

Program Narrative: Bad River Half-Way House Project

a. Statement of the Problem

In 2012 and 2016, several surveys were conducted within Bad River that provided data on community health including the exposure and substance use habits of our population. Based on this information, the Tribe has prioritized the following funding category: Treatment - Integrating tribal, federal, state, and local services and culturally appropriate treatment for individuals diverted from the tribal justice systems, individuals involved in the tribal justice system (including the incarcerated population) and re-entering formerly incarcerated individuals and their families. The goal/objective of this programming will be: To develop, implement, and enhance substance abuse prevention and treatment programs.

Northern Wisconsin is historically an economically depressed region, and the Bad River Tribe is a severely financially distressed community. High rates of poverty and un/underemployment correlating with high levels of violence and crime, stress and health disparities correlating with the public issue of suicide plague the area. The Bad River Tribal unemployment rate is over three times that of Ashland County. Additionally, 43% of those seeking work are unable to find it within the Bad River service area¹. Furthermore, 20% of all Bad River Housing tenants live on SSI benefits; 14% survive on Social Security benefits; 3% rely on unemployment insurance; and 44% are employed and have an annual mean household income of \$17,480.

The Bad River Tribe has rising numbers of health disparities and preventable disease rates. Among these concerns are increases in commercial tobacco use, diabetes, cancer, obesity, drug and alcohol abuse, and high mortality rates compared to the state. Infant mortality rates for native children in Wisconsin were 69% higher than those of white children. The 2014 age-adjusted mortality rate was nearly 50% higher for Native Americans in WI than for whites with

an average age of death at 63 years compared to 77 years. The 2009-2013 average cancer age-adjusted mortality rates were 37% higher for Native Americans in WI than for whites, and the 2014 diabetes mortality rate was almost four times higher for Native Americans in Wisconsin. Poverty, unemployment and stress, in turn, directly influence rates of suicide, substance abuse, and poor mental health.

Native Americans are at the second highest risk of suicide in the State of Wisconsin. According to the publication, *The Burden of Suicide in Wisconsin*, 21% of suicides are related to employment problems. Given this risk, the Bad River Tribe's population is at an extremely elevated risk of suicide due to poverty, unemployment, and economic status. According to the American Psychiatric Association (APA), Native Americans experience serious psychological distress 1.5 times more than the general population, and experience PTSD more than twice as often as the general population. Furthermore, the APA notes that due to high levels of poverty, many Native Americans face economic barriers that prevent them from receiving treatment as approximately 33% of Native Americans lack health insurance and access to mental health services is limited due to the rural location of tribal communities.

A 2013 report by SAMHSA reported that 12.3% of Native Americans aged 12+ currently use illicit drugs while only 9.5% of whites were currently using these same drugs. This same report identifies 14.9% of Native Americans age 12+ as diagnosed with substance dependence or abuse while 8.4% of whites diagnosed with substance abuse or dependence. This disparity is evidence of the tremendous need for increased and expanded treatment options in Indian Country.

The Bad River AODA Program has seen a 112% increase in individuals seeking treatment voluntarily and those mandated into treatment through diversion programs over the past 5 years.

In 2017, of the approximately 100 individuals assessed, 24% had a primary diagnosis of alcohol use disorder, 5% opioid use disorder, and 71% methamphetamine use disorder. Between 2012 and 2014, Ashland County had over two times the number of drug related hospital admissions, the highest rate of alcohol related admissions, and the highest rate of violent crime per 100,000 than any other WI county². Due to the extensive drug problem, the Bad River Tribe declared a state of emergency in November 2017. Unemployment and substance use have caused homelessness for many Bad River community members. Bad River Housing department evicted 19 families over the past year due to substance use. Additionally, Bad River Head Start Program reported that 19.4% of children enrolled in their program 2016-2017 were homeless and an additional 25.4% were referred for housing assistance. Finally, 95% of Bad River AODA program clients report being homeless one or more times within the 12 months prior to assessment.

The Bad River community is in a state of crisis and social upheaval. Murder, suicide, homelessness, and drug overdose have become daily concerns. The foundation of our culture, the family unit, is weakening and unable to support family members with mental health and substance use disorders. The strength of Native peoples has always been our ability to be resilient in the face of crisis, but we now find ourselves wondering how to overcome the illness plaguing our community. How do we heal our spirits? According to the Wisconsin Mental Health and Substance Abuse Needs Assessment (WMHSANA) (2014), Wisconsin's eleven tribal nations noted integrated services for co-occurring mental health and substance use disorders, transitional housing, and shortage of professional and community services as primary needs. Additionally, Wisconsin prioritized integrated care for individuals with co-occurring disorders (WMHSANA, 2014). In summary, the problem addressed through this funding is expanding

drug and alcohol treatment locally through the development and implementation of halfway house services.

