



January 17, 2011

Dear Community Leader:

We have created the *California Reducing Disparities Project (CRDP) Native American Population Report* for the Department of Mental Health (DMH) funded by the Mental Health Services Act (MHSA). Thank you for all of your assistance in making the report a reality. Please find enclosed your DRAFT copy that is being released for a 15-day public review period from January 17, 2011 to January 31, 2012. Feel free to share your DRAFT copy with anyone.

During this time, **please read the DRAFT** and let us know if we have included everything that you believe should be there related to behavioral health of Native Americans in California. Keep in mind, the report is specific to **prevention and early intervention (PEI) services**. Specifically, “What PEI practices do Native people believe would help them have good mental health?” And, “What recommendations you believe should be made to the California DMH about what services should be offered for PEI?”

Please go to the DMH website [http://www.dmh.ca.gov/Multicultural\\_Services/CRDP.asp](http://www.dmh.ca.gov/Multicultural_Services/CRDP.asp) to learn more about the CRDP project. We are interested in your opinions, and what you think and believe about PEI for Native American behavioral health issues. Send your comments to [kurts@nativehealth.org](mailto:kurts@nativehealth.org) **no later than Tuesday, January 31, 2012.**

As the project director for this two-year program I am very excited to share this draft final with you and ultimately the final published report. This report is important as it is behavioral health PEI service delivery defined *by* Native American communities *for* Native American communities.

I believe our California Native American communities are fortunate to have the MHSA funding to address the needs of our population. The success of the CRDP in our Native communities depends on your continued support and future participation. I look forward working with you toward the improvement of behavioral health across the Native American population in California.

The final report will be available in printed and electronic format by March 2012. For requests of the final report please visit our Native American Health Center website [www.nativehealth.org](http://www.nativehealth.org) or contact [kurts@nativehealth.org](mailto:kurts@nativehealth.org) after March 1, 2012.

Sincerely,

Kurt Schweigman, MPH  
Native American CRDP Project Director

**15-Day Public Review Period  
January 17, 2011 to January 31, 2012**

***California Reducing Disparities Project (CRDP)  
Native American Strategic Planning Workgroup (SPW)***

**Native American Population Report on Behavioral Health Issues**

Please go to the California Department of Mental Health website to learn more about the statewide CRDP at [http://www.dmh.ca.gov/Multicultural\\_Services/CRDP.asp](http://www.dmh.ca.gov/Multicultural_Services/CRDP.asp)

The goal of the Native American SPW-CRDP report is to develop a plan to improve mental health and well-being for Native Americans across California. Native American SPW will bring forward community-defined solutions and recommendations across the diverse regions of tribal, rural and urban Native American populations in California. The report is about what Native American people believed would be important practices that need to be offered in California for **prevention and early intervention (PEI)**.

During this 2 week review we are providing this **DRAFT** report for the general public to make COMMENTS and share feedback. This is only the **DRAFT**.

Please tell us:

- 1. Does the document contain the important information about Prevention and Early Intervention practices and services related to behavioral health issues of Native Americans living in California?**
- 2. Do we need to include additional information?**
- 3. What additional specific recommendations do you wish to have included?**

The attached document is the draft final and may contain typos, formatting issues or other mistakes that will be corrected in the final published document. You will notice that your DRAFT copy is printed in black and white; however, the final report will be created professionally in a gloss paper booklet.

We are very interested in hearing your thoughts, opinions, and recommendations. We prefer you **type your recommendations** and submit them via email. Send your comments **no later than Tuesday, January 31, 2012**.

**Email** [kurts@nativehealth.org](mailto:kurts@nativehealth.org)

*Thank you,*  
*Kurt Schweigman, MPH*  
*Native American CRDP Project Director*  
*Native American Health Center*  
[www.nativehealth.org](http://www.nativehealth.org)

