

Friendship House Traditional Practices & Healing Model

a Community Defined Evidence Practice

Native American
Implementation Pilot
Project, CRDP Phase 2

Final Local Evaluation Report
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"Out of the Indian approach to life there came a great freedom, an intense and absorbing respect for life, enriching faith in a Supreme Power, and principles of truth, honesty, generosity, equity, and brotherhood as a guide to mundane relations."

- Luther Standing Bear, Oglala Sioux (1868-1937)

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Executive Summary

Health disparities and inequities for AI/ANs began with the 16th century arrival of Europeans. By the 1800's, separation of children from their families and tribal communities was legal practice across the US. By 1881, there were 68 AI/AN boarding schools throughout the United States, serving 3,888 students (McDiarmid, 1984). Federal prohibition against the practice of traditional American Indian ceremonies was implemented around 1883 and lasted until the 1978 American Indian Religious Freedom Act (Shear et al., 2011). During the American Indian relocation period (1940s-1970s), the assimilation of Native people was official policy across the country (DeRosier, 1975). The Relocation Act of 1956 provided funding to send individual Native Americans and their families to relocation centers, located in urban areas like Denver, Chicago, Los Angeles, and San Francisco (CA Judicial Courts, n.d.). US-enforced relocation policies coupled with the Bureau of Indian Affairs failure to provide support and aid, resulted in centuries of disparities and inequities for our First Nations people.

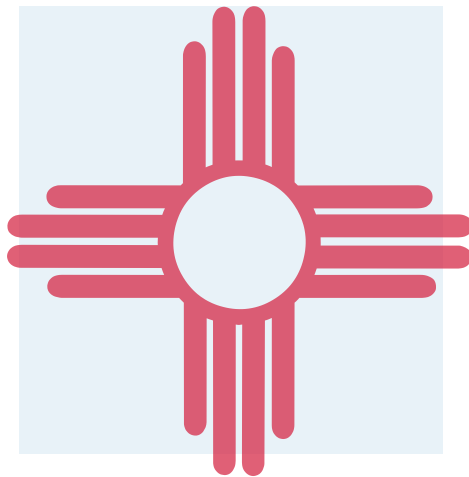
American Indian communities have consistently associated their disproportionate rates of psychiatric distress with historical experiences of European colonization (Gone, 2013), widely referred to as intergenerational trauma. Brave Heart and DeBruyn (1998) defined historical trauma as "the cumulative and collective psychological and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences." Duran (2006) refers to intergenerational trauma as "soul wound".

There are 574 federally recognized AI/AN tribes, 324 reservations and over two hundred languages represented in the US. Approximately two-thirds of AI/AN live in urban, suburban or rural areas and one-third live on reservations. In 2010, California represented 12 percent or 720,000 AI/AN citizens, alone or in combination with another race.

The AI/AN population of the San Francisco Bay Area is very diverse, with 96,000 AI/AN represented across Alameda, Contra Costa, Marin, San Francisco, Santa Clara and San Mateo counties (US DHHS, 2010). "Today, more than half of California's American Indian population is composed of individuals (and now their descendants) who were relocated to large urban areas due to the federal government's termination policy" (CA Judicial Courts, n.d.). "The Ohlone are the predominant Indigenous group of the Bay Area, including the Chochenyo and the Karkin in East Bay, the Ramaytush in San Francisco, the Yokuts in South Bay and

Central Valley, and the Muwekma tribe throughout the region. Other Indigenous groups include the Graton Rancheria community (Coast Miwok and Southern Pomo), Kashaya, Patwin, and Mishewal Wappo in the North Bay, and the Bay Miwok in the East Bay" (Bay Area Equity Atlas, n.d.).

Native people continue to struggle with sustained health and socioeconomic inequities and die at significantly higher rates from tuberculosis, diabetes, unintentional injuries and alcohol related causes (six times more often than the national average). According to Indian Health Services (IHS), "the American



Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences" (Indian Health Services, 2009).

Despite the many challenges, the American Indian community of the San Francisco Bay Area continues to exhibit an abundance of cultural strengths. Cultural connections and places to gather for celebration and ceremony are especially important and valued. For Friendship House, this is made evident through the numerous intertribal ceremonies, gatherings, and celebrations that are provided annually and continue to increase over time with enthusiastic participation from the American Indian community.

