**Reentry Week – April 26-30, 2021**

**Conversations: AIR Coaches and Community-Based Grantees**

**Oregon Medicine Wheel Recovery Service**

<https://vimeo.com/537566182/89bbbce568>

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***Opening Slide:***

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Conversations: AIR Coaches and Community-Based Grantees

***Second Slide:***

Grantee Team from Oregon Medicine Wheel Recovery Service

The content of this blog encompasses a conversation between coach Derrick Franke, AIR and Oregon’s Medicine Wheel Recovery Service Director Tana Howtopat.   Derrick and Tana cover the challenges grantees often face in administering and operating a Second Chance Act (SCA) grant, especially during this time of COVID-19.  The project staff shares steps they have taken to overcome these challenges and the way in which Medicine Wheel Recovery Service addressed these barriers head-on.   Finally, Tana shares lessons learned that she wants to share with other grantees.

***Third Slide:***

Reentry Week Word Diagram

[Conversation begins]

***AIR Coach***

In response to COVID and some of the social distancing challenges that you all had, and taking a little closer look at some of the more culturally sensitive types of programs you had there you were kind of, we're moving away a bit from a clinical model to more of a relational model with your services. So, you can both just kind of jump in here as you feel. Can you walk me through how that process went? How Medicine pivoted, what they noticed, and how things have been.

***Medicine Wheel Representative 1***

Yeah, so we being the rebels that we kind of are when they started putting up restrictions in place, especially about like business, places of business we got it in our head they can't really tell us what we do at our houses, yet, you know, so, we ended up moving a lot of our group activities into our transitional houses. I think that was an interesting change, it brought a greater level of intimacy, because people were receiving services within the transitional houses. We have one house in particular that's quite large and there, the living area was bigger than the group room that we had. So, we started having all of our people come to that house, and we would be doing the groups in the living room there. A natural accompaniment occurred-- the women who lived in that house, they would start preparing meals for the people that were going to come and participate in group. So it just brought people closer together and we started on Fridays. We have one property that it has needed equipment and that is the property where our sweat lodges are located. So we started bringing all of the clients in all of the houses to that location. We would run multiple sweats throughout the day that the sweat lodge was offering. The women would take a turn and sweat and the men would sweat multiple times.

The women would prepare a large like banquet style meal. We would have a fire pit where we can go sit out around the fire and at that particular time, we have several people who were criminal justice involved. We have a high degree of trauma with all of our people. So, we started doing our individual therapy out there. We would call to somebody, “*Hey, you're ready for your one-on-one*?” and we'd go sit under a tree and do a one-on-one with them. And kinda set the guidelines, “*Hey, if you see us over here, you know to stay away we're doing a one-on-one.*” What we learned is, for some of our people, being able to do that was so much more effective than being in an office, in a clinical setting. What people were able to share and the work that they were able to do in that setting was tremendous. Then we saw things happening. We've come in the past year to really transition into utilizing a lot more of the peer delivered services with the certified recovery mentors and the PSS staff. So that was, like, a really good shift and it provided a greater degree of intimate knowledge about the people that we worked with.

***Medicine Wheel Representative 2***

But I would also add in there after we quarantined all of our houses, we knew everybody amongst us would say it is all right. So, the opportunity for our CRM and PSSs would load up individual houses that all meet up somewhere fostered this great communication of whatever it was. Like they could be up in the hills in the woods, at some abandoned building, and then suddenly they're drumming and singing, and praying, and smudging, and just sharing things from a whole new context, this is not a place where we've been used to being in, but we're so connected in this moment, let's share these things. It was quite amazing to see them amongst themselves--we didn't even have to be there or hear the second hand stories because amongst themselves they started videotaping it and bringing it back to us saying, “You got to see this, you've got to see what happened here, you got to see what so and so did.” Or how they were standing in the ocean with their drums, as the sun's going down, it was just so beautiful, and it connected them on a much deeper level, along with all of us. And that cultural piece, as, I think he's trying to say, like, from the culture perspective, if I can trust you from my cultural perspective, then I can definitely trust you over here with whatever this is I'm doing for my recovery. If I can trust you with a prayer or a song or a sweat, I can trust you with this horrible trauma that's happened to me.

