NATIVE VISION:

A Focus on Improving Behavioral Health Wellness for California Native Americans

California Reducing Disparities Project
Native American Strategic Planning Workgroup Report

March 30, 2012

Dear Community:

As the Native Vision program director I am pleased to share with you the ***California Reducing Disparities Project (CRDP) Native American Population Report.*** The importance of this report is that it addresses Native behavioral health Prevention and Early Intervention (PEI) service delivery defined *by* Native American communities *for* Native American communities. Native behavioral health issues in California vary by community and stretch beyond PEI services. We must also consider mental health treatment and socioeconomic factors and how these all intertwine with traditional cultural practices and beliefs. This report includes Native American community member recommendations to address disparities, as well as strategies for creating culturally competent PEI to promote mental wellness of Native people throughout the state. This report highlights 22 community-defined practices identified by our Native American population. However, there are dozens, if not hundreds, of past and present practices that improve our Native behavioral health wellness. This report should be considered an ongoing process and not a definitive "final" report of Native American PEI practices in California.

The CRDP is a landmark undertaking and the first of its kind in the nation. It is a response to the call for action to reduce mental health disparities and seek solutions for historically underserved communities in California. The CRDP is focused on five populations: African Americans; Asian/Pacific Islanders; Latinos; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ); and of course Native Americans. Our report was created for the Department of Mental Health (DMH) and funded by the Mental Health Services Act (MHSA). This report should not be intended as a "how to" manual but as a resource to connect with the PEI community projects referenced in the catalogue section of this manuscript as well as Native American communities across California.

Through funding from the MHSA, $60 million has been allocated to implement and evaluate community-defined PEI mental health practices for the underserved communities in the CRDP. Perhaps in 2013, an announcement will be made on how MHSA funding will support Native-specific PEI behavioral health projects. The success of the CRDP in our Native communities depends on your continued support and future participation. I look forward to working with you toward the improvement of behavioral health across the Native American population in California. Native Vision has been funded through the end of 2012 to conduct statewide forums, culminating in a behavioral health wellness conference.

I would like to thank the Native Vision 8-member advisory workgroup; the 11 Native communities in which information gatherings took place; staff with the Office of Multicultural Services at the California Department of Mental Health; the fellow CRDP population groups, coalition, and facilitator; and my fellow co-workers who assisted with the Native Vision project at the Native American Health Center. Thank you for helping make this report a reality.

This final report is available in electronic format on our Native American Health Center website www.nativehealth.org. You may also request printed copies by contacting NAHC —Native Vision, 3124 International Blvd., Oakland, CA 94601. Feel free to contact me directly at kurts@nativehealth.org

Sincerely,
Kurt Schweigman, MPH (*Lakota Tribe*)
Program Director, Native American California Reducing Disparities Project

Native Vision Project Statement

The goal of ***Native Vision*** *is to develop a culturally competent plan to improve behavioral health and well-being for Native Americans across California.* ***Native Vision*** *will bring forward community-defined solutions and recommendations from across the diverse Native American populations of tribal, rural, and urban California.*

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Acknowledgements

The Native American Strategic Planning Workgroup met over the course of 2 years to establish the strategic directions and recommended actions contained in this document. With workgroup participation, 11 statewide community-based regional meetings were held during the project to gather input on mental health issues from Native American community members, including youth, families, and behavioral health workers. One-on-one feedback and follow-up, semi-structured interviews, and site visits were also conducted to garner input for this report. We gratefully acknowledge all the communities who partnered with us to participate and provide personal and local input with the intent of creating meaningful local change.

The 8-member Native American Strategic Planning Workgroup Advisory Committee guided the project "in a good way" and represented the project statewide. The workgroup is made up of Native American behavioral health professionals from across the state of California. They have a rich knowledge and diverse background experience within the California Native American mental health arena. All workgroup members have Native American tribal affiliations.

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The Native American Health Center, Inc. through the Native American Strategic Planning Workgroup (also known as the Native Vision Project), has developed a significant and meaningful community-based report to the State of California Department of Mental Health, Office of Multicultural Services. The Native Vision project has accumulated and provided community-defined best and promising strategies for addressing mental health disparities among Native Americans, particularly with regard to prevention and early intervention. This has been completed through the development and input of a workgroup that is broadly representative of the diverse Native communities throughout California, and by facilitating 11 community-based regional focus group gatherings over two years, and is documented in this report.

This report includes recommendations for community-identified tools, such as projects and programs, and grassroots community member recommendations to address disparities, as well as strategies for creating culturally competent prevention and early intervention to promote the mental well-being of Native people throughout the state. The Native American Health Center's Community Wellness Department staff that contributed to the project delivery and/or final report are listed below with accompanying tribal affiliations when appropriate.

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"We are the first people of this nation, but we're usually last on the list for receiving the help we need."

-Native American Community Member

Introduction

Through support from the Mental Health Services Act (MHSA), the California Reducing Disparities Project (CRDP) initiative focuses on reducing mental health disparities in historically underserved populations across California. The California Department of Mental Health launched a statewide Prevention and Early Intervention (PEI) effort in five populations, one of which is Native Americans. Through a competitive process, the Native American Health Center was granted monies from the State to conduct a statewide project to gather strengths, issues, and specific recommendations on behalf of Native people in California with regard to mental health disparities. This report contains findings and recommendations based on this two-year-long process, led and conducted by experts from throughout the state in Native American mental health.

Community-defined evidence is "a set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community" (Martinez 2011). Community-defined evidence is particularly important among Native American communities in California, as the reach of current mental health services has failed to include mental health disparities experienced by these communities.

There is a long history between the Native peoples in California and the government. While it is not the intent of this report to belabor any points, it must be acknowledged that Native people have historically been subject to many abuses that were perpetrated and sanctioned by federal, state, and local county governments and that some of these abuses are not as far in the past as many would like to believe. To this day, Native people are often particularly wary of institutions because of the lingering memory of this history. The state must be applauded for the efforts it is taking to address mental health disparities in the Native American community, specifically because of this particularly unique history. It is incredibly important the state also understand that efforts to improve mental wellness in Native communities will not be successful if we continue to rely upon the existing institutions. This tactic will only exacerbate the issues further. The relationship between counties and Native people is still plagued by mistrust and even abuse.

Behavioral health funders often require the use of scientifically documented and proven evidence-based practices in the provision of mental health services. Very few of these programs are tested in Native communities and even fewer are derived from and based upon Native American cultural practices. Despite the increase in the use of evidence-based practices, disparities have continued. This indicates a need to examine alternative evidence and approaches for addressing these issues in our Native communities.

California tribal, rural, and urban Native American communities have incorporated grassroots community-defined culturally based mental health prevention and early intervention practices that have proven to be adaptable to local communities and urban-based programs. Native American wellness practices such as talking circles and sweat lodge ceremony are in the public domain. Some behavioral health prevention and early intervention wellness practices are proprietary by Native American organizations. Varying levels of evidence have been proposed in this report. A quick reference catalogue of 22 effective behavioral health practices for California Native American communities accompanies this report. These 22 practices were identified by community members at the focus group gatherings. Community members were asked specifically what PEI

practices, past and present, improve behavioral health in Native communities. The Native American advisory committee and project staff also contributed program information toward the 22 PEI practices, as their scope of knowledge is local, regional, and statewide.

It is extremely important to note this Native American California Reducing Disparities Project report does not contain every effective community-defined mental health prevention and early intervention practice specific to Native American communities in California. Due to the limitations inherit to the California Reducing Disparities Project with regard to resources and timeline, as well as the ever-changing landscape of Native American behavioral health wellness services, there are likely to be effective practices that exist but are not reported here. It is likely dozens if not hundreds of Native American community-defined PEI practices exist. In addition, some entities may not have been included in the project due to the prioritization of goals, objectives, and obligations of the California Reducing Disparities Project as defined by the Office of Multicultural Services at the California Department of Mental Health.

Eleven regional focus group gatherings took place throughout the state to garner input toward the Native American California Reducing Disparities Project. The selection criteria for focus group locations were determined by the Native American advisory committee and project staff based on engaged community involvement. Many of the focus group gatherings were held in conjunction with larger accompanying community events to increase chances of community participation. The gatherings began in May of 2010 and continued through October of 2011. A total of 314 community members and staff from behavioral health related programs took part in the gatherings (Table 1). The dialogue from the focus group gatherings was analyzed using Nvivo9 software, which is a qualitative data analysis software package that examines relationships within the data. Inferences were drawn from simple matrix coding queries that identify intersections between discussion topics and statements. Notable statements from focus group sessions are interspersed throughout this report. Input from focus group gatherings has been incorporated throughout the report and not necessarily notated in every instance.

Table 1. Native American CRDP regional focus groups with location and attendance.

Regional Focus Group Gatherings	Location	Attendance
Traditional Indian Health Gathering at Sumêg Village	Patrick's Point State Park	60
Intertribal Friendship House	Oakland	50
California Indian Conference	Irvine	25
United American Indian Involvement	Los Angeles	35
Friendship House of American Indians	San Francisco	15
Northern California Indian Development Corporation's Health and Wellness Conference	Blue Lake	27
Owens Valley Paiute-Shoshone Cultural Center	Bishop	24
Sacramento Native American Health Center – Community Gathering of Native Americans	Portola	46
San Diego American Indian Health Center	San Diego	16
Fresno Indian Health Project	Fresno	10
California Native Women's Wellness Conference	Oakland	6
Total 11		**Total 314**

Tribal sovereignty is an important issue to take into consideration when addressing American Indian mental health and well-being. California is home to the largest population of Native Americans in the United States, with well over 100 federally recognized and unrecognized tribes within the state (U.S. Census 2010). For delivery of services to be culturally competent, it is important that outside entities have clarity about objectives and expectations within tribal and urban American Indian health policy. The state and counties need to accept that federally recognized tribes have the authority to govern themselves and make their own laws protecting the health and welfare of their citizens. Tribal sovereignty is a unique legal relationship between the federal government and federally recognized American Indian tribes. This sovereignty of tribes is based on the U.S. Constitution (Article 1 Section 8, and Article 6), treaties, Supreme Court decisions, federal laws, and executive orders. Tribal governments have "Nation within a Nation" status, which allows the right to hold elections, determine their own citizenship (enrollment), and interact with the U.S. government on policy, regulations, legislation, and funding. Tribal governments can create and enforce laws in which state laws cannot be applied where they interfere with the right of a tribe (SAMHSA).

Disparity Statement

There are many reasons why disparities exist in mental health for Native Americans; the reasons stem from federal and local policies that governed the quality of life for Native Americans over the past 400 years. These government policies never had wellness as a goal or a strategy for Native Americans. In fact, the opposite was true; federal policies were initially directed at the extermination of Native Americans through genocide, outlawing of traditional and cultural practices, and removal from their homelands. When extermination efforts failed, the reservation system was implemented and created a dependence on government for basic life needs such as food and clothing.