# NATIVE VISION

**A Focus on Improving Behavioral Health Wellness  
for California Native Americans**

**15 Day Public Review Draft Final (1/17/12 - 1/31/12)**

**California Reducing Disparities Project (CRDP)  
Native American Strategic Planning Workgroup (SPW)**

TABLE OF CONTENTS	
<b>Native Vision Project Statement</b>	
<b>Acknowledgements</b>	
<b>Introduction</b>	
<b>Disparity Statement</b>	
<b>Part 1: Improving Mental Health Wellness: Challenges, Need, and Opportunities</b>	
<b>What are the Challenges of Native American Mental Health?</b>	
<b>What is the Need to Improve Native American Wellness?</b>	
<b>Opportunities for the Future</b>	
<b>Part 2: Strategies, Approaches, and Methods for Improving Mental Health Wellness</b>	
<b>Native American Cultural Considerations</b>	
<b>The Role of Traditional Healers &amp; Traditional Practices</b>	
<b>Promising Practices and Effective Models</b>	
<b>Part 3: Strategic Directions and Recommended Actions</b>	
<b>Core Principles</b>	
<b>Recommendation 1: Continued Inclusion of Native American Communities</b>	
<b>Recommendation 2: CRDP Phase 3 MHSA Funding</b>	
<b>Recommendation 3: CRDP Phase 3 Evaluation of Projects</b>	
<b>Part 4: Next Steps</b>	
<b>References</b>	
<b>Appendix I: Catalogue of Effective Behavioral Health Practices for California Native American Communities</b>	

## **Native Vision Project Statement**

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

## **Acknowledgements and Introduction**

### **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 community-based regional meetings were held during the project to ask the Native American community members, including youth, families, and behavioral health workers, to provide input on mental health issues. In addition, one-on-one feedback and follow-up, semi-structured interviews and site visits were conducted to garner input for this report. We would like to acknowledge all the communities who participated in our community gatherings for input toward the project.

The 8 member Native American Strategic Planning Workgroup Advisory Committee assisted to guide the project “in a good way” and who represent the project on a statewide level. The workgroup is comprised 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 SPW (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 meetings over two years, to developed this California Reducing Disparities Report specific to Native Americans in California. 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 mental health services for Native people throughout the state. The Native American Health Center's Family and Child Guidance Clinic 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 is to focus on reducing mental health disparities in historically underserved populations in California. The California Department of Mental Health focused efforts of the CRDP in five populations, one of which is Native Americans.

This report focuses on Native American specific Community Defined Evidence, which is defined as “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 eliminate mental health disparities in the state. Behavioral health programs are subject to use scientifically documented and proven evidence based practices in the provision of mental health services. 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 tribal community and urban American Indian based programs. Pan-Indianism 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 by staff and workgroup members as well as input from tribal and urban Native American community members from across the state of California. At the end of this narrative report are catalogued effective behavioral health practices for California Native American communities that serve as a quick reference to accompany this report.

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 not reported here. In addition, some entities may not have been included in the project due to the prioritization of goals, objectives, and obligations to the California Reducing Disparities Project as defined by the Office of Multicultural Services at the California Department of Mental Health.

Eleven regional focus groups took place throughout the state to garner input toward the Native American California Reducing Disparities Project. 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 focus groups (**Table 1**). The dialogue from the focus groups was analyzed using Nvivo9 software which is a qualitative data analysis software package that examines relationships within the data. Using Nvivo9 software, inferences were drawn from simple matrix coding queries which identify intersections between discussion topics and statements. Notable statements from focus group sessions are interspersed throughout this report in bold italic font. Input from focus groups have been incorporated throughout the report and not necessarily notated in every instance.

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

<b>Regional Focus Groups</b>	<b>Location</b>	<b>Attendance</b>
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
Toiyabe Indian Health Clinic	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
<b>Total 11</b>		<b>Total 314</b>

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, CTEC 2009). Sovereignty can potentially influence the delivery of behavioral health services. Clarity of objectives and expectations within tribal and urban American Indian health policy by outside entities is important to culturally competent delivery of services. States and counties need to accept that federally recognized tribes have the authority to govern themselves and make its own laws protecting the health and welfare of its 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 the status of a “Nation within a Nation” 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).

*Another word for Native American mental health disparity is inequality.  
Disparity is the opposite of parity which means equality.  
—Native American Community Worker*

## **Disparity Statement**

There are many reasons why disparities exist in mental health for Native Americans. Many of the reasons stem from federal policies that governed the quality of life for Native Americans for the last 400 years. These federal policies never had wellness as a goal or a strategy for Native Americans. In fact the opposite was true; federal policies had the extermination of Native Americans as an intention and therefore did not institute services that promoted wellness. Native best practices were outlawed making Native Americans dependent on a system of care that intentioned their demise.

Other reasons causing disparities for Native Americans is a system of care that is inappropriate for Native Americans. Surgeon General David Satcher pointed out in *Mental Health: Culture, Race, and Ethnicity A Supplement to Mental Health: A Report of the Surgeon General* published in 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 (USDHHS 2001). 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 towards 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 not helpful and are denigrating.

Another fallacy of the current mental health system is its failure to base diagnosis and treatment on the lived experience of Native Americans. Surgeon General David Satcher

called attention to the history of “legalized discrimination” against Native Americans and other ethnic groups in the United States. Many ethnic groups have endured historical persecution and 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 indicate that racism and discrimination are clearly stressful events. Racism and discrimination adversely affect physical and mental health, and place minorities at risk for mental disorders such as depression and anxiety (USDHHS 2001).