***Medicine Wheel Representative 1***

Our community got to see and continue to get to see our people in this amazing light. Like just this particular thing that Pam just said-- there's a picture in a video and there was like seven men and they're healthy--their bodies are healthy again. And they're standing in the ocean and they're drumming, and they're singing. They're singing one of our traditional songs together and I think about it and it brings tears to my eyes. Like it is so amazing, and so beautiful and, these are the people, and our participants are pretty rough. They're, coming out of the Feds, they are coming from the reservations. Like I said a very, very high degree of trauma inflicted on them, they're survivors but a lot of them are also perpetrators. You know, but it's like so crazy, because we see the most human side of them and the beauty in them. And they get to see that, within themselves and within their peers, they can see, hope. Hope was returning to them—we can live like this. We have several people who now have completed {the program} that were participants during this time. We have a couple that have returned back to the reservations where they came from, which usually is not a good thing, but these people, they're staying in contact with us. They're staying clean and sober, and they are starting some of the same things that we're doing here, back home. One guy went back home and what he wanted to do was to have a sweat lodge. And so, he got re-established back home, we had some of his peers here, “*Hey, he's wants to build a sweat lodge. Let's bring him some grandfather stones, Let's bring him some stuff for the sweat lodge*.” So, they made a trip down, and they brought him supplies and helped with wood and everything. Then they had the first sweat in his new lodge, and now we are getting invites from him to come down there for sweat, but also within the community. He's running a clean and sober sweat. And we've never been able to see this happen when we send people back home to the reservations, we've never really been able to have somebody that we could send them back to, a safe place to connect them to that was pretty much left upon them. Now we have, we have a sprinkling of people, that we can, that are still in contact with us. They still come and they share their milestones with us. One man came back over here and his peers here ran a large sweat and a big dinner for him because it was a milestone for him. And instead of stating that he wanted to come back and share that when we have these folks and we're in connection with our graduates we're able to say, “*Hey, when you go back, hook up with him down there because he's already, he's got a sweat lodge. He sweats the same way that we do here, and you're already tied in because you just sweat with him last week because he came over*.” Now, so we have these sprinklings, and now others can go back and it's building a stronger, larger unit of recovery. It’s the most beautiful and the most amazing thing possible for the community. Again, going back to that, for the community where we're at to see our beautiful, amazing people at their best, it feels like we are just cutting stereotypes. Like, who could see those beautiful men standing in the ocean singing in unison and think anything but the most amazing thoughts about them.

***AIR Coach***

Wow, this is great.

***Medicine Wheel Representative 1***

I guess to tie this all together. What we've really learned is in normal times we considered ourselves to be culturally sensitive and culturally appropriate. But we were still in this clinical setting. It was an office. And even though our offices are not like this sterile white setting it still was kind of that typical Euro Western practice, what everybody does in treatment. So when we were given the chance to do something different, we had to do something different, because we couldn't continue to do that. We got to be rebel a little bit and say, “*Hey, we want to try this*”, and then, what we learned from that was when we do deliver services in places where people are comfortable or when you deliver services outdoors in the context of a community or a family gathering you get better results--we consider each other family. It's the Medicine Wheel family. So, when we have gatherings or outings, it's Family Day. Service delivery can happen, and it can be just as therapeutic, if not more, in those settings. Of course confidentiality is the biggest issue that we have to address and we have to think about how to provide services confidentially in a non-confidential setting. But, again, I think training our people, to be like, “Hey, if you see me with somebody over here on the woodshed, or if you see me under a tree over here, and we look like we're in deep conversation, give us our space, because that's what we're doing” and everybody knows, because everybody's getting that. And even those become almost sacred spaces to that space under that tree, is now one of our sacred spaces. They don't think of it as clinical therapies that they have to check. Now, it becomes a talk and there's a different kind, a different level of trust, established in that.

***AIR Coach***

Looking back do you remember does anything jump out at you in terms of someone said something, any quotes, any feedback you got either from staff or your clients?

***Medicine Wheel Representative 1***

Well, the staff, absolutely love, love it and it's been one of their biggest fears---Are we going to have to go back to doing things how it used to be done, we don't want to do that. We hear that all the time, we do hear from the staff often about the benefits of being able to interact with clients in the way that we are.