The next wave of cultural genocide came through the form of assimilation policies, which were directed to acculturate Native Americans into the mainstream society. Boarding schools were implemented and Native children were taken from their homelands and forced to reject tribal culture and adapt to white society. Lieutenant Richard Henry Pratt was the founder and superintendent of the first Native American boarding school in 1879. He was known for his motto, "Kill the Indian, Save the Man." Severe punishments were issued for speaking Native languages, practicing ceremonies, and participating in anything culturally Native American. Severe abuse occurred in the boarding school system and academics often refer to this time period as the origin of historical trauma.

Urban relocation that started in the 1950s was another assimilation practice. Federal policy encouraged Native Americans to leave their reservations for metropolitan areas across the country with promises of prosperity. Within California, the San Francisco Bay Area and Los Angeles were major relocation sites. Government promises of education, housing, and employment were broken once again, leaving a large disenfranchised Native population further disconnected from its traditions and culture.

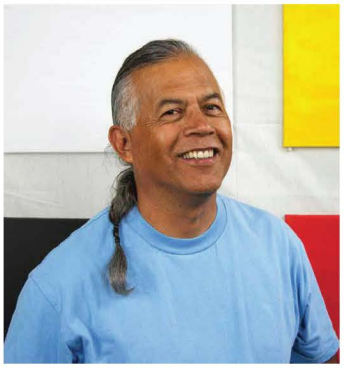
Another assimilation policy of the 1950s was the California Rancheria Termination Act, which eliminated land and benefits for several tribes and was a disaster for the California tribal rancherias involved. According to the Bureau of Indian Affairs there are 108 federally recognized California tribes. Unrecognized federal tribes do not have equal or adequate resources to provide mental health capacity building and service care.

These are just a few historical examples of government directives that have contributed to the poor mental health conditions of Native Americans in California. This situtation fueled distrust of government entities, and sparked a commitment to cultural revival.

Another factor causing disparities for Native Americans is a system of care that is inappropriate for Native Americans. Former Surgeon General David Satcher pointed out in *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General* (USDHHS 2001) that the current mental health system is an outcropping of the American mainstream culture centered on the beliefs, norms, and values of white Americans. The mental health system is not equipped or trained to deal with the mental health concerns of ethnic groups, as the mental health system itself is rooted in racist practices toward diverse populations. It is difficult to access this system of care for many Native Americans who need mental health services. For many other Native Americans there is no interest in accessing services that are unhelpful and are denigrating.

"Another word for Native American mental health disparity is inequality. Disparity is the opposite of parity which means equality."

-Native American Community Worker



Another inadequacy of the current mental health system is its inability to base diagnosis and treatment on the lived experience of Native Americans. Former Surgeon General David Satcher called attention to the history of "legalized discrimination" against Native Americans and other ethnic groups in the Untied States. Many ethnic groups have endured historical persecution as well as present-day struggles with racism and discrimination (USDHHS 2001). The supplemental USDHHS report references a series of studies to measure the impact of discrimination on mental health. The findings of these studies corroborate what an existing and growing body of evidence indicates: that racism and discrimination are clearly stressful events that have physical and psychological impacts on the people who experience them, directly placing these people at increased risk for a large range of health disparities. Data show that an individual's race has an added impact over and beyond factors such as diet and exercise or socioeconomic indicators of poverty and education. Racism and discrimination adversely affect physical and mental health, and place minorities at risk for mental disorders such as depression and anxiety.

Despite these findings, clinicians are rarely trained to take the stressful events of racism, discrimination, and genocide into consideration when drafting a diagnosis. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a required tool for many mental health funding sources, does not take into account these historical and environmental factors. Consequently ethnic groups are often misdiagnosed and prescribed treatments that do not address the root cause of the conditions from which they suffer (USDHHS 2001). In order for California to take practical and realistic steps toward addressing mental health disparities among Native Americans, it must acknowledge the limitations of its own role and look outside of the boundaries of its own operations to address the issues.

A more appropriate diagnosis for Native Americans that takes into consideration institutionalized discrimination is *historical trauma* and *historical trauma response.* Historical trauma is a cumulative emotional and psychological wounding across generations. Historical trauma response is a collection of features in reaction to this trauma. These terms, which have been accepted and developed by Native American mental health practitioners, place prominent mental health conditions among Native communities in the context of genocidal policies and actions. Suicide and substance abuse are behaviors rooted as normal responses to overwhelming traumatic events, which include forced removal of children from a community to be institutionalized at boarding schools and the removal of whole tribes from traditional homelands to other areas. Native American boarding schools were rampant with widespread abuse and the eradication of tribal languages and cultural practices. Even though both the terms *historical trauma* and *historical trauma response* are often most appropriate diagnoses for Native Americans, neither are indexed in the DSM.

Culture and language affect the perception, the utilization, and even the outcomes of mental health services. To reduce disparities for ethnic communities, services need to be provided in a manner that is congruent rather than conflicting with Native cultural norms (USDHHS 2001). Offering care only to individuals in a clinical setting is an example of mainstream values being thought of as a universal best practice for all cultural groups. Native Americans and other ethnic groups do not share the emphasis on individualism that is prominent in the mainstream culture. For group-oriented cultures, group-based or community-oriented interventions are often effective, more accepted, and

many times more appropriate. Embedded in Native American culture are many protective factors to weather adversity and ward off the potential development of mental illness. As widely documented in psychosocial literature, some of these protective factors include belonging, feeling significant, and having a supportive social network of community that serve as counselors, mentors and friends. An effective protective factor produced by Native American historical ceremonies is a strong cultural identity. Identity was targeted for attack by federal policies that outlawed Native American culture and literally made it illegal to be a Native person. The most successful Native American programs are those that have revived culture, reducing the risk factor of isolation that many Native Americans experience being the only Native person in their school, classroom, or place of employment. Stigma is reduced when Native Americans are able to get services at agencies that understand the mental health conditions that are prevalent in our communities. While we would like to believe the state could provide this through existing county institutions, after all that has happened, and how minimal the change and support to Native communities has been, Native people are not optimistic about this prospect. The approach that will have the best chance of success and sustainability is to support and strengthen the efforts of community defined programs and empower community experts to address the needs of Native American mental health.

Lack of access to services based upon tribal enrollment status continues to be an ongoing issue for Native Americans. Many Indian Health Service clinics will provide services for Natives, but require proof of tribal enrollment in a federally recognized tribe to access services. This is problematic due to the inconsistencies in tribal enrollment policies and due to the loss of Federal recognition during the termination era and the lack of acceptance of state- and county-recognized tribes. Blood quantum is an important issue for Native American communities, because it is still used as a form of identification for many tribes. The most common blood quantum requirement for tribal enrollment is one quarter, because that is what was outlined in the tribal constitutions issued by the federal government. Today, through intertribal marriage, and interracial marriage, blood quantum is steadily declining for Native people. There are cases of individuals who are full-blood Native, but because they are descendants of several tribes, they do not have enough blood quanta to be enrolled in any of their tribes; therefore, they are not federally recognized as Native American. For those who are incapable of proving tribal enrollment, services are unavailable even if they are active members of their communities. For these Natives, programs that support and provide services based upon self-identification are their only hope for services.

Another reason why disparities exist for Native Americans in mental health is the mainstream practice of using census data to justify what populations receive funding. The U.S. census consistently undercounts Native Americans. This disparity is compounded by current political complexities of who can claim Native American heritage. Native Americans are the only ethnic group in the United States that must prove who they are based on tools of measurement invented by the federal government.

Confounding the census undercount of Native Americans is the misclassification into other categories. For example, Native Americans from Mexico, Central America, and South America are usually counted as Latino. Indigenous Hawaiians, who are legally Native American, have recently been reclassified as Asian Pacific Islander. Even Native Americans from tribes in the United States are often reclassified in other racial categories or in the census category of "other." All these groups—Natives from tribes in the United

States, Natives from tribes from Mexico, Central, and South America, and Natives from Hawaii—have all suffered from histories of genocide. This history needs to be addressed in designing programs to restore their wellness.

Disparities also exist due to a lack of specialized care for Native American subpopulations. These populations include, but are not limited to, children in foster care, elders in assisted living, those with disabilities, homeless transient populations, incarcerated youth and adults, military active duty, military veterans, and the two-spirit community. The term "two-spirit" has been adopted by many lesbians, gay, bisexual, and/or transgender (LGBT) Native Americans as an all-encompassing term to define the fluidity of their identities. It represents the belief that these individuals carry both masculine and feminine spirits and their identity can therefore result in multifaceted variations of sexuality and gender expressions.

Still more disparities continue to exist for California Native Americans in the current mental health system. For example, how mental health services are billed; the nomenclature of mental health, which excludes Native American concepts of health and wellness; and the emphasis of the mental health system on treatment rather than on prevention. At the 2011 Cultural Competence and Mental Health Summit held in San Jose, a Native American family member shared with the audience in the keynote address how it was a Wiping of the Tears Ceremony (a Native ceremony to bring closure to grief and loss), not clinical visits, that enabled her to go on with her life. Although her testimony echoed the findings of our project's community feedback—that Native Americans benefit from cultural options in a more meaningful way than just clinical visits—it is a challenge to offer cultural options in a mental health system that does not recognize culturally defined best practices as valid nor have the ability to offer them through county or other non–Native American based institutions.

It is imperative that Native Americans receive services that are culturally based and rooted in the community instead of institutional and county-imposed settings. Without this, disparities will continue and this sizeable opportunity to have a real impact will evaporate into business-as-usual. The current system of care is entrenched to deliver services with the biases inherent in the current mental health system. These biases favor individualist intervention over cultural collective interventions and these biases favor billable visits that are congruent with the dominant cultural norms of healing and not the norms of other cultures. It is important for counties to carve out money to serve their Native residents so that Native Americans do not continue to be an unserved, underserved, and inappropriately served population.

Part 1: Improving Mental Health Wellness: Challenges, Need, and Opportunities

What Are the Challenges of Native American Mental Health?

American Indians and Alaska Natives in California have elevated rates of poverty, violence, substance abuse, depression, and other psychological maladies when compared to non-Hispanic whites (CTEC 2009, CRIHB 2010). It is essential to understand these factors are co-occurring, meaning that a Native American person is simultaneously at risk for all of these factors, creating a potentially severe web of social and psychological risks that impact mental well-being. In addition, California Native Americans show significantly more difficulty than non-Hispanic whites when receiving or accessing mental health care (CTEC 2009). Detailed statistical evidence of behavioral health disparity among Native Americans has been published elsewhere and is not the central focus of this report. Both historical and current evidence show the need for improved mental health outcomes for the Native American population.

In the majority of instances, federal and state funders of behavioral health services require use of evidence based practices (EBP). The "gold standard" of Western-based EBP usually does not reflect the diverse California Native American communities with regard to cultural, linguistic, and geographical differences in prevention and early intervention. In recent instances this has improved; however there continues to be a need for the recognition and acceptance of community-defined evidence by entities on the federal, state, county, and city level.

