Phase II, American Indians
CDEP & Statewide Evaluation Participation
Background, PEI Focus through MHSA Funding

CA REDUCING DISPARITIES PROJECT
A key statewide policy initiative to improve:
- Access
- Quality of care
- Positive outcomes for racial, ethnic, and cultural communities

SUICIDE PREVENTION:
Regional and Countywide, “across the lifespan”, and aimed at preventing suicides

STUDENT MENTAL HEALTH:
Statewide, and included UC, CSU & CCC Higher Education Institutions; and K-12 (Statewide, Regional)

STIGMA & DISCRIMINATION REDUCTION:
Statewide, “across the lifespan” and aimed at reducing stigma attached to Serious Mental Health Disorders
SACRAMENTO — Critics say many severely ill people aren’t getting help. The Auditor’s report noted that Proposition 63 called for innovative approaches to treating the mentally ill, and *auditors did not judge the merit of controversial spending on yoga, acupuncture and martial arts classes*. Better evaluation is needed to show the outcomes of such approaches and address the controversy over money spent that way, the report said.
Native American Implementation Pilot Project (IPP) grant programs (5) are focused on the Native American community and will provide mental health prevention and early intervention services, defined to include approaches that show promise in preventing and/or reducing the severity of mental illness.

The primary goal of the IPP program is to validate community-defined evidence practices (CDEPs) in order to support further funding and expansion of their efforts.

Secondary program goals include the development of infrastructure and business practices to expand and improve existing efforts in order to provide quality mental health services to more at-need community members.
Friendship House CDEP

What We Proposed:

The Friendship House American Indian Traditional Treatment & Recovery Healing Model is designed to address AI/AN cultural needs, so that all services provided by the implementation of the CDEP are inclusive of tribal/intertribal traditions as well as understanding gender-specific roles. Many AI/ANs living in urban areas have a background comprised of different tribes and/or races. Friendship House has a wealth of experience in providing services to diverse ethnic, linguistic, sexual, and cultural populations. Our foundation for all programs focuses on the mental, emotional, physical and spiritual aspects of life.

All aspects of the Community Defined Evidence Practice (CDEP), Friendship House American Indian Traditional Treatment & Recovery Healing Model are guided by the following American Indian traditional healing concepts:

- **Prayer, song, and drum sessions** are complementary to the spiritual/cultural norms and values of the individual, and are an important element of the client's program plan.
- Participation in **sweat lodges** is suggested to enhance detoxification of unhealthy chemicals in the body and to purify the body, mind, and soul of mind-altering chemicals.
- Access to Native American **Traditional Healers** through **healing ceremonies** as well as individual and group sessions is an important part of the individual's program plan. **Acknowledgment of tribal traditions and traditional ways** is an important part of the individual's recovery.
Friendship House CDEP

What We Proposed continued:

The Residential Substance Abuse Treatment Program Phases and Levels are summarized as follows: Phase I, Level 1 (0-3 months); Phase I, Level 2 (4-6 months); Phase II, Level 3 (7-9 months); and Phase II, Level 4 (10-12 months). These represent the four stages of the recovery process in the Friendship House American Indian Traditional Treatment & Recovery Healing Model.

Implementation Manual

Client Workbook
The Friendship House American Indian Traditional Treatment & Recovery Healing Model and Core Practices Client Workbook is an 86-page companion to the implementation manual. It contains much of the same information but in a client-centered format. Each chapter also contains client worksheets for reflection and other handouts. The workbook helps clients to begin to reclaim their traditions and is a resource throughout their healing journey (Lebron, Waukazoo, et.al., 2012).
Evidence of effectiveness includes decrease in substance use, decrease in criminal justice involvement, increase in employment and education participation, decrease in drug-related behavioral/social consequences, and improved mental health: Results are based on Friendship House GPRA data, collected over a 14-year period (2001 through 2015, n = 1,105):

**Abstinence increased:**
From **41% at Intake** to **91%** – six months later

**Arrest-free records increased:**
From **92% at Intake** to **98%** – six months later

**Employment/Education participation increased:**
From **23% at intake** to **43%** – six months later

**Health, Behavioral and Social Consequences improved:**
From **60% at intake** to **90%** – six months later

**Mental Health Problems decreased** (2012-2014, n = 174):
After six months, depression decreased, from **52%** to **22%**; anxiety decreased, from **58%** to **33%**; trouble concentrating decreased, from **38%** to **21%**; violent behavior decreased, from **10%** to **5%**; and suicide attempts decreased, from **1%** to **0%**
So how are we going to do this?
Native American IPPs

The primary goal of the IPP program is to validate community-defined evidence practices (CDEPs) in order to support further funding and expansion of our efforts. How will Friendship House accomplish this?

We’re going to further define our CDEP and apply it to our target population of American Indian clients in residential care for substance abuse treatment, recovery, and transition back to their respective communities. Also, we’re also going to use this opportunity to further develop our CDEP for the 18-24 residential client population & perhaps the Friendship House Youth Program

- *Native Vision*, produced by Native American Stakeholders (Phase I), provided useful recommendations which we will used as our guide
- Through “Brown Bag Lunches” hosted at our Great Hall, we will refine our community-based research agenda
- We will use a mixed methods evaluation approach, mostly quantitative data, qualitative data, and stakeholder feedback, for example from “Brown Bag Lunch participants
Native American IPPs

• We will institute a **strength-based evaluation**, honing in on “what works”, the resilience of our community, and the common values that we share for planning for several generations ahead – by making changes that sustain important and effective programs within and for our communities

• With respect to the uniqueness of Sovereign Nations, we will **collect relevant data**, reaching American Indians coming from urban as well as rural communities through our EHR (Accucare) system, our website surveys, and our baseline/outcome measures (ASI-Lite, GPRA measures, etc), and we will provide a $$ incentive for follow-up interview participation. We recognize that data collection methods differ for urban and rural environments and will strategize accordingly (Brief share, Nelsom Jim and Deborah Morton regarding rural evaluation considerations)

• We will **protect our study participants**, bringing in an IRB for oversight, as needed.
Native American IPPs

• We will disseminate our findings in ways that are relevant to our community’s learning style (for example visual – nonlinear, collective rather than individual world view, and real time context pertaining to the problems our community faces), linking data findings to the needs and reality of our community.

A secondary program goal includes the development of infrastructure and business practices to expand and improve existing efforts in order to provide quality mental health services to more at-need community members:

• We will expand our CDEP to be more responsive to 18-24 year old residential clients; and publish our CDEP in research journals and community publications.

• We will expand our data collection procedures to the extent possible to participate in the CRDP Statewide Evaluation.

• We will develop new partnerships and working relationships with the 4 Native American IPPS and other IPPs in general, PIRE – our technical assistance partner (TAP), PARC – our statewide evaluation partner, and OHE, our contractor.
Thank You

Questions about this presentation (version 5/16/2017):

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