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 Statistical Manual for Disordered Behavior* (DSM), a required tool for many mental health funding sources does not take into account these factors. Consequently ethnic groups are often misdiagnosed and prescribed treatments that do not address the root cause of the conditions they suffer from (USDHHS 2001). A society fraught with institutions that makes people sick gets off the hook from ever being analyzed as long as symptoms or characteristics of “disordered behavior” are correlated only to the individual or family or origin.

A diagnosis that is more appropriate for Native Americans that takes into consideration legalized discrimination is historical trauma and historical trauma response. Both terms, coined by Native Americans puts the mental health conditions prominent in Native Communities in the context of the genocide policies. Suicide and substance abuse are behaviors rooted as normal responses to overwhelming traumatic events. Some of these events are forced removal of children from a community to be institutionalized at boarding schools or the removal of whole tribes from traditional homelands to other areas. Even though both the terms historical trauma and historical trauma response are more appropriate diagnoses for Native Americans neither are indexed in the DSM.

Culture and language affect the perception, utilization, and, potentially, 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 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 or community oriented interventions are often effective 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. Some of these protective factors include belonging, feeling significant and having a network of relatives that serve as counselors and mentors. The strongest protective factor produced by Native American historical ceremonies and other customs was a strong cultural identity. Identity was targeted for attack by federal policies that outlawed culture and made it illegal to be a Native person. 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.

Another reason why disparities exist for Native Americans in mental health is the mainstream practice of using census data to justify what populations gets funding. The US census has undercounted Native Americans stemming from early California state laws that made the killing and enslavement of Native Americans a legal practice to current complexities of who can claim Native American heritage. Native Americans are the only ethnic group in the United States that has to prove who they are based on tools of measurement invented by the federal government to carry out genocide.

Confounding the census undercount of Native Americans is the misclassification of Native Americans 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 three 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 which needs to be addressed in designing programs to restore their wellness.

Even though there are many inconsistencies in the United States census data for Native Americans, it continues to be thought of as a reliable source of information to justify funding choices. The Native American California Reducing Disparities Project Strategic Planning Workgroup recommends not using United States census data as a sole source to determine need as it has projected an incorrect picture of Native communities in California resulting in disparities. Many Native American agencies and tribes have data sources that are more reliable to understand the mental health needs of our population.

The above is a short list explaining some of the disparities that exist for Native Americans in the current mental health system. There are many more reasons for disparities such as how mental health services are billed, the nomenclature of mental health which excludes Native American concepts of health and wellness and the emphasis of mental health 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 key note address how it was a Wiping of the Tears Ceremony (a Lakota 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 many of our needs assessments 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 cultural best practices as deserving mental health funding.

It is imperative that Native Americans give guidance to how money is released to serve Native Americans to reduce disparities. Without this guidance disparities will continue to

exist in a system of care that is entrenched to deliver care with the inherent biases 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 Native Americans do not continue to be an un-served, underserved and inappropriately served population.

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

*“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 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, PPIC 2009). 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 have been published elsewhere. 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 to 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 and non-existent. This impact 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 which have unique challenges to mental health.

In modern times some practices have been exploited by “new age” movements and used in disrespect which further challenges of community defined behavioral health practices. Mental health issues continue to persist in tribal and urban Native American communities across California due to jurisdictional and systemic barriers between tribal and mainstream 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, 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 diagnosed labels can be stigmatizing for individuals. Such labels affect a person's self-esteem which in-turn can disconnect them from seeking out help through Native American practices and cultural identity through community involvement. The lack of cultural identity can further the healing process toward mental health wellness. Western mental health service delivery focuses on individual locus rather taking into consideration the Native American community as a whole. A holistic approach is needed for individual, family, and community wellness.

Most of the responses and dialogue from focus groups stated a general need to improve mental health wellness services but not available. Community members cited a lack of mental health services and sustainability of these services, as well as socioeconomic issues like consistent housing, transportation, and employment, were key factors that impact individual and community wellness. Stigma against accessing behavioral healthcare services also is a challenge to wellness. Community members have felt past and current services are not relevant to their needs and situation, especially with regard to Native American considerations.

***“What they (Western society) call prevention and treatment we (Natives) call, blessing ceremonies, sweats, talking circles.”***  
—Native American Community Member

### **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 values to restore wellness and balance to families and youth. Making baskets, 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.

To provide effective mental health delivery services and programs a cultural network that integrates the patient's indigenous community into the treatment plan as well as prevention and early intervention services to community members. 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 included the importance of traditional healers and cultural practices, drumming, a place to bring people together and give patients the feeling the space is “my kind of place.” Community members want services they can relate to.