The Bad River Tribe has donated the “Nye House” that will be utilized for our Half-Way House Facility. The estimated cost of the building and property is \$100,000.00

Currently, our Bad River Half-Way House Project has been awarded \$710,000 over 3 years from the (D.O.J.), (B.J.A.), (C.T.A.S.) Purpose Area #3 Justice Systems, and Alcohol and Substance Abuse for this project. This awarded funding is for Client Services, Half-Way House Staffing, office equipment, and basic household furnishings.

b. Project Design and Implementation

The Tribe has coordinated efforts with the Indian Health Services (IHS) Engineers to assess the Nye House. Upon examining logistics, Community Based Residential Facility (CBRF) compliance for future billing, program organization, and potential case load, the Tribe realized we needed a new space or to renovate this building to accommodate the program. Currently, there are no safe usable buildings on the reservation that can house the program. With that in mind and the need for the program still lingering, it was decided to renovate and expand the Nye House to accommodate the program and to no longer delay the services.

Site visits were performed to provide insight on renovation and site needs. With the help of the tribal Private Onsite Water Treatment System (POWTS) manager, engineers, and tribal planning, the well and septic system were deemed to not be sufficient for the number of

occupants proposed in the halfway house project. The Bad River maintenance and tribal planner identified the inefficiency in insulation and windows as well as the unsafe knob-and-tube wiring.

The first goal for our Half-Way House Project is to hire a Project Coordinator. The Project Coordinator will be responsible to oversee all aspects of grant awarded activities for our Treatment House Project. Most of the Project Coordinator's time will include Half-Way house renovations, set-up and implementation of our Half-Way House Facility.

The second goal for our Half-Way House Project is to begin the renovations of the Half-Way House Facility. The implementation for this goal will be done by the Project Coordinator. The renovations that will be completed with our funding from the Comprehensive Opioid Abuse Site-based Program to bring our Half-Way House Facility up to code are:

- i) The complete electrical rewiring of our Half-Way House facility removing the outdated knob-and-tube wiring system with up to date, up to code wiring throughout the entire facility. Updating of the telephone lines throughout the facility as well as installing hard wire ethernet for communications and security of client confidential records.
- ii) The replacement of old inefficient insulation in our Half-Way House Facility with updated and up to code R-Factor insulation to increase the safety of the facility and reduce the cost of heating for the facility.
- iii) The replacement of the single pane glass windows within the facility with up to code new windows which will also reduce the cost of heating for our facility.

The third goal for our Half-Way House Facility will be the hiring of Half-Way House Counseling Staff. The hiring of these staff is to enable the expansion of services that will be

available for client's utilizing our Half-Way House Facility as well as providing outreach A.O.D.A. Services.

Within our stated goals above, the renovation of our Half-Way House facility will enable our client's the ability to seek out and have provided to them the necessary substance abuse treatment locally. Currently, the closest Half-Way House Facility for our clients to request admittance for assistance is 3 hours away from our community. Our current A.O.D.A. Programing is not able to provide funding for our recovering community members to be admitted into these facilities.

The renovations that will be completed to our Half-Way House Facility will also enable our A.O.D.A. Program the ability to offer other treatment options via Telehealth for substance abuse. The ability to offer our clients the ability to access treatment options using Technology will greatly decrease the cost of sending clients to out of area services that we will be able to provide locally. In addition, we will be able to provide our clients with transitional living to enable them to slowly be re-integrated into our community with necessary support services and a better quality of life.

We will also be able to enhance current substance abuse efforts by enabling us to connect our clients with peer recovery support personnel, substance abuse and behavioral health treatment providers. Our A.O.D.A. Program currently utilizes Peer Support Recovery Personnel. The Peer Support Recovery Personnel are Certified through an A.O.D.A. Program that provides the required trainings as well as Certification as a Peer Recovery Support Personnel. These personnel are supervised through our A.O.D.A. Program within the Bad River Health & Wellness Center.

