health
- Data as Knowledge
- Governance for Health
- Performance and Innovation
TRIBAL VALUES

• **t’u’lschint (Membership)** – Solid and resilient members of ever-expanding spheres of relationship: family, clan, tribe, community, state, and country.

• **‘ats’ qhnt’ wesh (Stewardship)** – Responsible, accountable, and socially aware caretakers, caring for human cultural and natural resources for present and future generations.

• **snmipqwilen (Scholarship/Knowledge)** – Knowledge based on principles of investigation that pursue excellence and truth. It is based upon an awareness, appreciation, and respect for natural law as understood and cultivated through traditional knowledge that has guided Native peoples for millennia, and has meaningful application within the community.

• **hngwa’qn; hnshat’on (Guardianship)** – To care for and protect the Coeur d’Alene Tribal way of life for future generations, including natural resources, culture, history, language, and traditions.

• **chsnpa'silgwen (Spirituality)** – Faith from which the Creator reveals the connection between all life. It unites the space between the past, present, and future through the peoples, environment, and land; and is rooted within the ceremonies from which the Tribe celebrates those connections.
TWO X 4 R’S

- RUPTURES
- REPAIR
- RESTORE
- REVITALIZE

- RELATIONSHIP
- RESPONSIBILITY
- RECIPROCITY
- RESPECT
DATA: TELLS THE STORY
- THE ELEPHANT IN THE ROOM -

- **BEGINNINGS** – It can start in unusual places (ie Education Pipeline)

- **TARGETED INFORMATION** - DATA Sovereignty
  - CDA Tribal Members, Gender, Age, Community

- **ASSESSMENT** – Recognizing Strengths as well as Deficits

- **“KNOWLEDGE KEEPERS”** – CDA Tribal people / community members
  - Interviews, Surveys, Focus Groups
STRENGTHS and RESOURCES:
• Reservation and Tribal Population Growth
• Employment and Economic Opportunities
• Education Pathways
• On-Reservation Comprehensive Reservation Medical and Wellness Services
• Steady Leadership
• Tribal Members in Key Management Positions
• Abundance of Resources, with the right Collaboration
• Community Support & Action – qhest’ilsh (Becoming Well)

CHALLENGES:
• KEY INDICATORS
  □ Poverty (28-38%)
  □ Unemployment/Underemployment (70-10%)
  □ Education (55% graduation rate)
  □ Health (Obesity, Heart Disease, Diabetes, Depression)
  □ Alcohol/Substance Abuse/Mental Health
  □ HIGH Instances of Recidivism

QUALITY OF LIFE FOR ALL??
ADDITIONAL CHALLENGES:

- SILOS & EGOS
- DEFICIT THINKING / TRAUMA
- DATA SHORTFALLS
- OUTDATED PROTOCOLS
- PROFESSIONAL DEVELOPMENT
DATA: **BIG ELEPHANT IN THE ROOM = RE-ENTRY**

**FACTS:**
- Key demographic at the heart of the community: those returning from treatment or corrections
- There was “assumed” Re-entry, but nothing formal
- **NO TRANSITIONAL HOUSING**
- No Pre-release Planning
- Limited Employment Opportunities
- Revolving Door

**RESOURCES:**
- Families
- Growing Sobriety Community
- Education
- Career / Workforce Development
- Outpatient Services / Counseling
GOVERNANCE & INNOVATION

WE NEEDED:

• **COLLABORATION** – Tribal Collaboration Committee
  - Law and Order, Social Services, Department of Education, Marimn Health, Council/Executive Leadership

• **STRATEGIC PLANNING** – Comprehensive Tribal Justice Strategic Plan 2016-2021 (DOJ)

• **ORGANIZATION**

• **COMMUNICATION**

• **ACCOUNTABILITY**

• **INNOVATION**

• **RESULTS!!**

• **5TH TRIBAL VALUE - SPIRITUALITY**
VISION:
“All people on the Coeur d’Alene Indian Reservation shall have a chance to pursue their hopes and dreams as members, guardians, and stewards in a safe and healthy community.”

