

Filling Our Basket of Hope



With tools and strategies



Using Diagnosis as Prevention



The Shoshone Bannock Tribes

History



...of the project

A Vision of Well Being



Of
Healthy Families
&
Healthy Futures



Informed by community



Guided By Elders



Shaped By Culture



A Task Force

...of community members, service providers and program directors is created



A Tribal Council Resolution is Made



...to address Fetal Alcohol Spectrum Disorder from a community and cultural perspective that moves beyond shame and blame

The Child Assessment Team



...is formed

A Diagnostic Team



... is formed of a multidisciplinary team of Behavioral and Tribal Health Shoshone Bannock staff: trained at the University of Washington

Making the Model



❖ Guiding principles

- Model is grown from the context of community
- Elders, Family and community, traditions beliefs and values are embedded through out the diagnostic process



- Points of entry are linked and coordinated
- Basic conditions for a positive experience include:
 - Freedom from fear of failure
 - Encouragement and positive behavioral mapping, identifying strengths and talents

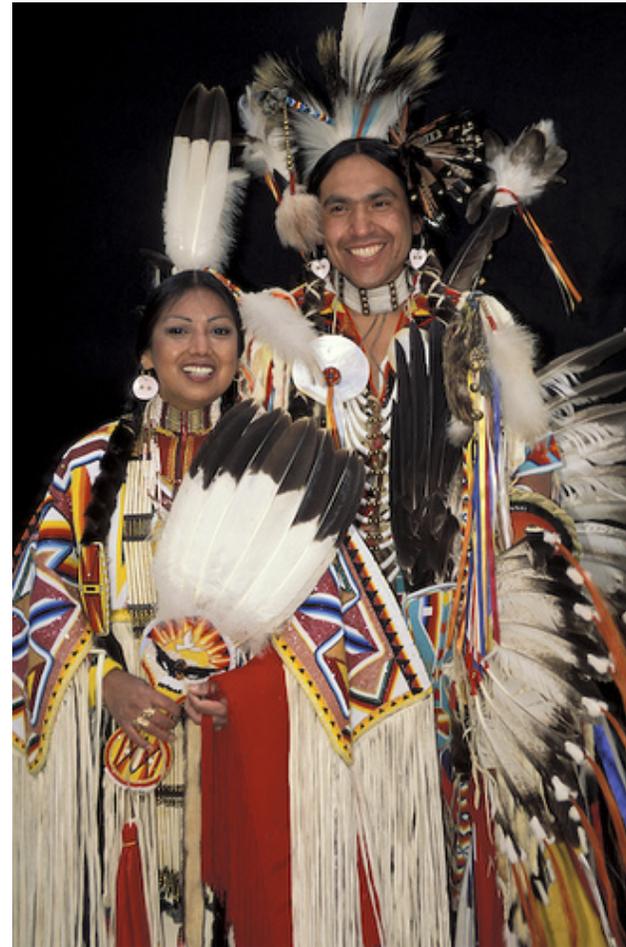
- Diagnostic policies, protocols and procedures are cooperative and based on community assessments of strengths, needs and resources
- families feel equal in relationship and as participants (delivery is not done "to" but designed "with" and participation in their lives is understood as a privilege by diagnostic team members)



- Diagnostic team members promote a climate conducive to positive experience and relationship with families
- Diagnosis is understood as a part of the process, having no utility without appropriate referral and integration of intervention services



- Services are driven from the perspective that all information on F.A.S.D. should “help” not “hurt”
- Services need to be family focused and multigenerational with extended family strengths identified and used as the foundation for future holistic intervention





- All diagnostic team members and participants are knowledgeable about the special parenting challenges of parents who themselves may have special needs
- Driven from perspective of “family wellness” and co-located in the ecologic context of the natural community and family resource setting of the health clinic, early childhood settings.

- Community mentors with a F.A.S.D. are paired with the clients and family as on-going partners for support