Within California, outreach and understanding of Native populations by counties and state agencies has been for the most part strained or nonexistent. The impact of this situation is far reaching beyond mental health and is seen in health care in general and in other governmental relationships. Native Americans in California reside in metropolitan/ urban, rural, and tribal reservation communities, all of which have unique challenges to mental health.

In modern times some practices have been exploited by "new age" movements and used with disrespect, a situation which further challenges community defined behavioral health practices. Respect should be given to the authentic practices originating in the community.

Mental health issues continue to persist in tribal and urban Native American communities across California owing to jurisdictional and systemic barriers between tribal and main-stream programs. In addition, misunderstanding, racial stereotyping, and discrimination contribute to barriers.

Most American Indians and Alaska Natives residing in California are expected to learn to cope in both the Western and Native American worlds on a daily basis. Native Americans within California have shared concerns about loss of culture, alcohol and drug abuse, and depression and suicide as contributing factors to mental health disparity. The disconnection of culture and traditional values has fragmented Native American communities, families, and individuals. Being misdiagnosed and given severe mental health diagnoses can be stigmatizing. Such labels affect a person's self-esteem, which in turn can discourage the person from seeking out help through Native American practices and cultural identity through community involvement. The lack of cultural identity can impede the healing process toward mental health. Western mental health service delivery focuses on individual locus rather than taking into consideration the Native American community as a whole. A holistic approach is needed for individual, family, and community wellness.

"The combined issues of Native American specific historical trauma, suicide, substance abuse, violence, and mental illness play out in an intertwined web of misery and disparity within the California mental health system."

-Native American Community Worker

"What they (Western society) call prevention and treatment we (Natives) call, blessing ceremonies, sweats, talking circles."

-Native American Community Member

Most of the responses and dialogue from focus groups identified a general need to improve mental health services and an increased need for culturally appropriate services. Community members cited a lack of mental health services and unsustainability of these services, as well as socioeconomic issues like inconsistent housing, transportation, and employment, as key factors that impact individual and community wellness. A stigma against accessing behavioral healthcare services also presents a challenge to wellness. Community members have felt past and current services are not relevant to their needs, especially with regard to Native American cultural considerations.

What Is the Need to Improve Native American Wellness?

Native Americans within California have shared the need for a stronger sense of community built on the restoration of cultural practices, tribal traditions, and tribal values to restore wellness and balance to families and youth. Making baskets, creating regalia, and participating in other traditional activities are therapeutic in a manner similar to art therapy. Healing can happen through participation in traditional activities that is reinforced through the cultural connectedness of the activity.

There is a need to provide effective mental health delivery services and programs in a cultural network that integrates the patient's indigenous community into the treatment plan along with prevention and early intervention services. This cultural network makes the existing mental health therapies much more acceptable to the patient because of the family and community support and input. Talking circles have been used successfully for both treatment and prevention in Native American communities across California. A holistic approach is needed that intertwines both mental health and substance abuse prevention and treatment. The Red Road to Recovery, a healing model developed by Gene Thin Elk, is one of several substance abuse programs that have helped thousands of American Indians to attain sobriety. Mr. Thin Elk's model is a holistic approach combining indigenous and mainstream approaches to wellness and healing (Thin Elk 2011).

Native American traditional healers from various tribal groups have conducted related behavioral health and substance abuse prevention and recovery activities throughout California. These include talking circles, seasonal ceremonies, sweat lodge purification ceremonies, and one-on-one counseling. We strongly encourage the utilization of traditional Native American healers for addressing mental health wellness needs among the California Native American population.

Responses from focus group meetings also highlight the importance of traditional healers and cultural practices and of having a place to bring people together and give community members the feeling the location is "my kind of place." Community members want services they can relate to from a Native American experience and perspective.

Opportunities for the Future

Programs indentified in this report provide a starting point to illuminate what is working to reduce mental health disparities from a grassroots perspective. Behavioral health community defined evidence and the successful implementation of these practices in California Native American communities are a mixture of disciplines.

The future of effective prevention and early intervention behavioral health services depends upon cultural relevance with an emphasis on community driven wellness that includes elder wisdom, positive youth development, and addressing co-occurring disorders such as dependence on alcohol and other drugs.

Responses from focus group meetings included the importance of holistic individual, family, and community wellness. Any successful treatment would include services in the form of spiritual and emotional support, education, restorative practices, and environmental improvement. Since there is a shortage of Native American behavioral health providers, there is a lack of specific tribal remedies and treatment options. Certainly, a greater representation of Native Americans on all levels of mental health service delivery can assist in addressing this issue.

The success of improving mental health in California Native Americans depends greatly on the continued inclusion of Native communities, the proper distribution of Mental Health Services Act funding, and evaluation techniques with regard to cultural considerations. It is imperative that state and counties adhere to the recommendations in this report as it will ultimately determine the future of mental health wellness in our Native American population.

The "community" nature of Native Americans in California is an asset that preserves a wealth of cultural understanding and practices that are beyond the reach of Western-based mental health programs. The Native American population has hundreds of years of resilience, dedication, and determination, regardless of the extent of support from the state, the county, or other government institutions. Adaptability with community orientation and cultural preservation has been a strength of the Native American population. It will continue to be an important part of Native American mental health in California.

"What is out there is not working for us; we need to create something different."

-Native American Community Member

"The biggest answer is restoration of our culture. Our culture was a very, very healthy culture."

-Native American Community Member

Part 2: Strategies, Approaches, and Methods for Improving Mental Health Wellness

Native American Cultural Considerations

The long history of oppression of tribal traditions and culture has had a devastating effect on the mental health of Native Americans. Many cultural practices were historically driven underground due to persecution by the dominant society. This history including colonization, outlawing indigenous tribal languages and spiritual practices, and centuries of forced relocation, has warranted mistrust of government programs and health institutions.

The California Native American population is culturally diverse when considering the 108 federally recognized California Indian Tribes, unrecognized tribes within the state, and the numerous members of out-of-state tribes. The majority of Native Americans in California reside in urban settings (U.S. Census 2010). Historically, most California tribal communities lived in small, self-sufficient, self-governing villages or tribal communities located within boundaries established by varying factors. Today, federally recognized tribes are organized into their own sovereign governments.

In recent decades health care organizations in the United States have made efforts to improve mental health among the Native American population. Cultural considerations are beginning to integrate into behavioral health service delivery. However, more efforts are needed by government agencies and other institutions to increase awareness and accept tribal-based customs and traditions that improve wellness.

Specific Native American cultural and spiritual practices vary by tribe and community and even within a single community. There are outward cultural customs that involve traditional clothing (regalia), dance, song, ceremony, and other visible expression. Outward expression is a reflection of ingrained deeply held values that are not easily seen or verbalized as they are based on long-standing traditional tribal beliefs, spirituality, and language. It should also be noted that many Native Americans have learned to walk "in two worlds"—people adhere to cultural practices of their Native American traditions in Native settings, and observe other cultural norms in mainstream settings (SAMHSA 2009).

Urban American Indian populations can be found in all major California metropolitan areas, most notably in Fresno, the Los Angeles Area, Sacramento, San Diego, and the San Francisco Bay Area. This is due in part from individuals and families from various tribes migrating in significant numbers from reservations to major urban areas in California during the 1950s through the 1970s under the Bureau of Indian Affairs (BIA) Relocation Program. Relocation has created unique identity and acculturation experiences for urban Indians, including increases in intertribal and interracial marriages, a new generation of children born and raised in an urban environment, isolation from tribal-specific practices and social support, and invisibility to non–Native Americans. However, a community developed that brought tribal customs through gatherings of Pow-Wows, seasonal gatherings, and other social events and activities.

Evidence supports Native American cultural practices and has been increasingly used in effective delivery of services for American Indian populations (Buchwald, Beals, et al. 2000; Walters, Simoni, et al. 2002; Garroutte, Goldberg, et al. 2003; Stiffman, Freedenthal, et al. 2006). Despite the call for use of evidence-based practices, resources to carry out this

research are minimal. There are differences between evidence-based practices and practice-based evidence. Practice-based evidence is often part of the local Native American community's standard of care and shows promise to more appropriately address Native Amercan mental health. Community defined evidence is a validated practice which is accepted by the community but not empirically proven (Martinez 2011).

"Learning about our tribal history was one of the most healing things I've done, my cultural learning has brought me to a good place."

-Native American Community Member

The Role of Traditional Healers and Traditional Practices

Spiritual healers and traditional medicine men and women hold a very important place within indigenous communities. Healing methodology and knowledge varies from tribe to tribe, but all communities understand, support, and respect the role of the healer. Traditional healing can include, but is not limited to, individual and group counseling, talking circles, seasonal ceremonies, sweat lodges, storytelling, wellness conferences, pow-wows, roundhouse ceremonies, drumming, smudging, and educational and cultural activities led by traditional American Indian spiritual leaders/consultants. Traditional healers still exist and operate today as they did traditionally, sharing information through informal networks. Spiritual healers and traditional medicine people have developed practices that are synchronous with traditional healing methods to address the problems that have arisen in the past or are currently present in a community or in individuals. Native American community members have responded positively to traditional healing practices. Throughout the 11 focus group gatherings across the state, health care workers and community members alike have reinforced the need and positive impact of traditional healers and traditional practices to improve mental health among Native Americans.

The role of culture is central to healing and is of great significance as a protective factor for many indigenous people. Ceremonies and cultural activities often have the ability to connect to a native person and help them on their wellness journey in a way that cannot be described in terms of evidence based practice or even by words. Dr. Maria Yellow Horse Brave Heart conceptualized the term "historical trauma" to develop an understanding of Native American unresolved historical grief. Historical trauma is defined as "a cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart 2005)." The toll of physical, psychological, social, and spiritual genocide from European and American policy over several generations has greatly impacted Native American behavioral health from tribal communities to individuals. Spiritual healers and traditional medicine people are integral in restoring balance to improve mental health through traditional practices. For example, the sweat lodge ceremony has a paradigm of "unknown and unseen" elements and outcomes that cannot be measured or quantified in Western-based methodologies. A sweat lodge participant would have improved mental health and well-being afterward that may not have been present prior to the ceremony. Thus traditional healing ultimately improves and maintains mental health and balance.

It should be noted that not all Native Americans in California adhere to or practice traditional and spiritual ways. Many have found spiritual bonding through Christian faith-based churches and programs that have sustained and improved their mental health.

Promising Practices and Effective Models

The California Native American population is diverse and no single behavioral health

"Going to the talking circles at Native American Health Center has been 'my' suicide prevention program."

-Native American Community Member

prevention or early intervention project or event is appropriate for everyone. Programs must take into consideration the multiple needs of individual, family, and community. Promising practices and effective models indentified in this report are a starting point to highlight what is working to reduce mental health disparities from a grassroots community perspective. Behavioral Health community-defined evidence and the successful implementation of these practices in California Native American communities involve a mixture of disciplines. It should be noted that Native communities do not have a "one size fits all" for each individual practice. Moreover, each community will use a combination of indigenous-based cultural practices and Western-based practices to fit its unique and changing needs. Addressing co-occurring disorders, substance abuse, historical trauma, and lower socioeconomic status, as well as many other intersecting issues beyond mental health alone, will be key in healing entire communities and maintaining wellness balance.