***Medicine Wheel Representative 2***

I would say there was two different distinct points in time when you could realize what was being said was something different. In the beginning, we had all the people who were already here when we went into lock down and they had experienced that from day one. And then as people graduated and moved on, and new people would come, the new people were saying it before they got here. “*This is where I want to be. I want to be a part of this. I want to be a part of this family*.” These are the things that are important to me in my life, and I have forgotten about them. I forgot about my culture, because I was too busy with this. And in many ways, I think, stepping into this culture of viewpoint is, trite is this may sound, when people are adapted to their culture they kind of left the gang mentality to pick up the warrior mentality. I look up to this man because he's a brave warrior and he's been on this path for a little while and I'm going to follow his footsteps. That's where I want to be, versus, “*Oh, you're wearing the wrong color. I can't do anything with you*.” Instead, they became family, and they really follow one another, in the same way, the women do. I think the hands-on, even if it's not so much that, like, we spend so much more time with our people, when we're in the clinical setting, it's two o'clock on Tuesdays. I'll see you for an hour, and then I'll see you next week. When we're doing this in such an unorthodox manner and truly we're kind of like their connection to the outside world in a locked down, we're seeing them every day. All times of the day, it doesn't matter when. It gives you so much more time with that person and it builds and fosters a relationship to provide that therapeutic model or whatever you want to call it. It doesn't you feel like therapy, even though now, we know we're still there? But now, it no longer feels that way for them. For them, it is just like I'm sitting down with a family member that I trust, and I'm struggling, same as any normal person. Like, “Oh, I'm having a hard time let me go to my mom, my sister, or I’m going to go to my brother.” And they do.

***Medicine Wheel Representative 1***

This guy and his sister are on life support, and yesterday they were going to take her off of life support. He's really struggling, and he was even suicidal about that, and he, his brothers, his peers, called a sweat for him. They took turns throughout the day, making sure he was not left alone. And they put together a sweat and they put together dinner. This happens with our clients now. And then the clients are like, of course they need our aid. That's how we assist with that. It was amazing because I kind of got to hear about it this morning. It was an amazing ceremony. Not only was this man taken care of but also the brotherhood that comes out of that is important. They all have this responsibility. They take on the responsibility of, we have this brother, who is in need and so we're going to be there for him and it goes beyond the sweat lodge door. So even now we have kind of this level of confidence that this guy, even though he knows he can call us in crisis 24/7 he also is confident that he can talk to his peers, and it just feels safer. And to see that immediate response of all these men that come together, in this way, it's such a beautiful thing. And that just literally just happened last night and this happens all the time.

***AIR Coach***

You must have seen some glimpses of stuff like this before because the way you're telling this story, it does seem like something magical happened through this. Through this pivoting, whatever you want to call it, going rogue or being a rebel as you would say how would you describe that shift?

***Medicine Wheel Representative 2***

Yeah. I think the best description I've come up with, in my mind is, truly, they think of us as family, and you look at how we used to do things. It was like, when you would go to the family reunion, and you know they're your family but you don't really know who they are, because you only see them once a year. That level of family versus this level. We are bonded intimate family members and that is a much more immediate family. I see you every day--you're my person. That level is now where we're at through this pivot. We moved to you are my family, we love you, we care about you. That this is for the rest of my life thing--we weren’t looking at this as I'm building temporary relationships anymore. That's what it used to be like, this is my temporary family. Now, it's like, this is just my family, period. When I go home, you're still my family, I'm still calling you. I'm still coming to see you. I still want to share my experiences, both positive and negative with you, versus, I don't want you to know if I went out there and something went wrong. Or you don't need to know if I'm doing good. Now, they want us to know, they still want to stay connected. This is their family. This is the home base, if you may. They can go out and play the outfield all they want to but they return to home base.

***AIR Coach***

Hmm, I like that. I like that a lot.

***Medicine Wheel Representative 1***

Something else that Pam said earlier about colors and it's not a secret, working with Native people, we have a high level of gang affiliation here. Before this pivot, there was a tolerance between people from different gang affiliations. Like, they could sit in a room and do a group together, sometimes suspiciously, but now we have these guys, they'll go into sweat together and they truly become brothers. And all of a sudden a lot of the color stuff starts disappearing, a lot of. It just melts the gang mentality. We know that there's many of them that will be affiliated for life, that we know, and yet, now, they're figuring out a way.

***Medicine Wheel Representative 2***

I don't even know how it works, the work we do transcends the color line amongst their brothers here. It's kind of you can be in a different color, but you are still my brother, versus if I'm on the street and you're a different color, you're just a stranger to me and you're a different color, I don't know how to break that down in any other way.

***Medicine Wheel Representative 1***

I think for some of those folks, they're not necessarily planning on returning, or have not returned back to the reservation. We do have a sprinkling of them that have started lives locally, because they want to be able to continue to contribute to our agency and the people, the new people coming through.

For example, we had one guy who now is employed here, he got housing here, like, he's making a life here. He comes back and he likes to go to sweat because he carries songs. So he comes back and he teaches the songs. He does volunteer work with the agency. So he stays tied in, in that way and is of service to all of us. And if he were to have returned to where he's from the expectation from his family would be that he would return to his role within gang life. This is a big deal, too. We're seeing that.