For decades now, Friendship House Association of American Indians (Friendship House or FH) has addressed traditional healing methods as the foundation of healing and wellness for Native people and integrated these with best practices in trauma-informed services, substance abuse treatment, mental health services and community wellness practices. FH residential treatment and youth and community services are guided by numerous evidence-based practices, many of which are complementary to the FH Healing Model. American Indian healing practices, provided on a regular basis at FH include Talking Circles, Sweat Lodge ceremonies, Traditional Healer ceremonies, Gathering of Native Americans (GONA), Red Road to Recovery, Wiping of the Tears, Drum/Song Circles, and many others.

"A ceremony can be a celebration of life that brings people, beliefs and sacred objects together, in prayer and song. It can be a purification, cleansing and healing ritual. It can be a way of detoxifying emotionally, physically, mentally and spiritually. A ceremony can be a sacred way of communicating with the spirits in an effort to promote healing and wellness" (Waukazoo, et al., 2012).

Over the years, Friendship House has endeavored to integrate non-Native practices that are a good fit to Native practices, across all programs. Today, FH is guided by numerous evidence-based practices, many of which are complementary to the FH Healing Model. For example, Screening, Brief Intervention and Referral to Treatment (SBIRT) services assess the mental, physical and emotional needs of clients. Cognitive Behavioral Therapy focuses on emotional and mental issues and supportive therapy. 12-Step Treatment Model addresses the spiritual aspect of recovery and provides emotional support services. Together, these cover the four components (emo-

tional, physical, mental and spiritual) of the Native American Medicine Wheel. Case Management Care integrates a system of care, or community approach to cross-agency collaboration, and is complementary to the Gathering of Native Americans (GONA) approach which focuses on the guiding principles of Vision, Circles of Relationships and Sense of Hope (SAMHSA GONA Fact

Sheet, 2016). To help build resilience and promote healthy development among AI/AN youth, healing practices are integrated with several evidence-based practices including: SBIRT, CBT, Case Management Care and Question, Persuade, Refer (QPR).

Every year at Friendship House, 100+ unique tribes/tribal bands are represented through the services of the Residential Substance Abuse Treatment, Youth, and Community Programs. Based on more than 25 years of measuring client/participant achievements, FH finds the best outcomes are noted when AI/AN culture and practices are honored and integrated into service delivery efforts.

Friendship House CDEP Study

The Friendship House American Indian Traditional Treatment and Recovery Healing Model (FH Healing Model and Community Defined Evidence Practice (CDEP) is a prevention, intervention and treatment approach that aims to prevent and/or reduce substance abuse and its underlying social and mental health issues for American Indian/Alaska Natives (AI/AN) by decreasing substance abuse, depression, anxiety, criminal involvement and increasing cultural connections (engagement in tribal/intertribal healing and wellness practices) and productivity in the community (family reunification, job/education retention). The FH Community Defined Evidence Practice (CDEP) Study utilizes a non-experimental study design, measuring variables as they naturally occur through the programs and services of Friendship House. Treatment, recovery and healing from substance abuse are studied through the lens of traditional healing practices.

In general, the evaluation focus of the Friendship House Community Defined Evidence Practice (FH CDEP) is to examine the effectiveness of traditional healing methods on the substance abuse treatment population of American Indian adults who are residential clients at FH: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical and emotional), social and economic engagement, and cultural connectedness? The traditional healing methods for FH CDEP examination include the following ceremonies: Talking Circles, Traditional Healer, and Sweat Lodge Ceremonies. Cultural Gatherings that engage youth of the FH Youth Program and the AI/AN community were studied to a lesser degree.

The FH CDEP examination includes two process questions, nine outcome questions, and one formative evaluation question, as follows: Who are the client residents and youth and community participants of Friendship House CDEP? How many and how often did residents, youth participants and community members join in each of the three program components: Talking Circles, Sweat Lodge and Traditional Healer Ceremonies? How many residents reported increased abstinence? How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional)? How many residents reported decreased criminal involvement? How many residents were working or engaged in job/education training? How many residents reported decreased risky behavior (sexual and injection drug use)? How many residents reported improvements in positive life consequences? How many residents reported stable housing? How satisfied were residents with FH services and healing ceremonies? How many Friendship House residential clients and youth participants indicated increased cultural connectedness as a result of their participation in the FH programs?