According to the National Registry of Evidence-based Programs and Practices (NREPP), evidence based practices (EBPs) are approaches to prevention or treatment that are validated with scientific evidence. However, what signifies "evidence" varies. Evidence is often established through scientific research methods, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. One concern is that too much emphasis on EBPs may in some cases restrict practitioners from exercising their own judgment to provide the best care for individuals (NREPP 2008).

For Native Americans, evidence-based practices are particularly challenging because although these are scientifically proven designs for prevention and intervention, rarely have they been tested in American Indian communities; therefore, they have not been culturally validated. Practice-based evidence (PBE) is a means to remove a particular practice from the controlled environment of science and implement it to gain community evidence that it works not only in theory, but also in practice for a specific community. Community validation is as important as scientific validation, particularly for California Native Americans, because their cultural values are unique to each tribe and to the environments they live in. Many of the promising practices and effective models highlighted in this report and accompanying catalogue have been focused on community-defined evidence (CDE). Practices validated by CDE as tools for prevention and early intervention may not necessarily have been measured empirically, but have reached a certain level of community acceptance as best practices (Martinez 2011). Community-defined evidence is also important to identify cultural adaptations to EBPs that have been successful for California Native Americans.

The following prevention and early intervention behavioral health practices have been identified through the Native American CRDP 11 focus group gatherings, the 8-member Native American Strategic Planning Workgroup Advisory Committee, Native Vision staff, and input from various tribal and urban Native American entities and individuals from across the state. The catalogue section contains a quick reference of the 22 projects, events, and resources highlighted in this report.

<u>Community Prevention/Education, Cultural and Subsistence Skill Developments</u>

Gathering of Native Americans (GONA) is a methodology consisting of a curriculum

that provides a structured format for Native Americans to address substance abuse issues in a cultural context. The GONA curriculum was developed by a consensus of Native American professional educators and clinicians convened by the Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration in the early 1990s to assist Community Partnership grantees in support of community efforts to reduce and prevent alcohol and other drug abuse in American Indian communities. A needs assessment was conducted involving eight focus groups and one national planning meeting to determine the parameters of this curriculum. A Core Curriculum Committee of Native American substance abuse professionals provided Native thought, perspective, and ownership of the curriculum through a consensus process.

The GONA curriculum focuses on substance abuse and mental health issues underlying addictions and self-destructive behaviors. Community healing from historical and cultural trauma is a central theme of the GONA approach. This includes an understanding and healing of self, family, and community. The curriculum focuses not only on alcohol and substance abuse, but the many underlying issues that may lead to individuals, families, and communities becoming at risk for addictions and self-destructive behaviors. The curriculum recognizes the important role that Native American values, traditions, and spirituality play in healing from the effects of historical trauma and substance abuse. The four themes of the curriculum reflect the four levels of life's teachings. They are Belonging, Mastery, Interdependence, and Generosity.

The implementation of GONA can be targeted to specific groups within the Native American population, such as youth, elders, and military veterans. For example, when adapted to Two Spirit populations, the GONA functions to validate the oppressiveness of experiences of LGBTQ community members and locates the dynamic inside of the social context of historical trauma. Historical trauma is then seen as a process that has imbued Native culture with interpersonal dynamics that translate into values of homophobia, sexism, and racism. This oppression deprives two spirit individuals by disconnecting them from their families and their sense of self worth, and keeps them from participating in a culture they highly identify with yet find unsafe and feel little sense of belonging within. GONA serves to educate two spirit community about systems of oppression, validates their experiences, and offers a community approach to learn healthier methods of coping. GONA serves to offer a safe and sober environment in which to take healthy risks toward rebuilding and reconnecting with a community they identify with.

Many of the Native American communities in California are familiar with and have facilitated or participated in GONA events. At most of the Native Vision regional focus group meetings there were attendees who discussed GONA as an effective practice to improve behavioral health wellness.

Holistic System of Care (HSOC) is a community-focused intervention that provides behavioral health care, promotes health, and prevents disease. The model we are focusing on for this report is the California Native American specific Holistic System of Care for Native Americans in an Urban Environment. This model was developed at the Community Wellness Department of the Native American Health Center in Oakland and San Francisco in collaboration with the Friendship House Association of American Indians (Nebelkopf & Wright 2011). The HSOC is a community-focused intervention that provides behavioral health care, promotes health, and prevents disease. The HSOC integrates mental health and substance abuse services with medical, dental, and HIV services, within support for the entire family. This integrated approach is based on a community strategic planning

"I have personally seen our Native youth not respond with violence at a Youth Gathering of Native Americans (GONA) retreat. There was an incident with another youth group that was sharing the same bunk area. Our youth said in the closing talking circle had they not just been trained in the GONA principles they would have responded with violence."

-Native American Community Worker

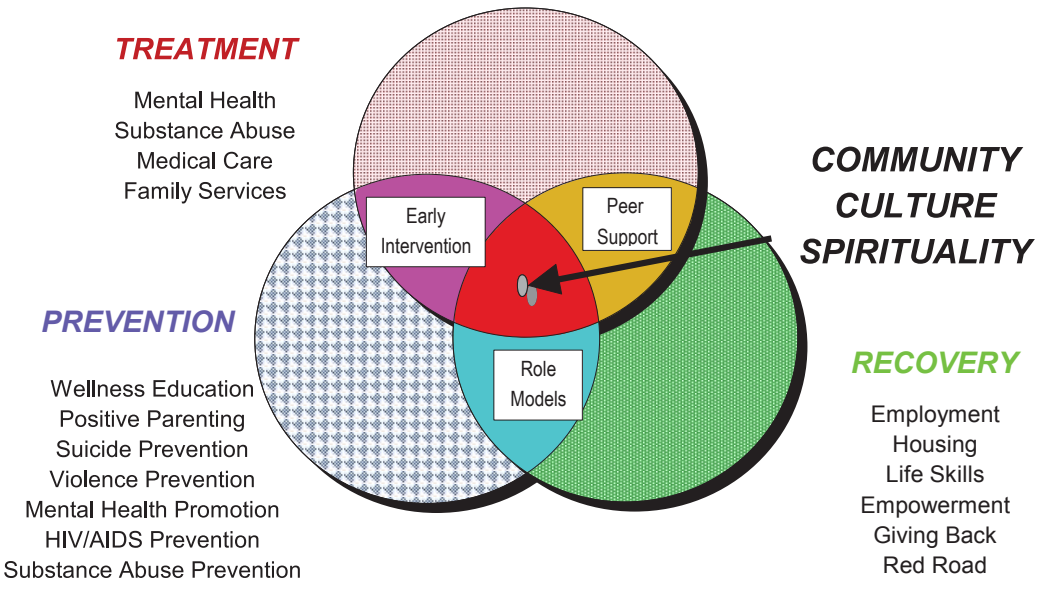
process that honors Native culture and relationships. The HSOC allows for the integrated practice of Western treatment modalities along with Native American traditional cultural practices as well as additional evidence-based practices. It integrates evidence-based practices and Native American cultural practices to provide effective wellness approaches within a cultural context. The program acknowledges the diversity of traditional healing beliefs among the different tribes, respects each tribe's practice of traditional medicine, and encourages individuals to learn and integrate these cultural practices into their prevention, treatment, and recovery (Figure 1). The holistic approach deals with the whole person. The emphasis is on self-help, empowerment, and building a healthy community.

In the HSOC model, mental illness, substance abuse, homelessness, poverty, crime, physical illness, and violence are symptoms of historical trauma, family dysfunction, and spiritual imbalance. When individuals, families, and societies are out of balance, problems are identified depending upon the social institutions (school, criminal justice, health care, mental health, welfare, and housing systems) that have come into contact with the "identified client."

There are very few evidence-based practices utilized as interventions created, designed, and distributed specifically for the American Indian/Alaska Native target population. It is widely known throughout the American Indian community that the population served is much more likely to successfully participate and complete substance abuse treatment programs that incorporate American Indian spirituality, traditional values, and healing practices. The HSOC integrates Western science with American Indian culture and allows for a variety of other evidence-based and cultural practices to be utilized.

These include Positive Indian Parenting (PIP), Gathering of Native Americans (GONA), and cultural activities including talking circles, seasonal ceremonies, sweat lodge, Red Road, cedar, sage, and prayer. The Holistic System of Care for Native Americans in an Urban Environment frames traditional American Indian healing within a modern clinical context.

Figure 1. Holistic Model Linking Prevention, Treatment, and Recovery.



The HSOC has been evaluated through pre- and post-test measurements, SAMHSA Final Evaluation Reports, and articles in peer-reviewed journals and other publications on best practices. The HSOC has generated selective interventions to reduce substance abuse among adult Native American women, men, and re-entry, and homeless populations; reduce substance abuse among Native American adolescents; reduce HIV/AIDS high-risk behavior among Native American men, women, and adolescents; increase social connectedness and quality of life for Native American adults with HIV/AIDS and mental illness; and decrease acting out behavior among Native American severely emotionally disturbed children.

"Humor through storytelling is important to Native wellness."

-Native American Community Member

A current project that has been effective within the HSOC model is the SAMHSA funded One With All project, which is a regional substance abuse prevention project in metropolitan areas of Northern California. One With All provides substance abuse prevention services that intertwine culture, community, and spirituality for Native people living in San Francisco, Oakland, Sacramento, and San Jose. In 2006, the Native American Health Center in the San Francisco Bay Area received a five-year federal grant to implement a strategic prevention framework for urban Native Americans in Northern California. This project is a collaboration of the Sacramento Native American Health Center, the Indian Health Center of Santa Clara Valley, the Friendship House Association of American Indians of San Francisco, and the Native American Health Center's Community Wellness Department of Oakland and San Francisco. One With All utilizes a holistic approach that links prevention, treatment, and recovery based on American Indian culture and values with the goal to build a healthy Native American community.

The **Learning Collaborative** was a three-phased project. The first phase was funded by the California Institute of Mental Health; the second and third phase were supported through the Los Angeles County Department of Mental Health American Indian/Alaska Native Under-Represented Ethnic Population Subcommittee and implemented by the Los Angeles County Department of Mental Health. The project aimed to provide a community informed approach toward integrating traditional-based healing practices for Native Americans living in Los Angeles County. The project goal was to find and support the community's strengths for supporting mental wellness for its Native American residents. Some of the key findings include the understanding that culture is central to healing, and recommendations about how clinicians working with Native American consumers should assume a leadership role in referring them to traditional healing services. Also recommended is that Native American community leaders assume a leadership role to engage and empower community members on mental health and that county administrators and policy makers integrate Native American traditional healing services into clinical treatment. Traditional healing activities encompass a broad spectrum of cultural activities from drumming, bead making, and attending Pow-wows to full participation in sacred healing ceremonies.