MISSION:
“The Coeur d’Alene Tribe leads and delivers quality, comprehensive, and coordinated programs and services that are proven to reduce crime and promote the health and wellness of the reservation community in the areas of public safety, health, education, and social services.”
DATA: THE COEUR D’ALENE STORY

BEFORE

- Priority – General Reservation Health
- Acceptance of Native American Health Indicators
- Controlled Collaboration & Involvement by BMWC

AFTER

- Key Changes in Staffing
- Paradigm and Philosophical Shift
- LOGO
- Name
- Goals
New and Exciting Changes
REENTRY PROGRAM

LISTENING TO THE PEOPLE...
30,000 Foot View
Navigating and Maximizing Resources

Marimn Health – Medical, Dental, Pharmacy, Optometry, Chiropractic, Community Health, Behavioral Health, Wellness Center, Youth Programs

Department of Education – Higher Education, GED, Early Childhood Learning Center

Law & Order – Probation, Law Enforcement, Justice System

Social Services – Indian Child Welfare, T.A.N.F., Career Renewal, Stop Violence

Housing – Housing Urban Development
Readiness for Change, linking to resources

Individualized Case Plans, with a multi-discipline case plan

Healing The Family, multi-generational approach

Monthly Reporting, Reentry Team consults each client strength/need
BUILDING A REENTRY TEAM

• Re-entry Program Manager
  • An expert who can navigate the system of care.

• Re-entry Coaches
  • Male
  • Female

• A team to provide outreach and informal non-clinical supports
CONSIDERATIONS IN COLLABORATION

Networking:
- Consultation with Tribal Legal Council
- Information Sharing, addressing HIPAA
- Multi-Agency MOU’s, enabling sharing of information
**Problem**
High levels of tribal members returning to incarceration or inpatient treatment
Many barriers to successful reentry
Co-occurring substance abuse and crime

**Sub Problems**
Mental Health conditions
Trauma exposure
Low self-esteem
Individual and family substance use
High recidivism
Enabling by family or community

**Goals**
To reintegrate Coeur d’Alene Tribal members back into community, reduce recidivism and improve public safety through a coordinated and holistic approach to wellness. Reentry will provide connection to available services and support as clients choose improved health and wellness.

**Objectives**
Work with individuals and families to remove barriers to reentry and wellness
Work across systems to provide coordinated, holistic care and service.
Utilize tribal and partner resources to provide comprehensive services for wellness
Connect to cultural values and teachings

**Key Activities**
Establish a culturally normed risk/needs assessment tool
Use collective leadership and structured teamwork
Provide individual case management
Connect with local Behavioral Health resources
Explore expanded employment opportunities
Align all Care Plans to reduce redundancy
Explore transitional housing options
Greetings at the Gate
Transportation

**Output Measures**
# Individuals referred w/in 12 months
# of Individual Care Plans created
Length of time clients proceed through phases
Services referred and provided
Collaborative meeting composition
#/% clients who test positive for drugs or alcohol @ 6 and 12 months after intake
# of clients who establish care with Behavioral Health
# Clients who graduate program
#/% of clients who participate at the Wellness Center
# of clients who utilize transitional housing
#/% of clients who participate in finance or budget classes

**Outcome Measures**

**Short - Term**
Client Engagement with Individual Care Plan
#/% of clients whose family/social support participates in prosocial education
Reduction in recidivism
#/% of clients who obtain their GED
#/% of clients who engage in employment skills or readiness training
Job placement rate 6 months after intake
Shared cultural values

**Long – Term**
Reduced recidivism
Reduced substance abuse
Increased full employment
Engagement in prosocial activities
Shared Tribe values
Increased community safety
Attainment of long-term housing
Improved health outcomes
Expanded group of mentors for clients of safe and sober living

*Six months after program completion
OUR FUTURE DESERVES NOW

• Reducing Recidivism

• Re-create our NORMS

• Promote Higher Education and Economical Stability For All

• Foster Opportunities For Healing