The Peer Specialist position provides support to consumers through sharing recovery skills and life experiences, developing supportive relationships that assist in recovery. The Peer Specialist will provide linkage to and support engagement with recovery support services to improve access to and retention in services and to continue treatment gains. These services may include some or all of the following as appropriate for each enrolled individual: Vocational assistance through Vocational Rehabilitation for Native Americans (VRNA) and Division of Vocational Rehabilitation (DVR); Educational through Northwest Wisconsin CEP office; Transportation services through Medical Transportation, Bay Area Rural Transit bus, and Bad River Transit; Integration of culture and cultural activities into care plans and program activities; Employment readiness, training and placement through Northwest Wisconsin CEP office, VRNA, and DVR; Crisis care through the Behavioral Health Unit at Memorial Medical Center and the Crisis residence through Northland Counseling; Peer-related supports and services (e.g., peer-led or peer-supported activities and hiring of peer staff) through Bad River Behavioral Health, and Voices for Recovery; and discharge planning through the project team.

Peer specialists will play a vital role in the therapeutic process. They may provide peer support in group therapy sessions using the Matrix Model which is already in use at the BRHWC. They may also act as sponsors and provide life skills training to consumers. It is our hope that as individuals discharge from the program some will receive training as Peer Specialists and return to the program after an appropriate length of time in these support roles. Peer specialists provide hope to those seeking healing and in the early stages of recovery. In addition to the above, we will provide access to cultural and spiritual activities and mentors will be provided on a daily basis in order to regain the spirituality that is lost through substance use and hindered through criminal activity. Smudge and prayer tobacco will be available at all

times and education on proper use of these tools will be offered regularly. Sweats currently occur within the community on a regular basis and they will be offered to participants of the program as well as other healing ceremonies such as Grandmother Moon and pipe ceremonies.

c. Capabilities and Competencies

The Bad River tribal government was originally the chief's council which was made up of hereditary chiefs and head men from each clan. They made decisions for the tribe on a consensus basis. Today, the governing board is the tribal council which has been in effect since shortly after the passage of the Indian Reorganization Act of 1934. The council is made up of seven (7) elected at large officials: Tribal Chairman, Vice Chairman, Secretary, Treasurer, two Senior Council Members and one Junior Council Member. They each serve staggered two-year terms and serve as the policy/law making body for the tribe and decisions are made on a majority basis.

Of the tribal council members, the Chairman and Treasurer are full-time paid positions. The Tribal Chairman functions as a full time Executive Director for the tribal organization providing oversight to the implementation of various contracts and grants; ensuring the day to day management of the tribal government, tribal enterprises, and tribal programs.

The Bad River Tribal Planner handles tribal wide building and renovation projects. Our Tribal Planner will post for and hire a Project Coordinator to ensure our Bad River Half-Way House Project moves forward. Under the supervision of the tribal planner, 100% of the Project Coordinator's time will be for administering all grant awarded activities and reporting for our Bad River Half-Way House Project. Working along with our tribal planner, the tribal operations manager, natural resources director, maintenance director, and Half-Way house staff we will ensure this renovation and expansion project is successful.

Working with our Tribal Planner on the Bad River Half-Way House Project we will keep the BJA's designated TTA provider(s), up to date on our progress. We will make necessary arrangements for our TTA Provider(s) to make site visits upon their request to check on our projects progress. We will ensure all project personnel are able to meet with our TTA Provider(s) during requested site visits to answer questions that they may have regarding our Bad River Half-Way House Project.

The Project Coordinator, working in conjunction with the Bad River AODA Program Director and staff, partnerships with existing programmatic staff such as Bad River Social and Family Services, Indian Child Welfare, TANF, Domestic Violence, Primary Care, Mental Health, and Dental will all be enhanced through the continued assistance and wrap-around care of our people, their role being a service provider to those we serve.

We are not requesting funding for any research activities during our project. We are requesting funding for the renovation of our facility to accommodate our Half-Way House Staff and Clients whom will be utilizing our services we will be providing for our community.

d. Plan for Collecting the Data Required for this Solicitation's Performance Measures

The Project Coordinator will collect data in conjunction with the Half-Way House Manager and the AODA Program Director whom will compile, analyze, and report on data. Coordinated care, case management, and treatment program staff will meet regularly to discuss suggestions and implement needed changes.

The data on required performance measures will be collected during face-to-face interviews at intake, 3 months post intake, 6 months post intake, and at discharge as well as periodically throughout the individual's enrollment within the program. An interview guide will be developed based on the data collection tool provided within SPARS.

Data will be kept securely within case management software that is being purchased by the BRHWC. The AODA Program Manager will evaluate the trends in this data and make adjustments to the project as necessary. For example, if consumers report that they stop attending medical appointments upon discharge from the program, we could determine that more intensive case management services are needed in the continuing care plans, or we could investigate if continuity of provider is being maintained within the clinic.

Finally, the Project Coordinator will report on the project's progress to the Tribal Planner and Tribal Council in meeting the established goals and objectives. If objectives are not being met, then adjustments must be made to the project to expedite goal achievement.