*“What is out there is not working for us; we need to create something different.”*  
—Native American Community Member

### **Opportunities for the Future**

Programs identified in this report are 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 an admixture of disciplines.

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

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

*“The biggest answer is restoration of our culture.  
Our culture was a very, very healthy culture.”*  
—Native American Community Member

### Native American Cultural Considerations

The long history of oppression on tribal traditions and culture has had a devastating effect on the mental health wellness of Native Americans. Many cultural practices were historically driven underground due to dominant society persecution. 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 (US 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, tribes are organized into their own sovereign governments.

In recent decade’s health care 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 wellness 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 many Native Americans have learned to walk “in two worlds” in which people adhere to cultural practices of their Native American traditions in those 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, 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 1950’s through the 1970’s under the Bureau of Indian Affairs (BIA) Relocation Program. Relocation has created unique identity and acculturation experiences for urban Indians, including increases in inter-tribal and inter-racial marriages and

offspring, 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; Garrouette, 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 American 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 & Traditional Practices**

Spiritual healers and traditional medicine men and women hold a very important place within indigenous communities, and various medicine ways are carried by different clans and societies. 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 events, drumming, smudging, educational and cultural activities led by traditional American Indian spiritual leaders/consultants. Today, traditional healers still exist and operate 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 as a result of 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 wellness.

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 have 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 well-being afterward that may not have been present prior to the ceremony. The role of traditional healing ultimately improves and maintains mental health wellness and balance.

It should be noted that not all Native Americans in California adhere 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 wellness.

***“Going to the talking circles at Native American Health Center has been ‘my’ suicide prevention program.”***

—Native American Community Member

### **Promising Practices and Effective Models**

The California Native American population is diverse and no single behavioral health related 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 identified 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 are an admixture of disciplines. It should be noted that Native communities do not have a “one size fits all” for each individual practice. Moreover communities will use a combination of indigenous-based cultural practices and western based practices to fit each community’s 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 often is established through scientific research methods, which have been repeated, 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 equally 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. Much of the promising practices and effective models highlighted in this report and accompanying catalogue have been focused on Community Defined Evidence (CDE). Communities that have used and are using 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 a best practice (Martinez, 2011). Community Defined Evidence is also important to identify cultural adaptations to EBPs that have been successful for California Native Americans.

***“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

### Community Prevention/Education, Cultural and Subsistence Skill Developments

**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 (SAMHSA) 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. Needs assessment were conducted which included 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 importance 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.

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.

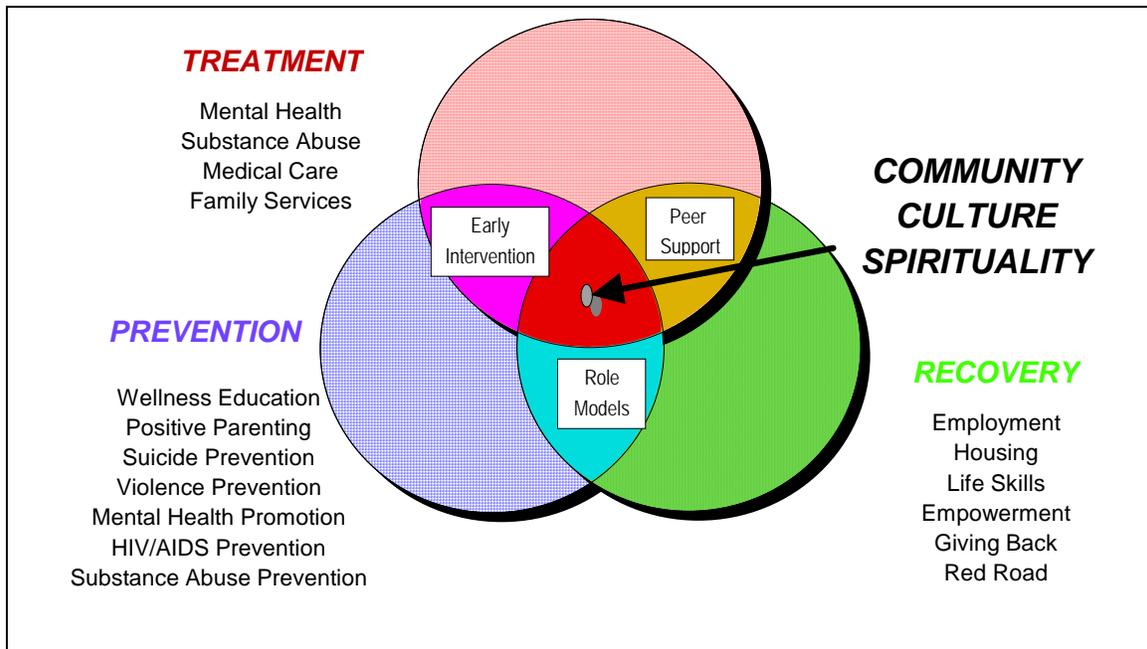
**Holistic System of Care** is a community-focused intervention that provides behavioral health care, promotes health, and prevents disease. The model we are focusing on for this report is the California Native American specific Holistic System of Care for Native Americans in an Urban Environment (HSOC). This model was developed at the Family & Child Guidance Clinic 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, substance abuse, with medical, dental, and HIV services, within support for the entire family. This integrated approach is based on a community strategic planning 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. Widely known throughout the American Indian community, 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 under the HSOC. 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, 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, 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.