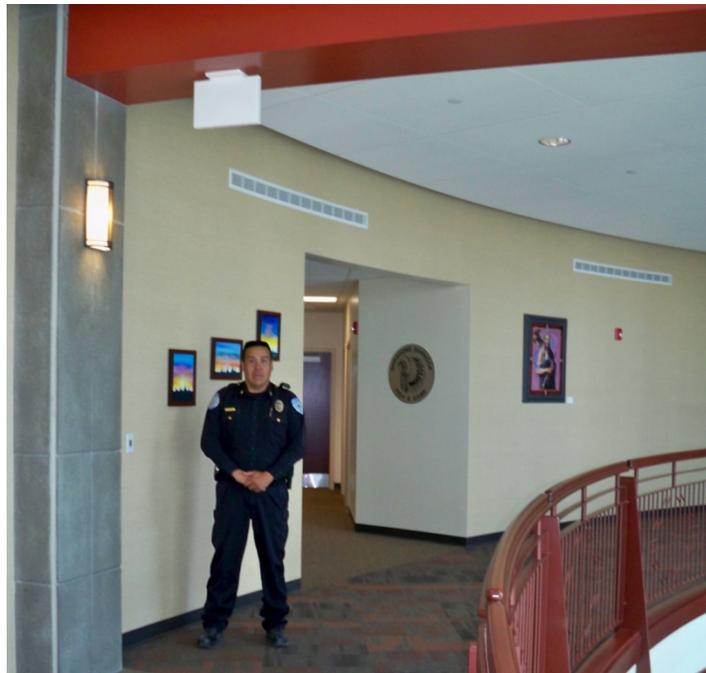


- Services utilize case coordination through the Collaborative Circles of Care model
- Pre and post diagnostic methodologies insure active transition to services



❖ Structures and Strategies
use of existing systems

- I.H.S
- Tribal Health
- Counseling and Family Services
- Early Intervention
- Head Start
- W.I.C
- Justice & Corrections



- Development and delivery of referral infrastructure



❖ Collaborative partnerships that extend the frequency and duration of services:

- Idaho State University (Practicum students)
- Blackfoot Memorial Hospital (Camp HIPPO)
- Blackfoot School District
- Pocatello County Services
- Justice Department

❖ Reciprocal referral-intervention infrastructure with:

- I.H.S
- Tribal Health
- Early Intervention
- Head Start
- Counseling and Family Services
- Social Services
- Shoshone Bannock Tribal School
- Voc. Rehab.
- Justice & Corrections

❖ Funding

- Grant
- Medicaid
- Tribal

- project coordinator funded by grant initially now funded by tribe
- diagnostic clinic funded by Medicaid
- referral services and resources funded by program budgets



❖ Markers of success

- Community members report having moved beyond shame & blame, grief & denial through the project
- 80% community and family referral
- County and other school districts want to leverage diagnostic services from the tribe
- Identification as potential national training site
- Tribal commitment to assume fiscal responsibility to assure sustainability of project
- Portland Area Indian Health Service award for F.A.S.D. screening and assessment





- Over all increase in community awareness and knowledge resulting in readiness to engage in surveillance.

❖ Task force members:

- Angela Mendez- Director of Social Services Tribal member
- Norma Wadsworth- Community Health Nursing Manager- Tribal Member
- Donna Honena -Director Four Directions Treatment Center- Tribal member
- Chrissy Bronco-Fox- Behavior Health/Counsel. & Fam. Serv. Tribal Member
- Honorable Rosefine Jack- Tribal Court Judge- Tribal Member
- Marcia Hall- Victims of Crime/Justice Dept.- Tribal Member
- Paul Guisande- Juvenile Corrections/Justice Dept-
- Leslie Sinclair-Meth Program Coordinator/Justice Dept. Tribal Member
- Malissa Poog- Social Services- Tribal Member
- Erma McKee- Voc. Rehab. Spec. Tribal Member
- Marilee Caldwell- Diabetes Health Educator- Tribal member
- Erin Brownley- Diabetes Health Educator- Tribal Member
- Geraldine Doore- Community Health nurse - Tribal Member
- Virginia Murphy- Nurse Practitioner-
- Mildred Manuelito- Head Start Spec. Ed. Coordinator- Tribal Member
- Annie Marshall- Counseling & Family Services- Tribal Member
- Cherie Foote- Social Services- Tribal Member
- Trina Godding- W.I.C.- Tribal Member
- Jamie Stevens- Elder Coordinator- Tribal Member

❖ Diagnostic Clinic Team

- Elizabeth Blom-MSW- Team Coordinator
- Ramona Medicine Horse- LSW,MSW- Tribal Member
- Allan Zohner- PHD-Psychologist
- Jose Rossello- MD
- Rachel Gould-BA,CADC Tribal Member
- Bridget Marshall- CPNP
- Angela Clarke-LPN
- Nancy Grant Tribal Member
- Ivonne Hartman- E.I.S. /MED
- Scotti Brownley-LPC
- Sarah Knudsen- M.S./ CCC/ SLP

The Shoshone-Bannock Tribes
have demonstrated traditional values of:

- ❖ Courage
- ❖ Truth
- ❖ Compassion
- ❖ Generosity



~Integrating Traditional Knowledge
and Clinical Best Practice

Bringing the past...



Forward...



To honor the future