***Medicine Wheel Representative 2***

I think the connection or agency has had an influence on the gangs. They are giving us enough respect for what we're doing here to help people. It's kind of like this guy if he decides to stay here they're going to leave him alone. But if he goes back then he's back. That's kind of what we are seeing-- we see what you're doing, we respect what you're doing. You're not trying to interfere with what we're doing down here. So, if you stay there, you're fine.

***AIR Coach***

Interesting.

***Medicine Wheel Representative 1***

Right now we could have twice as many houses, probably have them full because our participants discuss the healing that they get from being here and they want to share that with other people that they love and care about back home. And so, they're trying to get those folks involved. “*Hey, my sister, can we get her here because she needs to get her kids back? And she needs to be clean and sober, because she's messed up her life, by using drugs and alcohol*.” So, we have this constant there. They're trying to bring everybody.

***Medicine Wheel Representative 2***

We have a waiting list a mile long? It's never going to be enough. As sad as that is to say, and as great as that is to say at the same time. She's right, we can have 100 households and they'd all be filled.

***Medicine Wheel Representative 1***

But then we would also lose who we are because it would be too big. We have found this bold, magical, numerical ratio. We get this right here. We run our staff rugged but our staff love it. But if we took on even one more house, it would soon be too much, it would make that magical number disproportionate somehow.

***AIR Coach***

So, this is all fantastic-- I'm not kidding, this is great. So, moving forward, I want to ask you two a last questions. One, how will you make sure you don't lose that identity? Because I think that's, I'm hearing that's a fear, right? The fear is to kind of going back to the way things were or to change in some way and lose that family identity. So that's question one, and then two is what’s the one takeaway you'd want other programs out there to take to heart from this experience? Whether they're working with Native populations are not is there one thing you'd tell other programs right now that they really should know and take to heart.

***Medicine Wheel Representative 2***

Well, I think with the first one we're fortunate because we work with Native American people so tribal best practices have been established and they do include sweat lodges and they do include drumming. They do include talking circles. The tribal best practices that are established cover some of what we're doing already. So for us it doesn't really matter where we do it. That piece isn't regulated for us, so I think us just being able to say, as an organization this works and we're going to keep doing this, because we don't have to do it in a certain place to do it right. The place is here and now. As long as we can remember that, I think we'll be OK. And then, the second question, the takeaways-- I would say from our rebel perspective think outside the box. Think outside of the four walls you're in and just run different scenarios through your head and then if it sounds good in your head and it is not out there doing any harm to anybody then try it. Just try it. Be brave enough to step outside of your office door and try something different.

***Medicine Wheel Representative 1***

I see that one other piece to that is learn who your people really are. Learn what's important to them and they may not be saying that with their words. They may not even have the vocabulary to say that, they are often broken, but if you get to know them start figuring out what's missing from their life. That will tell you what they need. Give folks what they need, what they truly need. This is not a big secret in our industry. Connections are so important and our clients need to have these connections. Our clients have been saying it for years. People just need to be connected. They need to not be invisible to other people. They need to not be lost any longer.

***Medicine Wheel Representative 2***

They need to belong.

***Medicine Wheel Representative 1***

And that's what we've found-- if we can provide that people can heal, and they do. They will heal.

***AIR Coach***

It sounds like they can bring their families in and can take that healing back to the reservations. It sounds like this is healing is just cascading. It's spreading like wildfire out there.

***Medicine Wheel Representative 1***

Yeah.

***Medicine Wheel Representative 2***

And he just says wildfire. That is I just said the same thing, because many of our folks are actually becoming wild land fire fighters. They were all fighting fires during this big inferno that was burning down the United States. We had some of our people out there, on the front lines fighting fire, and even at that, they were still managing to stay connected here. They would be on Facebook or somewhere shouting out to somebody and you would them. It's amazing!

***Medicine Wheel Representative 1***

That came from one of our staff members who wanted to fight fire for the season. He took some of the clients to get certified, and we're like that's good CRM work, right. There you are helping somebody get job skills. We didn't, on some level realize these men, some of them, had never had a job in their life, like they got called to go on fires and they went-- they answered the call and they came back and they were treated by their peers in the community as heroes. They now have career skills,

***Medicine Wheel Representative 2***

And now the community, they come from, looks at them as something different than when they left. They became heroes from fighting a fire. When they left, they were like that, oh, you're this worthless piece of crap, yeah, you are a user, you’re a dope junkie, or whatever-- and now they have this new face to be accepted back into their community. That is really powerful. In actuality, our staff that took them was one of our first clients coming out of the Feds. He's now worked his way all the way through becoming a mentor and being employed by us. Wow!

***AIR Coach***

If that's not true re-integration, I don't know what it is.

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***Slide: Virtual Meeting/Conference Recording Notice Disclaimer***

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