<u>Early Interventions/Skill Building</u>

The **Aunties and Uncles Program** was created by the Sonoma County Indian Health Project in Santa Rosa, CA. The three main goals of the project are to 1) reduce stigma related to mental health problems, 2) build the capacity of a pool of youth mentors, and 3) systematically incorporate a youth depression screening tool into medical visits at the local Native health clinic. The concept of the grant was birthed primarily by the local Indian community and clients of the health clinic. The program name, "Aunties and

Uncles" was chosen because of the special role that aunties and uncles—as well as other extended-family members—play in Native American and indigenous cultures. In Native cultures aunties and uncles have the ability to say both difficult and encouraging words to youth and to parents.

The plan to reduce stigma was twofold, including a media piece and a speaker series. The media portion of the stigma reduction campaign included a poster contest which promoted wellness and focused on culture, suicide prevention, and stigma. As a result of the poster contest, 12 posters were chosen to be displayed at the health clinic. The second means of reducing stigma in the community was through a series of community gatherings in which guest speakers presented on wellness and the strength of family and community. Three Friday dinner events occurred with an average of 40-50 people at each event, which is a high number for this community. Community members shared that they valued having gatherings and learning from and sharing with the speakers. "We wanted to have posters to promote wellness at our clinic and found none available so we had a contest and now have our own posters throughout our clinic," reported David McGahee, social worker and community member, speaking of not having access to culturally appropriate materials for promoting wellness.

The second piece of the Aunties and Uncles program was to develop and support mentorship. Mentorship in the program means something different from how mainstream society defines it. Mentors in the program go beyond what a typical mentor relationship might look like, taking on a role more closely aligned with that of an aunt or uncle. Development of aunts and uncles included encouraging mentors to interact with youth in the traditional manner that an aunt or uncle might while emphasizing community values and teaching adults techniques on how to provide support and guidance to youth. Aunties and uncles also took part in learning mental health first aid, which is similar to basic first aid. The primary concept behind this training is to normalize everyday "ups and downs" as well as depression and anxiety. Three aunt and uncles attended a train-the-trainer event and then spread their knowledge to the other aunt and uncles.

The third part of the project was to incorporate depression screening into the health check-ups of youth. Native American youth were presented a depression scale to complete. The survey was a gateway mechanism for the physician to discuss mental health issues with the youth.

The focus of the total program is to build community and promote wellness. The hope is to sustain the program, build upon it, and eventually fully develop a strong multifaceted and culturally competent youth program through the health clinic.

Positive Indian Parenting: Positive Indian Parenting (PIP) is an 8-session curriculum that provides a structured format for Native Americans to develop and incorporate traditional Indian practices into modern-day childrearing. The PIP curriculum was developed by the National Indian Child Welfare Association (NICWA) and is based on a philosophy that values traditional child-rearing practices, builds stronger communities through strong children, recognizes the need for a strong emotional connection between parent and child, values direct teaching and examples set by parents and community, honors the role of the extended family, recognizes values found in traditional legends and stories, recognizes traditional and modern growth stages, encourages parents to take care

of themselves, and discourages the use of alcohol. PIP has been in existence and steady use since 1987 and is widely used throughout the United States. It was named a best practice by the National Association of Minority Behavioral Health Associations.

The Positive Indian Parenting curriculum is designed to provide a brief and practical culturally specific training program for Native American parents. The curriculum sessions include the following topics: Traditional Parenting, Lessons in Storytelling, Lessons of the Cradleboard, Harmony in Child Rearing, Traditional Behavior Management, Lessons of Mother Nature, Praise in Traditional Parenting, and Choices in Indian Parenting. The first goal of the curriculum is to help Indian parents explore the values and attitudes expressed in traditional Indian child-rearing practices and then to apply those values to modern skills in parenting. Since there is no one tradition among Indian people for child rearing, several examples from numerous tribes are used as examples. The term "traditional" refers to the old ways—ways that existed prior to white influence. Because the concept of traditional varies among people, they are referred to as "old ways" or "historical ways." Material can be tailored to fit the community. There are some universal values, attitudes, or customs that may be expressed differently in different local communities, which give the trainer a basis to build on. These universals include the oral tradition, story telling, the spiritual nature of child rearing, and the role of extended family. It is the assertion of this curriculum that valuable lessons are to be learned from the old ways and that Indian parents can find strength in cultural traditions.

"We deal with people who have been disenfranchised and their mental illness originates in the system around them, the environment, and the surrounding historical trauma. They are not 'crazy,' they are people responding to the trauma in their life."

-Native American Community Worker

Project Venture is an outdoor experiential development program for Native American youth. Based on traditional Native American values, it develops social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use. Project Venture is designed to foster the development of a positive self-concept, a community service ethic, and other decision-making and problem-solving skills. The program includes a minimum of 20 one-hour classroom-based activities, such as problem-solving games and initiatives. It is conducted across the school year and non-school-year time with multiple-day immersion summer adventure camps and wilderness treks. Project Venture has been utilized by the Washoe Tribe in California and is one of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices.

Administered through the California Rural Indian Health Board, the annual **Traditional Indian Health Gathering** has taken place in California tribal communities. Each year the Committee for Traditional Indian Health develops the gathering for Native health clinic staff and Native American community members interested in including or furthering traditional Indian healing methods in the healthcare system to benefit American Indian clients. Agenda items include workshops on providing traditional American Indian healthcare, demonstrations of making plant medicine, tribal ceremonies, traditional food, talking circles, Native crafts, and traditional singers and dancers.

<u>Support for Individual/Family</u>

Drum-Assisted Recovery Therapy for Native Americans (DARTNA) is a preliminary model of a new drum therapy treatment protocol for Native Americans with substance abuse problems. Traditionally, drumming groups are accompanied by Native American singing of traditional songs and often intertwinded with social events (e.g., pow-wows) or

other cultural-based tribal events. This project is implemented through United American Involvement in Los Angeles, CA. Although DARTNA is a substance abuse program, many aspects address the prevention of mental health issues. After implementation DARTNA will analyze the potential effectiveness of this intervention for Native Americans with substance use disorders. DARTNA utilizes traditional drumming circles (groups) and the 12-steps of Alcoholics Anonymous within the conceptual framework of the Native American Medicine Wheel to provide an effective intervention for Native Americans with substance use disorders.

Peers Offering Wisdom, Education and Respect (POWER) is a ten-week adolescent group program that is designed to correspond to the 10-day cycles of local ceremonies. It was created by the United Indian Health Services in Arcata, CA. The curriculum includes topics of concern for youth such as substance abuse, violence, and social and health issues. It is a voluntary program although referrals come from the juvenile justice system, children's services, health clinics, and peers. The teens are a mix of leaders and those who are having trouble and may need a new peer group. Both groups benefit by expanding friendships, helping each other, and breaking down stereotypes. Historical events have caused many cultural and community ties to be lost or broken and POWER connects the teens to traditional ways that their own families may not practice. Teens have the opportunity to develop in positive ways that may not be open to them otherwise. For example, a teen may be having scholastic difficulties but participates in the traditional dances and earns respect, a sense of belonging, and knowledge of traditional ways.

The program was initiated by members of the staff in collaboration with traditional spiritual leaders. The curriculum has evolved over the years to meet the changing needs of the community and to reflect more effective strategies, combining mainstream techniques with rituals shared by the tribes they serve, such as opening each group with prayer and a check-in. The teens are asked to recall two things from the last session, which reinforces learning and focuses and grounds the group. During the first two weeks participants become acquainted with the process and guidelines and participate in team-building and group-belonging exercises. Guidelines include: confidentiality, no side talking, honesty, respect, and attending clean and sober. The teen's commitment to attend every week is emphasized and after the second week the teen decides whether to remain for the next eight weeks. During the following eight weeks each participant takes a turn being in the spotlight. They are asked questions that evoke memories that are both good and traumatic. Trust is built as they take turns self-disclosing and they discover that they have things in common. They increase their understanding of their behavior and family experiences. The support of the other members is healing as the adolescents receive honest feedback about their decision making and how they handle themselves.

Cultural advisors from the community come to talk about aspects of tribal culture and lead participants in traditional activities. In this way the youth develop relationships with healthy adult community members who mentor them. Leadership development and the sense of history within Native American communities are taught through training in communication skills, decision-making skills, coping skills, leadership skills, and ceremonial bonding. POWER strengthens the sense of trust, expands cultural knowledge, validates experiences as tribal people, and develops mutual respect and empathy. This is done through the use of stories, humor, games, and songs.

According to participants and providers, the ten-week program is intensive as it addresses

the youths' current problems but also their local tribal history as the reason for the problems of today. A teen participant said, "We never thought of it that way, but it makes sense. I understand why my father is the way he is now." POWER also teaches living and coping skills. One young foster parents attributes her success as a foster parent to the concepts and communication skills she learned in POWER as a teenager.

The following comments were made by Native youth participating in the POWER curriculum: 23-year-old woman, "I learned a lot more about culture and traditions;" 20-year-old woman, "I like being a part of Indian activities;" 20-year-old female, 19-year-old male, "felt a strong connectedness through culture." When a 19-year-old man was asked what was the best/most important part of POWER for him, he said, "Realizing my ability to form family bond with non-relatives…a connectedness." He also added, "I feel honored to have been brought to sacred places and local ceremonial grounds."

Talking Circles are a traditional form of education that provides a way to pass on and share knowledge, values, and culture. This method of traditional education instilled respect for another's viewpoint and encouraged tribal members to be open to other viewpoints by listening with their heart while another individual speaks. A facilitator will conduct the ceremony and utilize a feather or other sacred item that is passed around the circle clockwise. The person holding the feather or item can talk as long as he or she wants, or say nothing at all while others listen without crosstalk or interjection. The talking circle gains momentum on discussion topics, confidentiality is maintained, and everyone is treated with respect. Each individual in the circle is able to share and be heard; therefore a focus on listening is important to the group.

Talking circles are a mixture of support group, skills training, and psychosocial education, with elements of cultural ceremony. The talking circle has become widely accepted within the California Native American community for self-expression, conflict resolution, and community building. Talking circles can be considered to have similarities to group counseling, but a traditional talking circle can be used as a forum and template for community gathering and connection and does not necessarily have a therapeutic emphasis. It does, however, provide a culturally based format for processing issues and learning new skills.

The implementation of talking circles can be targeted to specific groups within the Native American population, such as youth, elders, and behavioral health staff. For example, when talking circles adapted to Two Spirit communty might reflect sharing of what would otherwise be "normal" in their talking circles such as sharing of partners and dating but seen as "abnormal" in a general talking circle. A Two Spirit talking circle allows for open expression of topics that might not be understood by the general community unless those community members are commited to allying with or have witnessed experiences of Two Spirit community members as family members or friends. Although there are Two Spirit community members present in general talking circles, the feedback often reported is that there is a withholding of some sharing due to perceived or experienced homophobia and discrimination. The talking circle holds a position in a continuum of services for someone who is contemplating counseling services and might not be ready for one-on-one support services, or might not want to engage with a specific Two Spirit support group where participation is slightly more involved. The talking circle then suffices to retain some involvement with Two Spirit community at a level that the person might be ready to engage.