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 5-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, Indian Health Center of Santa Clara Valley, the Friendship House Association of American Indians of San Francisco and the Native American Health Center's Family & Child Guidance Clinics 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.

Another project that works within the HSOC model is the Learning Collaborative project which was funded by the California Institute of Mental Health. The project aimed to provide a community informed approach towards the development of integrating traditional based healing practices for Native Americans living in Los Angeles County. The project goal was to answer the questions of finding and supporting the community's strengths for supporting mental wellness for its Native American residents. Some of the key findings included recommendations of how clinicians working with Native American consumers should assume a leadership role in referring them to traditional healing services. Also that Native American community leaders assume a leadership role to engage and empower community members on mental health wellness and County administrators and policy makers integrate Native American traditional healing services into clinical treatment. Traditional healing activities encompasses a broad spectrum of cultural activities including drumming, bead making, and attending Pow-wows to full participation in sacred healing ceremonies.

*“Humor through storytelling is important to Native wellness.”*  
—Native American Community Member

#### Early Interventions/Skill Building

**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) to 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 two fold, 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 and sharing from 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 that of what a typical mentor relationship might look like and adults take on the role more closely aligned with that of an auntie or uncle. Development of aunties and uncles included encouraging mentors to interact with youth in the traditional manner that an aunty 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 aunties and uncles attended a train the trainer event and then spread their knowledge to the other aunties and uncles.

The third part of the project was to incorporate a 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 to discuss mental health issues between the youth and the physician.

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 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.

**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 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 a Substance Abuse & 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, making plant medicine demonstrations, tribal ceremonies, traditional food, Talking Circles, Native crafts, and traditional singers and dancers.

*“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

### Support for Individual/Family

**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 intertwined with social events (i.e. 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, 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 to attend clean and sober. The teen's commitment to attend every week is emphasized and after the second week the teen decides whether they want to remain for the next 8 weeks. During the following 8 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 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 10 week program is intensive as it addresses the youth's 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 as 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 quotes 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 which 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 level 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 therapy emphasis. It does, however, provide a culturally based format for processing issues and learning new skills.

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 wellness.

**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 cited traditional healing practices that currently take place in California. It is important to understand many other traditional healing practices exist within the state that improves mental health wellness. 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. It is important to understand many of these practices are communicated by "word of mouth" and may be closed due to the respect of sacredness and protection 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 may vary to integrate their own customs, philosophies and traditional use of medicines during the facilitation of the ceremony.

The revival of Rights of Passage ceremonies such as the Yurok Flower Dance ceremony for young women are 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 it creates a sense of belonging. The practice also strengthens their tribal identities, which increases their self-esteem and promotes healthy, productive living.

There has been a revival of the Hupa Tribe's traditional facial tattoos for women to bring back their traditional roles and ways of life. The facial tattoos became a symbol for healthy living because they 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 after 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 the stories. Storytelling is used to teach and clarify proper tribal behavior and reinforces expectations. Storytelling is also an oral tradition because it 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 not only describes our surroundings, but also how we experience it (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 they begin to have elders 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 resistance to substance use.

Knowledge of the use of traditional foods, medicines and 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 not separating the importance of the land, environment, prayer, community, language and all things that are a part of life.

#### Support for Community

*“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

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, to regaining their traditions, learning to respect their past, honoring those ancestors that fought many battles of stereotypes, racism, and disrespect. Also, they 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 exchanges of personal stories, histories, triumphs, and over-comings of disparity. Native women come together once again and 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 TANF. The Gathering 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 which 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 10 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 hopes 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 alcohol and other drug 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 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. They work in cooperation with existing organizations such as Indian Health Counsel, Southern California Tribal Chairman'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 which serves the 19 reservations of SCTCA. Walk of the Warrior is also conducting sweat lodge ceremonies that are recovery based 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 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 bird singers, 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 educational booths from local organizations to provide education and family services for diabetes, battered women, child parenting classes, 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 them 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, 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 SOC 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, inter-tribal 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, 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. Often times 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 an opportunity for the weaver 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 which continue outside of basket making. A flaw may be woven into the basket which is a reminder that we, even like something as beautiful as a basket are not perfect, but are still useful and beautiful.