In addition to the required measures discussed above, the project will be evaluated through process and outcome measures of the Evidence Based Program (EBP). As recommended in the Integrated Treatment for Co-Occurring Disorders SAMHSA KIT, process evaluation using the Integrated Treatment Fidelity Scale and General Organizational Index form and Score Sheet will occur prior to providing any services and every 6 months within the first 2 years of implementation. Achieving high fidelity to the EBP will increase our likelihood of consumer success. Outcome monitoring components will coincide with the required performance measures listed above. It is recommended that these outcome measures be monitored every 3 months. This data will be collected at each interview stage and kept locally. Both process and outcome data will work together to inform the project and any adjustments needed.

Throughout our project the individual(s) that will be collecting the required data for the performance measures for our funding will be our Project Coordinator, the Half-Way House Manager and the AODA Program Director. The Project Coordinator will be maintaining the

collected data in a secured file cabinet and on a secured program computer for our project reporting requirements.

In regard to access to data pertaining to the Bad River Half-Way House Facility, we will be utilizing two forms, Participant Protection Form and an Authorizing Release of Medical Records Form, (Attachment B 1). These two forms will be signed by our clients for the release of information to better provide services across all current existing and any new partnerships created with our Half-Way House facility while utilizing our facility. Data that is pertinent to keeping our clients safe, (name, S.S.N., etc.) will not be utilized in any report that is to be made public.

e. Impact/Outcomes, Evaluation, and Sustainment

The intended impact of the Bad River Half-Way House Facility will be to increase our ability to provide A.O.D.A. services to our community. It will allow for our community members to have substance abuse recovery options closer to home and to further expanded assistance within our community through our A.O.D.A. Program. The services that will be provided to our community members by utilizing our Half-Way House Facility will ensure that our community members will have the support necessary to maintain sobriety within our community.

The outcomes that our community will be able to benefit from by having the Bad River Half-Way House Facility are the decrease in numbers of individuals utilizing alcohol, drugs, and other substances. Our community will see and increase in individuals willing to assist other community members in maintaining sobriety within our community and being able to connect individuals to services that are available and provided within our community.

This project is designed to enhance collaboration, optimize resources, and develop sustainable solutions through volunteer mentors and community buy-in. The Bad River AODA

program is currently certified and billable through 3rd party billing for both day treatment and outpatient. Additionally, the Bad River AODA Program is currently looking into methods to increase revenue such as expansion into Youth Day Treatment and Intensive Outpatient Programs. Funds from these expansion activities may be used to sustain the Halfway House Project.

Tribal Council has already allotted a facility, (the Nye House) for the Half-Way House Project and has expressed a desire for us to move forward with certification and funding requests. The food sovereignty program has committed to sharing its food production with the Project in order to help the participants learn to choose and prepare healthy meals.

The project will be sustained through several avenues including rental fees for participants. Participants initially will be eligible for General Assistance and upon gaining employment will have regular income to contribute to their housing. Additionally, each participant will have a case plan and billable targeted case management services will provide additional funding to sustain the halfway house.

The Priority considerations addressed in this application include a lack of accessibility to treatment providers and facilities. As noted earlier, the closest in-house Half-Way House Facility for our community members is approximately 3 hours away. In retrospect, the services that are provided by an in-house, Half-Way House Facility is also approximately 3 hours away. Our Bad River Half-Way House Facility will increase our ability to provide individuals with substance abuse recovery services and easier access to providers locally. This will also allow for integration back into community slowly as opposed to being released from a facility 3 hours away and having to return to the same situation that they had left.

Another priority consideration that is being addressed is that our Bad River Half-Way House Project is not a current BJA COAP-funded site. Our Project will be a new BJA COAP site that will be providing services for our community. It will expand BJA's services and assistance to an area that does not currently have a funded site in close proximity to our project.

Our project is also in a federally designated Qualified Opportunity Zones. Our Bad River Half-Way House Facility Project will not only allow for assistance of individuals in need of A.O.D.A. services but will decrease the amount of criminal activity as well. It is common knowledge that individuals that are struggling with substance abuse are also involved in criminal activity to sustain their substance abuse habit. In order for individuals to sustain their bad habits they eventually have to become involved in the selling of illegal drugs to others or stealing from friends, family, and/or others. The opening of our Bad River Half-Way House Facility assisting individuals in need of substance abuse recovery will in the long term, reduce the amount of criminal activity within our community. The reduction of criminal activity within our community will increase our community members' the ability to feel safe in their homes or while out in the community.