Many of the Native American communities in California are familiar with and have facilitated or attended talking circles. In all of the Native Vision regional focus meetings there were attendees who discussed talking circles as an effective practice to improve behavioral health.

Traditional Healing is broad based with varied practices that may be unique or intertwined with tribal-based cultural and spiritual practices, which vary by tribe and community and even within a single community. These can include but are not limited to traditional ceremonies, community gatherings, and cultural activities. Community ceremonies are defined as "community defined best practices," as healing occurs at a community level and not solely as individual healing. In community ceremonies everyone has a role in the process, which creates a sense of belonging and responsibility for not only the individual's wellness, but for the wellness of the entire community. Below are described eight traditional healing practices that currently take place in California. Many other traditional healing practices that improve mental health also exist within the state. The following traditional healing practices give a variety of Native American culturally validated customs implemented in communities. Only a few basic described customs/ traditions are listed below; many others exist and are practiced across California communities. Many of these practices are communicated by word of mouth and may be closed to outsiders out of respect for their sacredness and to protect them from the "new age" movement followers.

The *sweat lodge* ceremony is a traditional purification ceremony that incorporates traditional singing, prayer, counseling, and sharing similar to a talking circle. It takes place in an enclosed space (lodge) with heated rocks, heat, and steam (Mails 1978). Tribes and Native American communities may vary to integrate their own customs, philosophies, and traditional use of medicines during the facilitation of the ceremony.

The revival of *rite of passage ceremonies* in many northern California tribes, such as the Flower Dance ceremony for young women, is considered to be a significant practice for young people in many communities. Community elders, parents, and youth all agreed that community roles and responsibilities are engrained during these ceremonies and they produce adults who are more likely to follow the tribal guidelines and become active members of their community, because the ceremonies create a sense of belonging. The practice also strengthens the young people's tribal identities, which increases their self-esteem and promotes healthy, productive living.

There has been a revival of traditional *facial tattos for women* in some tribes, to bring back their traditional roles and ways of life. The facial tattoos became a symbol for healthy living because the women were then visible representatives of their tribe to both Natives and non-Natives. They also felt that they had a new responsibility to teach others about their community afer receiving the tattoos.

Traditional storytelling is a community defined best practice as it provides the history of communities and is an opportunity for lessons to be learned through stories. Storytelling is used to teach and clarify proper tribal behavior and reinforces expectations. As an oral tradition, storytelling allows the stories to evolve with the community and with the individuals involved in the practice.

Native language revival is a community defined best practice for many reasons. Not only does it rekindle pride in identity, but it allows communities to convey stories, tribal

concepts, and healing ceremonies that are often lost in translation. It is also a practice that revives the importance of the role of elders in the community and allows them to be recognized as leaders. Sapir-Whorf Hypothesis states that intra-cultural communication is invariably intertwined with culture and that language describes not only our surroundings, but also how we experience them (Warner 1976).

Mentorship encourages the sharing of knowledge between elders and the rest of the community. Some tribal members were concerned that elders and youths were beginning to become disconnected so select elders began to offer traditional teachings for community members on dances, food preparation, ceremonies. Elders also began to mentor the youth through their rights of passage ceremonies. Simply the shared time allowed for opportunities to teach life lessons and encourage wellness.

Diet and nutrition are important to mental wellness. *Traditional foods* vary and are unique to each tribal group. The hunting, gathering, preparing and cooking of these foods provided more than sustenance; it is integral part of the culture. It provides communities with a sense of belonging, learning of traditional ways and overall good health. Native American community events include food as part of the gathering. After Europeans arrived access to traditional foods became challenging, changed customs and quality of food along with poor eating habits contributed to disease and illness. Traditional ways in foods common to our ancestors can restore overall health, mental well-being, a sense of belonging and empowerment for our Native communities.

Knowledge of the use of *traditional foods, traditional medicines and traditional ceremonial healers* is the process through which tribal communities reclaim the rights to their knowledge and empower their communities to believe in their own teachings. This knowledge helps restructure community strength in indigenous epistemology, which promotes community connectivity and supports mentorship through sharing knowledge of these practices.

In all of the Native Vision regional focus meetings attendees discussed the importance and effectiveness of traditional healing to improve behavioral health wellness. Traditional healing is holistic wellness; it is a way of life that does not separate the importance of the land, environment, prayer, community, language and all things that are a part of life.

Support for Community

Over the years, the Riverside-San Bernardino County Indian Health has conducted annual wellness events. The **Brothers Strengthening Brothers Annual Men's Wellness Gathering** brings Indian men together with a common purpose: to strengthen a commitment to a lifelong path of sobriety, tradition, honor, and traditional teachings. The Native American men who gathered during the annual weekend event have taken many steps on the road to recovery, regaining their traditions, learning to respect their past, and honoring those ancestors that fought many battles of stereotypes, racism, and disrespect. They also gathered to share of themselves, so everyone in attendance had an opportunity to take one more step forward—a desire to live a drug and alcohol-free life, a desire to live without domestic violence, a desire to be a role model for their family and tribe, to respect the differences of each other, and walk together to ensure a future for their people. The **Strong Bodies, Strong Minds, Strong Women Annual Women's Wellness Gathering** provides educational information and exchanges of personal stories, histories, triumphs, and overcomings of disparity. Native women come together once again

"None of us can do things completely alone, we need community, having safe places for people to go and to feel good about themselves… people need a place of wellness."

-Native American Community Member

to explore ideas and solutions, which will affect our lives and our communities. The **Youth and Family Conference** provides a forum where participants may share and experience a source of healing. It is an opportunity for families to receive stories and messages that can give them strength and unity. Many of the workshops consist of the information shared at the men's and women's conferences.

The Annual Wellness Gathering takes place through a partnership of the American Indian Alliance, Indian Health Center of Santa Clara County, Native Family Outreach and Engagement (Santa Clara County Mental Health) and Native Temporary Assistance for Needy Families upholds a summer tradition established by the American Indian Alliance to bring families together for healing and fun. Some years the Gathering includes camping. There are wonderful opportunities for families to enjoy good food and family activities that affirm the healing power of our culture and community. As with past Gatherings, they honor California Indian peoples upon whose land we live. The gathering also includes guest speakers and cultural facilitators that integrate traditional spirituality with community programs.

Native American Health Center's **Gathering of the Lodges** annual event has taken place for the past ten years in Oakland, CA. It is a powerful event that provides a place for Natives in recovery to celebrate walking the Red Road to Recovery in the hope that future generations will look at alcoholism and substance abuse as obstacles that were overcome by their parents and grandparents. Each Gathering of the Lodges event has a theme, with a Sobriety Grand Entry, keynote speakers, honoring each of the lodges in attendance, luncheon, a talent show called "Native American Idol," and an honoring sobriety countdown (75 years to 1 day). The typical theme for the event is "Culture = Prevention," with a keynote address to acknowledge the value of culture as prevention and the continued work of substance abuse prevention, early intervention, and treatment within the Native community.

The Medicine Wheel curriculum was developed by Tony Cervantes (Chichimeca Tribe) as a sum of accumulated knowledge, skills, and abilities of Native American cultures to address health and wellness. The Medicine Wheel is a tool to assess, intervene with, treat, and provide recovery support services for mental health and for alcohol and other drug (AOD) problems. The Medicine Wheel is used in examining depression and providing options for care; post-traumatic stress syndrome and care; traditional healing for suicide prevention; conducting holistic and participatory research/evaluations; and working with the impact of historical trauma on indigenous populations today.

The framework for the Medicine Wheel is contained in systems theory and cognitive mapping. Systems theory states that no one organism or living system can be reduced to just parts. Each organism or living system cannot exist if any of the parts are taken out. Cognitive mapping is the mental process that we use in acquiring, storing, understanding, and using knowledge to traverse the spatial environment that we live in. Cognitive mapping is of no use unless we consider the whole (systems theory) in relationship to ourselves and our behavior. The Medicine Wheel is rooted in tribal cultures and belief systems which provide the resources and tools to address mental health and AOD service delivery.

Walk of the Warrior is an outreach program created by David Diaz (Chiricahua Apache

and Isleta Pueblo) to support American Indians in recovery from substance and alcohol abuse and related issues. The program works in cooperation with existing organizations such as Indian Health Counsel, Southern California Tribal Chairmen's Association (SCTCA), Intertribal Court of Southern California, and tribal law enforcement agencies. Since its inception in 2008, WOTW has achieved recognition as a valid and useful modality by implementation of the project. The project has earned a position on the Substance Abuse Committee that serves the 19 reservations of SCTCA. Walk of the Warrior is also conducting recovery-based sweat lodge ceremonies through the cooperation of the Indian Health Council.

Walk of the Warrior provides prevention-based services through AOD healing gatherings held on reservations for the purpose of awareness and exposure of the program. This program is unique in that it is delivered respectfully and gently to help the community remember the rich traditions, values, teachings, ceremonies, and identity of our culture—a remembering that holds the key to bringing about some healthier choices in our lives. Traditional healing gatherings are held over two to three days and include local birdsingers, traditional dancers, drum groups, and American Indian motivational speakers, all of which will instill a sense of pride in the culture. There will also be eductational booths from local organizations to provide education and family services for diabetes, battered women, child parenting, suicide prevention, nutrition, and intervention. In addition, the project reaches out to charter schools on reservations. Through social networking, other reservations can stay connected and supported in prevention and recovery services provided by this culturally appropriate program.

Other Prevention Early Intervention Practices and Resources

Equine Assisted Therapy is very relevant to the Native American population, as tribal culture and people have always honored and respected the horse and treated horses as powerful and sacred medicine. Heal Therapy Inc. provides comprehensive behavioral health services utilizing experiential learning through equine therapy. The program is within Siskiyou County and includes working with the Quartz Valley Indian Reservation's Anav Tribal Health Clinic. Heal Therapy has been classified as a Specialty Mental Health Treatment Program as defined by the State Department of Mental Health.
Red Horse Nation utilizes Native American Horse Inspired Psychotherapy (NAHIP), Native principles, culture, and ceremony, and incorporates experiential horse activities for emotional growth and learning. Red Horse Nation helps Native American youth and families develop personal responsibility, leadership skills, self esteem, cultural belonging, Native pride, and tribal identity. Both programs are mental health treatment based as well as prevention and early intervention practices.

Red Pages is a resource directory of community-based services, including mental health, for Los Angeles area Native Americans. In 2005, United American Indian Involvement (UAII) was awarded the SAMHSA System of care (SOC), a six-year implementation grant. This grant allowed Seven Generations Child and Family Services to establish a full array of culturally appropriate mental health and support services organized into a coordinated network in order to meet the unique clinical and functional needs of American Indian/ Alaska Native children, youth, and families in Los Angeles County. The UAII project was able to finalize this resource directory based on the community's recommendations and continues to publish a revised issue each year.