### **Part 3: Strategic Directions and Recommended Actions**

***"Donate fallen Redwood trees so we can re-establish our tribal canoe making. This 3 month process of making the canoe as a tribal group can maintain good mental health and wellness for our community."***  
—Native American Community Member

#### **Core Principles**

The rights 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: Continued Inclusion of Native Communities**

Native American communities in California need to be included on all levels of the CRDP. From a programmatic level the Native American Indian Health Center’s Native Vision staff and the Native American Strategic Planning Workgroup Advisory Committee need to continue informing and advocating for the CRDP. From a community level the various California tribes, Native American organizations, rural and urban based Native American health clinics as well as other entities need to be involved beyond the 11 regional focus group meetings that took place for input toward this report. It is recommended the staff and workgroup re-engage communities and educate other communities not reached by this project to promote the CRDP Phase 3 implementation.

### **Recommendation 2: CRDP Phase 3 MHSA Funding**

Distribute the funding as a grant and not as an Request For Proposal (RFP/RFA) process. This makes the process more streamlined and less time consuming. The RFP/RFA process takes up to 6 months or more while granting the funds takes very little time, once set up it can be done in less than a month. 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 they don’t 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. Also, there should be technical assistance and training for every participating California Native American organization/tribe regarding invoicing, data collection reporting, and evaluation. There should 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 culturally supported services and evaluation for processes.

Do not utilize US Census data for funding of Native American communities. Racial misclassification and historical undercounts of California Native Americans have not given a true representation of our population. Many Native American agencies and tribes have data sources that represent a more accurate count and added insight to the mental health need of Native American communities.

Since this is Native American specific allocated funding, the Native American organizations/tribes in California should have streamlined access and input of how

resources should be disseminated. It is important to note, one of the main issues is that several California counties do not understand the need in Native American communities and do not know how to deliver services to our population. How can we trust that counties will disseminate the funding with regard to cultural needs of the Native American implemented service delivery? There needs to be a process on the state and county level of accountability of funding and implementing services that California Native American organizations/tribes have input toward.

Funded projects should not be managed through counties, but through the Office of Multicultural Services at the California Department of Mental Health or other cultural competent entity. We recommend a Native American advisory council that has the knowledge of the needs of our people throughout the state. The current project workgroup advisory committee would be a sufficient group for this process. We should offer a tangible strategy on how the funding and implementation would best fit the need for state agencies and Native American community programs. This strategic process can help to ensure that culturally relevant programs are administered in a more cohesive way for Native Americans in our state and help to make sure the "business as usual" that have existed in many counties in our state do not re-occur. It is important Native American organizations/tribes able to obtain funding that can benefit their communities in a streamline manner without non-Native American bureaucracy "weighing down" project implementation and evaluation. As noted with past projects, counties will only add another layer of administrative bureaucracy that is culturally insensitive to the needs of resources to Native American organizations/tribes. The structure should strive to place as much of the funding as possible in direct services to the community. The application process should be as simple as possible and there needs to be a plan developed to inform communities of the availability of funding.

The grant administrator has to 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. It is crucial that a good working relationship be established between the state and the grantees/contractors and this is not possible without face-to-face contact. It is important too with provide technical assistance and trainings. Also, there should be quarterly meetings throughout the state with all participating grantees/contractors to attend so that innovative ideas, sharing of service successes challenges, and streamlining delivery can be shared.

***“Western evaluation wants us (Natives) to prove our cultural based practices are effective, instead we should be telling them to prove our practices are ‘not’ effective.”***

—Native American Community Worker

### **Recommendation 3: CRDP Phase 3 Evaluation of Projects**

We need a “community-participatory research” component and even go one step further and say we need “community-driven evaluation” that is specific to each project as it

relates to its own unique community. We certainly need to think beyond “cookie cutter” paper surveys to community members and standardized forms to project staff the implement PEI. Certainly we will need a combination of qualitative and quantitative evaluation. Other areas to take into consideration are obtaining community permission of best/promising practice implementation and evaluation. When a ceremony is done only report the input and outcomes (not describing the ceremony in itself, not details) what was the problem to address and the outcome benefit. Set criteria for use of cultural and traditional practices of what entities use from our findings in this project.

Utilize a consultant who is experienced in evaluating Native American PEI projects. An appropriate model for research and evaluation is community focused through the aspects of development, participatory and empowerment where the community is the focal point and entrusted with identification of the issues and solutions. This approach ensures that practice based evidence is seen on an equal footing with evidence based practices and culturally validated service delivery modalities within Native American communities are culturally replicated. In the western world the equivalent is scientific validation with scientific replication.

Direction and input that is community driven should be given for each community to evaluate what they see is important analysis for mental health PEI. There also should also be some standardized questions for analysis across the board to evaluate all projects. This will certainly be a challenge with all the varied PEI traditional interventions. As one suggestion, standardized form can ask what traditional activities in each community could be incorporated in behavioral health PEI. Incorporating and evaluating traditional modalities in behavioral health PEI projects validate cultural practices. If a Native American organization/tribe does not have capacity for evaluation, it is recommended to partner with the California Tribal Epidemiology Center at the California Rural Indian Health Board or other Native American based research centers in California.

It is recommended an advisory board ensure evaluation integrates traditional and cultural based services and it is being evaluated appropriately with community involvement. Some of the current project workgroup advisory committee along with new members with PEI evaluation expertise would be a sufficient group for this process. Many counties do not have a clear understanding what cultural and traditional services are and how they relate to the Native American specific evaluation process. We recommend our Native American organizations/tribes do our own evaluation without relaying on state or county evaluators who may not know about Native American issues. It is important to understand Native American grantees/contractors not be forced into a pre-packaged evidence based service delivery system that is top down and culturally disengaged.

#### **Part 4: Next Steps**

*“If our communities are healthy, then people don’t have as many mental emotional problems.”*

—Native American Community Member

This report has highlighted 21 community defined practices that improve behavioral health in California Native Americans. These are only a handful of community defined evidence practices that are unique to a community or which can be replicated and tailored to specific communities. It should be noted there are many other western and cultural-based PEI practices and activities that are effective within the state. The preservation and revitalization of cultural practices in our California Native American communities is imperative for mental health wellness.

It is essential the delivery of MHS Phase 3 Native American prevention and early intervention project implementation and evaluation be administered “bottom to top” and not the western implemented “top down” approach. Our approach is to work openly and closely with all interested partners at the California the Department of Mental Health, Mental Health Services Oversight and Accountability Commission (MHSOAC), and the California Mental Health Directors Association (CMHDA) and any other entities associated with the MHS project. We strongly recommend the importance of this report and future collaborations with the Native American CRDP. We see this as a landmark project for California and that if our recommendations are not adhered to our implemented in a “good way” and the “business as usual” again resurfaces – this project will have fallen short and failed the Native Americans of California with regard to moving forward to improve mental health wellness through the CRDP.

It should be noted there are tribal-based and national programs in which Native American specific mental health prevention and early intervention projects and entities for our Native Vision project to gather information for useful input toward next steps of the CRDP. The most notable programs that we are currently aware of are with the Confederated Tribes of Warm Springs in Oregon, the First Nations Behavioral Health Association, and the U.S. Department of Health and Human Services Indian Health Service Division of Behavioral Health.

A limitation to this report is that it does not include all community defined evidence and successful practices utilized by California Native American communities. Programs identified in this report are 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 an admixture of disciplines. It should be noted that Native communities do not have a “one size fits all” for each individual practice. Moreover communities will use a combination of indigenous based cultural practices and western based practices to tailor and fit each community’s unique and changing need. 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.

The success of improving mental health wellness 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 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.

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# 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 prevention and early intervention behavioral health practices have been identified by Native Vision staff and workgroup members with input from various tribal and urban Native American entities from across the state. The CRDP report contains a detailed description of 21 projects, events, and activities 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. Pan-Indianism 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 have been proposed on the following list by staff and workgroup members of Native Vision as well as input from various tribal and urban Native American entities from across the state of California. The catalogue list is primarily focusing on mental health and culturally focused practices that are known to Native Vision staff and workgroup members as behavioral health prevention and early intervention promising-practices, 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. Due to the limitations of the CRDP 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 not reported here.