The cultural practice of **Traditional Basket Weaving** provides profound insight into the histories, cultures, intertribal relationships, values, migrations, and daily lives of Native California people. The healing power of weaving baskets comes from connecting with something in the past, recognizing and honoring the beauty of the skill, and feelings of pride and a sense of mastery. Basket makers honor our ancestors who have made baskets for generations. Basket weaving develops confidence, recognition, and connection to cultural roots and ancestors. A Native American community member stated, "It connects us to who we are and helps us to find our place in the world. When you do this you know who you are and how you fit."

It can take a year to gather the materials and prepare to make a basket. The process includes prayer, gathering of the supplies during the right season, and cleaning and drying the materials before the weaver starts the basket. It takes patience and commitment to be a weaver. Basket weaving can be a collective or individual activity. Oftentimes the basket weavers gather together to talk, laugh, and share. This creates a sense of belonging and community which is important to the wellness of all people. Those with anxiety and depression due to the trauma experienced in many Native communities may find that weaving baskets brings a sense of order and calm. There is structure in the basic steps of making a basket; however there is also an opportunity for the weavers to demonstrate their artistic ability in the shape and design of the baskets. This increases self-esteem and confidence. In addition the master weavers who mentor new weavers develop positive supportive relationships that continue outside of basket making.

Part 3: Strategic Directions and Recommended Actions

Core Principles

The core principles for alleviating the mental health disparities of Native Americans in California must directly correlate to the root causes of the disparities. The disintegration of community empowerment and directed efforts to eliminate cultural responses to community ailments must be rectified through community reempowerment.

1. Respect the sovereign rights of tribes, and urban American Indian health organizations to govern themselves.
2. Support rights to self-determination for tribes and urban American Indian health organizations to determine and implement programs and practices that will best serve their communities.
3. Value Native American cultural practices as stand-alone practices, validated through community defined evidence.
4. Incorporate the use of Native American specific research and evaluation methods unique to each community.

"Donate Fallen Redwood trees so we can reestablish our tribal canoe making. This three-month process of making the canoe as a tribal group can maintain good mental health and wellness for our community."

-Native American Community Member

The right of all Native Americans to believe, express, and freely exercise their traditional spiritual and healing beliefs is a core principal to improve behavioral health wellness in California Native Americans. The American Indian Religious Freedom Act (AIRFA) of 1978 clearly states that it is federal policy "To protect and preserve for American Indians their inherent right to freedom to believe, express, and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonial and traditional rites." It is imperative to have appreciation for the traditional healing toward harmony and balance of Native American individuals, tribal agencies, and other Native American entities. Non–Native American entities must recognize the importance of supporting and respecting those healing practices. Mental health workers and consultants should be sensitive and respectful of traditional beliefs and practices, especially when attempts are made to meld Western-healing delivery services with traditional practices.

Recommendation 1: Empower Native Communities

1A. Native American communities in California need to be included on all levels of the California Reducing Disparities Project (CRDP). Many Native American agencies and tribes have data sources that represent the most accurate information and have added insight into the mental health needs of Native communities. CRDP's Native Vision program staff and the Native American Strategic Planning Workgroup Advisory Committee are optimally positioned to continue informing and advising the state on the best strategies for implementing programs that will have the greatest success in Native California. California tribes, Native American organizations, and rural and urban Native American health clinics need to be involved in the next steps of the CRDP to maintain the integrity of this initiative beyond the original 11 regional focus group meetings that took place for input toward this report. Native Vision recommends the staff and workgroup advise the state, reengage communities, and educate other communities

not reached by this project to promote the CRDP next phase implementation.

1B. Support cultural revival for tribal, rural, and urban communities. Strengthening cultural identity is a core value in promoting wellness for Native communities. Communities should be encouraged to revive community traditions, cultural practices, languages, and ceremonies, and address loss of cultural connection. These efforts should be supported as valid research to further identify what works for specific populations. Across the 11 focus group gatherings, community members voiced the importance of returning to Native American cultural practices to improve community mental health and well-being. This report contains community defined examples of cultural traditions that are an integral part of wellness. Many of these practices have predated European contact. The state and counties should consistently support such efforts.

Recommendation 2: Structure Funding and Implementation to Ensure Success for Native Americans

2A. Distribute next phase funds through a grant mechanism. Distribute the funding as a grant instead of as a Request For Proposal (RFP/RFA) process to ensure the process is streamlined and less time consuming. Granting the funds takes much less time and once set up it can be done in less than a month, while the RFP/RFA process takes up to six months or more. To maximize access, a simple application from each interested California Native American organization/tribe participating should suffice. If a California Native American organization/tribe is not interested in participating then it does not need to return the application by the due date. This is the same process that was used to distribute funds for the CalWorks Program for Mental Health and Substance Abuse Services for Indian Health Clinics. It reduces Native resistance to government control by empowering community fiscal responsibility for program funds.

2B. Support the communities receiving the funds. Distribution of next phase funding should be equal across the five CRDP population groups. Ensure the Native American specific grant program includes a strong linkage to technical assistance and training for every participating California Native American organization/tribe. The focus should include support regarding invoicing, data collection reporting, and evaluation. There should also be suitable funding for all operational needs, including direct services, outreach, data collection, reporting and evaluation, suitable staffing, overhead, travel, and miscellaneous. Funding should include consideration for traditional Native American cultural services and evaluation processes. It is important Mental Health Services Act (MHSA) resources beyond the next phase CRDP funding support Native American PEI practices. Nearly all the MHSA funding has been distributed to California counties to be administered. Through this additional funding, counties need to make a greater effort to engage and fund Native American communities within their respective counties.

2C. Apply a thoughtful assessment to the population estimates for communities. Do not solely utilize U.S. Census data to determine population numbers for funding of Native American communities. Racial misclassification and historical undercounts of California Native Americans are well documented and have not given a true representation of our population. Datasets that include American Indians and Alaska Natives alone or in combination with one or more races should be included in population counts. An adjustment factor should be applied to census data or an alternative means

of population counts should be used to develop a more accurate count of Native Americans. Many Native American agencies and tribes have data sources that represent a more accurate count.

2D. Ensure accountability of CRDP services to the community. As this funding is specifically targeting Native communities, it is crucial that Native American organizations/tribes in California have streamlined access and input into resource dissemination and program responsiveness. A significant issue discussed repeatedly in focus groups is that many California counties are poorly allied to Native communities. They do not understand the need in Native American communities, do not know how to deliver services to our population, and have few Native people even access their services. If past performance is an indicator of future performance, it is difficult to trust that counties will allocate funds to ensure the cultural needs of the Native American community are addressed by their service offerings. Further, a keen knowledge of the community – which county government typically lacks – is essential to execute these programs or disseminate funding appropriately for the best outcome. To ensure accountability, Native American organizations and tribes need to have input into how programs will be responsive to the communities they serve and how services are implemented.

2E. Ensure oversight of services is culturally competent for Native Americans. Two specific strategies are recommended to support a more culturally competent and successful inroad into addressing the mental health disparities in Native American communities. First, we strongly recommend that funded projects be managed through the Office of Multicultural Services or other culturally competent entity at the State Level. Second, we recommend a strong Native American advisory council to be convened on a regular basis for the purpose of advising the management of the CRDP so as to best address mental health disparities in this community. The diverse needs of the many different Native American communities in California require broad representation. The current Native Vision advisory committee for this work would be an appropriate group to fill this role, as they reflect the diversity of Native California geographically, and culturally, are experts in the field of Native mental health, and have extensive familiarity with the CRDP. Culturally competent oversight and input will provide measured steps toward ensuring culturally relevant programs are administered more cohesively for Native Americans. It will also help prevent the "business as usual" that has existed in many county projects disseminated to Native American organizations/tribes. The Native Vision advisory committee can provide input on strategies to streamline bureaucracy without weighing down project implementation and evaluation in these communities and also ensure maximum dissemination of information about availability of resources. These steps would help assure those who provide input into this report that the state recognizes its own role in the ongoing disparities and that it is going to take practical steps to legitimately address them for the health of Native communities.

2F. Encourage the use of Native American practices. The grant administrator must be an entity that understands Native American practice–based services as well as best practice approaches. In addition, the grant should have language incorporated into it that encourages and supports American Indian approaches. Culturally relevant technical assistance and training and cross-site meetings should occur in order to encourage the use and uptake of practice-based services as well as to facilitate cross-fertilization of information. Regular meetings throughout the state, with all participating grantees/contractors, will allow sharing of innovative ideas, service challenges, and successes in streamlining delivery.

"Western evaluation wants us (Natives) to prove our culturally based practices are effective; instead we should be telling them to prove our practices are not effective."

-Native American Community Worker

Recommendation 3: Use Community Driven Participatory Evaluation Strategies for Next Phase of the CRDP

3A. Ensure a community driven evaluation process. Require the use of community-based participatory research methods within each community. It is essential to move beyond "cookie cutter" paper surveys to community members and standardized forms to project staff as methods to evaluate the success of program implementation. Much as a community-based strategy has been used during the current phase of creating this report, it should be continued into the next phase with a strong grassroots evaluation strategy that is driven, literally, from the ground up.

3B. Use mixed methods evaluation to ensure strongest reflection of successes and challenges. Community-based participatory research and evaluation is rapidly becoming the most valid way of reflecting information and priorities from communities; however in order to ensure the most valid information it is often critical to use a combination of qualitative and quantitative evaluation methods. We strongly encourage the content of all evaluation to be driven by the community through a participatory process and that it utilize methods that are of the highest integrity to ensure validation of outcomes both from a community and a scientific perspective.

3C. Gather consent from communities as well as individuals. While it is traditional in mainstream practice to gather consent from individuals who engage in evaluation activities, it is essential to also gather consent from the communities where the work occurs. Much akin to the research world's Ethical Review Board, nearly every California Native American community has a panel of elders, council members, or community members who serve in this role within the community. It is important to respect the nature of Native Communities and engage the community leaders to ensure work is in alignment with community priorities. This is particularly relevant as we move toward evaluating best/promising practices that may be culturally based and provoke ethical sensitivities around documentation and evaluation.

3D. Set strict criteria for evaluation of cultural and traditional practices. It is essential to protect the integrity of Native American ceremonial knowledge, which is passed from individual to individual and usually is never written down. For evaluation purposes, when a ceremony is administered it must only report the input and outcomes. The ceremony itself may be described as to the purpose, but not the details. The leadership must set strict criteria for evaluation and description of cultural and traditional practices for entities reporting findings as part of the CRDP project.

3E. Utilize a consultant who is experienced conducting evaluation in Native American communities. Community-based participatory evaluation — the most appropriate model for research and evaluation in Native communities — focuses on involvement, development, participation, and empowerment, where the community is seen as the expert with the best ability to identify issues and solutions. This approach can be time-consuming and requires a unique set of evaluation skills on the part of the evaluation team. It is important that whoever is hired in this capacity has experience working in the Native American community and is familiar with the strong similarities between community-based participatory methods and cultural norms relating to evaluation methods. This

approach coupled with mixed-methods evaluation, will ensure that practice-based evidence is evaluated at the standard of evidence-based practices without sacrificing the integrity and need for community-driven evaluation questions and analysis. There are Native American specific evaluation methods available defined by tribes and Native American based organizations that can be utilized in the next phase of the CRDP.

"No one cares how much you know until they know how much you care."

-Native American Community Worker

3F. Ensure that each local community is reflected uniquely in its own evaluation process. Local community driven input and direction should be gathered for each community to reflect the range of values and issues seen as important for mental health prevention and early intervention. Information from each of these communities should be integrated to form a quantitative and qualitative evaluation that can be used statewide. If a Native American organization/tribe does not have capacity for evaluation, it is recommended to partner with the Indian Health Services California Tribal Epidemiology Center at the California Rural Indian Health Board or other Native American based research centers in California.

3G. Develop a community advisory board to ensure evaluation integrates traditional and culturally based services and ensure appropriate community involvement. Many counties do not have a clear understanding of what Native American culturally based services are and how they relate to Native American mental health, best practices, or even community-based evaluation processes. We recommend Native American organizations/ tribes do their own evaluation without relying on state or county evaluators who may not know about Native American issues. It is important that Native American grantees/ contractors not be forced into a prepackaged evidence-based service delivery system that is top down and culturally disengaged.

"If our communities are healthy, then people don't have as many mental emotional problems."

-Native American Community Member

Part 4: Next Steps

This report has highlighted 22 community-defined practices that improve behavioral health in California Native Americans. These are only a handful of all the existing community-defined practices, many of which are unique to a particular community, and some of which can be replicated and tailored to specific communities. There are many other Western-based and culturally based prevention and early intervention practices and activities that are effective, but not listed here. Based on the work of the Native Vision Project, it is overwhelmingly clear that the preservation and revitalization of cultural practices in our California Native communities is imperative for Native mental health. It is likely dozens, if not hundreds, of Native community defined PEI practices exist that are not listed in this report but may be worthy of funding in the next phase of the CRDP.

In order to effectively address mental health issues, it is essential that implementation and evaluation of the next phase of the CRDP be centered in the community and not rely upon a top-down approach. In order to provide our Native community with the maximum chances of successful intervention, the ideal is to work transparently and closely with all interested partners at the Mental Health Services Oversight and Accountability Commission (MHSOAC), and the California Mental Health Directors Association (CMHDA) and any other entities associated with the MHSA project. We strongly recommend maintaining the Native American workgroup as the state moves forward to ensure sustainability and effectiveness of program implementation. This is a landmark project for California—one where voters chose to take a momentous step toward rectifying serious and sustained mental health disparities—and the recommendations made herein are essential to transforming mental health in Native California. If the implementation is business as usual—funds channeled through the counties and/or lacking strong oversight from and accountability to Native communities—this project will undoubtedly fail.

Improving mental health in Native California depends greatly on many factors, including 1) the establishment of a least-bureaucratic management and oversight structure; 2) strong technical assistance and training support to tribal communities; 3) the continued inclusion of Native communities in all aspects of implementation and evaluation; 4) reduction or elimination of county-level oversight of programming; and 5) empowerment of Native communities in all aspects of the project.

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Appendix:
Catalogue of Effective Behavioral Health Practices for California Native American Communities

This catalogue is developed to accompany the Native American–specific California Reducing Disparities Project (CRDP) report as a quick reference to effective behavioral health practices. The following 22 prevention and early intervention behavioral health practices have been identified through input from the Native American CRDP 11 focus group gatherings, the 8-member Native American Strategic Planning Workgroup Advisory Committee, Native Vision staff, and various tribal and urban Native American entities and individuals from across the state. The CRDP report contains a detailed description of projects, events, and resources listed in this catalogue.

California tribal, rural, and urban Native American communities have incorporated grassroots community defined culturally based mental health prevention and early intervention practices that have proven to be adaptable to local tribal community and urban American Indian based programs. Native American wellness practices such as talking circles and sweat lodge are in the public domain. Some mental health prevention and early intervention practices are proprietary by Native American organizations. Varying levels of evidence on the following list have been proposed by staff and workgroup members of Native Vision as well as through input from various tribal and urban Native American entities from across the state of California. The catalogue list is primarily focusing on culturally relevant mental health interventions that are known promising prevention practices, validated by community defined evidence and practice-based evidence.

It is important to note this catalogue and the CRDP report do not contain every effective community defined mental health prevention and early intervention practice specific to Native American communities in California. Owing to the limitations of the CRDP with regard to resources and timeline, as well as the ever-changing landscape of Native American behavioral health services, there are likely to be effective practices that exist not reported here.

Categories of Intervention:

- Community Prevention/Education, Cultural and Subsistence Skill Development
- Early Interventions/Skill Building
- Support for Individual/Family
- Support for Community
- Other Practices and Resources

Community Prevention/Education, Cultural and Subsistence Skill Developments

Program Title	Description, Areas of Interest & Populations	Author or Organization	Manualized & Replicated	Levels of Evidence & Outcomes	Websites/Link to Program
GONA, Gathering of Native Americans	Methodology, consisting of a curriculum that provides a structured format for Native Americans to address substance abuse issues in a cultural context	Kauffman and Associates	Yes	Practice-Based Evidence with Cultural Validation	www.kauffmaninc.com
Holistic System of Care	Community-focused intervention that provides behavioral health care, promotes health, and prevents disease in an urban environment	Native American Health Center	Yes	Practice-Based Evidence, with Cultural Validation	www.nativehealth.org
Learning Collaborative	Community approach for traditional healing activities for Native Americans with mental health services in Los Angeles county	Los Angeles County Department of Mental Health American Indian/Alaska Native Under-Represented Ethnic Population Subcommittee	No	Community Defined Evidence	Email: drcjohnsn@aol.com

Early Interventions/Skills Building

Program Title	Description, Areas of Interest & Populations	Author or Organization	Manualized & Replicated	Levels of Evidence & Outcomes	Websites/Link to Program
Aunties and Uncles Program	Main goals are to reduce stigma related to mental health problems, build the capacity of youth mentors, and reduce youth depression	Sonoma County Indian Health Project	No	Community Defined Evidence	www.scihp.org
Positive Indian Parenting	Eight-session curriculum that provides a structured format for Native Americans to develop and incorporate traditional Indian practices into modern day childrearing	National Indian Child Welfare Association	Yes	Practice-Based Evidence, with Cultural Validation	www.nicwa.org
Project Venture	Project conducted with Washoe Tribe in Woodfords, it is an outdoor experiential youth development program designed primarily for American Indian youth to develop social and emotional competence to resist substance abuse, build cultural values, improved life skills	National Indian Youth Leadership Project	Yes	SAMHSA's National Registry of Evidence Based Programs	www.niylp.org

Early Interventions/Skills Building (continued)

Traditional Indian Health Gathering	Annual event in California tribal communities to further traditional healing methods in the healthcare system	California Rural Indian Health Board	No	Community Defined Evidence, with Cultural Validation	www.crihb.org

Support for Individual/Family

Program Title	Description, Areas of Interest & Populations	Author or Organization	Manualized & Replicated	Levels of Evidence & Outcomes	Websites/Link to Program
DARTNA, Drum-Assisted Recovery Therapy for Native Americans	Preliminary model of a Native drum therapy treatment protocol for American Indians/Alaska Natives with substance abuse problems	Daniel Dickerson and Francis Robichaud	No	Community Defined Evidence	Email: daniel.dickerson@ucla.edu
POWER, Peers Offering Wisdom, Education and Respect	Ten-week adolescent treatment group that includes topics of concern for youth such as substance abuse, violence, and social and health issues	United Indian Health Services	Yes	Community Defined Evidence, with Cultural Validation	www.uihs.org
Talking Circles	Facilitated discussion as participants sit in a circle, item is passed around the circle clockwise signifying person's turn to speak	Public Domain	N/A	Local cultural spiritual practice, with community validation process	N/A
Traditional Healing	Varied cultural and traditional tribal-based practices to improve behavioral health wellness	Public Domain	N/A	Local cultural spiritual practices, with community validation process	N/A

Support for Community

Program Title	Description, Areas of Interest & Populations	Author or Organization	Manualized & Replicated	Levles of Evidence & Outcomes	Websites/Link to Publications
Brothers Strengthening Brothers	Annual Native Men's Wellness Conference	Riverside-San Bernardino County Indian Health	No	Community Defined Evidence, with Cultural Validation	www.rsbcihi.org
The Gathering	Annual Wellness Event	Santa Clara Indian Health Center	No	Community Defined Evidence, with Cultural Validation	www.indianhealthcenter.org
Gathering of the Lodges	Annual event in Oakland that provides a place for Natives in recovery to celebrate sobriety	Native American Health Center	No	Community Defined Evidence, with Cultural Validation	www.nativehealth.org
The Medicine Wheel	Accumulated knowledge, skills and abilities of Native American cultures to address health and wellness	Tony Cervantes	No	Community Defined Evidence, with Cultural Validation	Email: calmilteoyotica@gmail.com
Strengthened by Culture and Tradition	Annual Youth and Family Conference	Riverside-San Bernardino County Indian Health	No	Community Defined Evidence, with Cultural Validation	www.rsbcihi.org
Strong Bodies, Strong Minds, Strong Women	Annual Native Women's Wellness Conference	Riverside-San Bernardino County Indian Health	No	Community Defined Evidence, with Cultural Validation	www.rsbcihi.org

Support for Community (continued)

Walk of the Warrior	Culturally based outreach program to support American Indians in recovery from substance and alcohol abuse and related issues	David Diaz	No	Community Defined Evidence, with Cultural Validation	www.walkofthewarrior.com

Other Practices and Resources

Program Title	Description, Areas of Interest & Populations	Author or Organization	Manualized & Replicated	Levels of Evidence & Outcomes	Websites/Link to Publications
Equine Assisted Therapy	Services to children, families, and adults of Siskiyou County, utilized by Quartz Valley Indian Reservation. Equine experiential learning	Heal Therapy Inc.	No	Community Defined Evidence	www.healtherapyinc.com
Equine Assisted Therapy	Traditional experiential healing and development of Native principles and spirituality, cultural belonging, Native pride and tribal identity, and other wellness practices	Red Horse Nation	No	Community Defined Evidence	www.redhorsenation.org
Red Pages	Resource guide for culturally appropriate mental health and support services in Los Angeles area	United American Indian Involvement	Yes	Community Defined Resource	www.uaii.org http://www.uaii.org/red%20pages%20booklet%202010.pdf
Traditional Basket Weaving	Cultural practice of making California tribal baskets provides profound insight into the histories, cultures, inter-tribal relationships, values, migrations, and daily lives of Native California people	California Indian Basketweavers Association	No	Community Defined Evidence	www.ciba.org

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