## Categories of Intervention:

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

Category Of Intervention	Program Title	Description, Areas Of Interest & Populations	Author Or Organization	Manualized & Replicated	Levels Of Evidence & Outcomes	Websites/Link To Publications
<b>Community Prevention/Education, Cultural and Subsistence Skill Developments</b>						
	<i>GONA, Gathering of Native Americans</i>	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	<a href="http://www.kauffmaninc.com">www.kauffmaninc.com</a>
	<i>Holistic System of Care</i>	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	<a href="http://www.nativehealth.org">www.nativehealth.org</a>

Category Of Intervention	Program Title	Description, Areas Of Interest & Populations	Author Or Organization	Manualized & Replicated	Levels Of Evidence & Outcomes	Websites/Link To Publications
<b>Early Interventions/Skill Building</b>						
	<i>Aunties and Uncles Program</i>	Main goals are to reduce stigma related to mental health problems, build the capacity of youth mentors and to reduce youth depression	Sonoma County Indian Health Project	No	Community Defined Evidence	www.scihp.org
	<i>Positive Indian Parenting</i>	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

	<i>Project Venture</i>	Project conducted with Washoe Tribe in Woodfords, it is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth to develop social and emotional competence to resist substance abuse, build cultural values, improved decision making and problem-solving skills	National Indian Youth Leadership Project	Yes	SAMHSA's National Registry of Evidence Based Programs	<a href="http://www.niylp.org">www.niylp.org</a>
	<i>Traditional Indian Health Gathering</i>	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	<a href="http://www.crihb.org">www.crihb.org</a>

<b>Category Of Intervention</b>	<b>Program Title</b>	<b>Description, Areas Of Interest &amp; Populations</b>	<b>Author Or Organization</b>	<b>Manualized &amp; Replicated</b>	<b>Levels Of Evidence &amp; Outcomes</b>	<b>Websites/Link To Publications</b>
<b>Support for Individual/Family</b>						
	<i>DARTNA</i> , 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	National Center for Complementary and Alternative Medicine (NCCAM)
	<i>Power, Peers Offering Wisdom, Education and Respect</i>	Ten week adolescent treatment group that includes topics of concern for youth such as substance abuse, violence, social and health issues	United Indian Health Services	Yes	Community Defined Evidence, with Cultural Validation	www.uihs.org
	<i>Talking Circles</i>	Facilitated discussion as participants sit in a circle, item is passed around the circle clockwise signifying persons turn to speak	Public Domain	N/A	Local cultural spiritual practice, with community validation process	N/A
	<i>Traditional Healing</i>	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

<b>Category Of Intervention</b>	<b>Program Title</b>	<b>Description, Areas Of Interest &amp; Populations</b>	<b>Author Or Organization</b>	<b>Manualized &amp; Replicated</b>	<b>Levels Of Evidence &amp; Outcomes</b>	<b>Websites/Link To Publications</b>
<b>Support for Community</b>						
	<i>Brothers Strengthening Brothers</i>	Annual Native Men's Wellness Conference	Riverside-San Bernardino County Indian Health	No	Community Defined Evidence, with Cultural Validation	www.rsbcih.org
	<i>The Gathering</i>	Annual Wellness Event	Santa Clara Indian Health Center	No	Community Defined Evidence, with Cultural Validation	www.indianhealthcenter.org
	<i>Gathering of the Lodges</i>	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
	<i>The Medicine Wheel</i>	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
	<i>Strengthened by Culture and Tradition</i>	Annual Youth and Family Conference	Riverside-San Bernardino County Indian Health	No	Community Defined Evidence, with Cultural Validation	www.rsbcih.org

	<i>Strong Bodies, Strong Minds, Strong Women</i>	Annual Native Women's Wellness Conference	Riverside-San Bernardino County Indian Health	No	Community Defined Evidence, with Cultural Validation	<a href="http://www.rsbcih.org">www.rsbcih.org</a>
	<i>Walk of the Warrior</i>	Cultural 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	<a href="http://www.walkofthewarrior.com">www.walkofthewarrior.com</a>

Category Of Intervention	Program Title	Description, Areas Of Interest & Populations	Author Or Organization	Manualized & Replicated	Levels Of Evidence & Outcomes	Websites/Link To Publications
<b>Other Practices and Resources</b>						
	<i>Equine Assisted Therapy</i>	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	<a href="http://www.healththerapyinc.com">www.healththerapyinc.com</a>
	<i>Equine Assisted Therapy</i>	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	<a href="http://www.redhorsenation.org">www.redhorsenation.org</a>
	<i>Red Pages</i>	Resource guide for culturally appropriate mental health and support services in Los Angeles area.	United American Indian Involvement	Yes	Community Defined Resource	<a href="http://www.uaii.org">www.uaii.org</a> <a href="http://www.uaii.org/red%20pages%20booklet%202010.pdf">http://www.uaii.org/red%20pages%20booklet%202010.pdf</a>

	<i>Traditional Indian Basketweaving</i>	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 Basketweaver's Association	No	Community Defined Evidence	<a href="http://www.ciba.org">www.ciba.org</a>
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