Brief description of ceremonies implemented through Friendship House (Appendices, Table 2): **Talking Circles** are implemented twice a month for Residents of the FH Substance Abuse Treatment Program who may participate in sessions lasting 1-2 hours each. From July 2018 through June 2021: 314 (unduplicated) residents participated in Talking Circles (84 sessions total). **Sweat Lodge** is a ceremonial way of prayer to connect spiritually and to detox the body from toxins such as drugs and alcohol. Sweat Lodge ceremonies are implemented twice a month for residents with sessions lasting

CEREMONY TYPES & COUNTS 2018-2021

314

Residents participated
in **84 Talking Circle**
Sessions

159

Residents participated
in **28 Sweat Lodge**
Ceremonies

263

Residents participated in
20 Group and
98 Individual
Traditional Healer
Sessions

2,526

Participants joined
in **58 FH Hosted/
Co-Hosted**
Gatherings

up to 3 hours. From July 2018 through June 2021: 159 (unduplicated) residents participated in Sweat Lodge Ceremony (28 sessions total). **Traditional Healers** are selected to lead group and individual ceremony services for interested residents across a 2-day period, every month. From July 2018 through June 2021: 263 (unduplicated) residents participated in 20 Traditional Healer—Group sessions and 98 Individual Counseling sessions. **Cultural Gatherings** are provided seasonally and engage community members, youth participants and residents of the substance abuse treatment program. From July 2018 - June 2021: 2,526 individuals participated in 58 FH-hosted/co-hosted gatherings and celebrations.

Friendship House traditional practices experienced small to significant interruptions—mostly due to Shelter in Place protocols, were well-attended and often requested throughout the three-year study period. FH CDEP and evidence-based practices, relevant especially to the COVID 19 Pandemic were implemented immediately, across all programs. Practices most used included Case Management Care, Telehealth, and FH ceremonies/gatherings.

Findings

Residential clients of the FH Residential Substance Abuse Treatment Program, examined annually over the three-year study period demonstrated positive outcomes for abstinence, risky behavior, crime-free behavior, health/behavioral/social consequences, employment/education and stability in housing. Residents also reported significant improvements in overall health and psychological/emotional well-being, showing reduced anxiety, depression, hallucinations and suicide attempts. For cultural connections, 86% of residents surveyed felt that their involvement with FH helped them to make a connection to the American Indian Community. The examination of Friendship House efforts on AI youth participants (n=90) up to age 24, studied over a two-year study period noted continued interest, engagement and connection to American Indian culture amongst FHYP participants, as evidenced through their: 1) ongoing participation in American Indian activities related to culture, identity, history and arts; 2) ongoing ceremony participation, including participation alongside family members; and 3) ongoing engagement in traditional healing activities. To support CBPR efforts, community members (n=202) were asked to identify activities they would like to participate in—Number One Choice: Traditional Native Activities (48%; and compared to 53%, 2012-2019, n=1603); and asked to identify the issues that affect our SF Bay Area AI/AN Community: Number One Choice—Racism/Discrimination (67%; and compared to 89%, 2010-2019, n= 1603).

Conclusion

Native-based ceremonial practices are valued and effective in influencing positive outcomes amongst FH program residents and participants, as demonstrated through process and outcomes evaluation findings. Still, there is no one approach or "one size fits all" in relationship to the selection of intertribal practices (or evidence-based practices). For example, FH residential satisfaction survey findings indicated that many residents did not favor Talking Circles as a program activity. In addition, "Calling Back of the Spirit" was removed as a regular ceremony activity, due to feedback from several residential clients that "this ceremony was not a regular and/or allowable tribal practice" for them. In general, more indigenous research is needed to understand the significance of AI/AN organizational learning and cultural practices and how these facilitate effective service delivery and positive outcomes for AI/ANs across the lifespan, in everyday life and in times of trauma and/or chaos.

Population of Focus and Community Need

Health disparities and inequities for AI/ANs began with the 16th century arrival of Europeans and by the 1800's, separation of children from their families and tribal communities was legal practice across all states. By 1881, there were 68 AI/AN boarding schools throughout the United States, serving 3,888 students (McDiarmid, 1984). Federal prohibition against the practice of traditional AI/AN ceremonies was implemented around 1883 and lasted until the 1978 American Indian Religious Freedom Act. During the AI/AN relocation period (1940s-1970s), the assimilation of Native people was the official policy across all US states (DeRosier, 1975). The Relocation Act of 1956 provided funding to relocate individual Native Americans and their families to relocation centers, located in urban areas like Denver, Chicago, Los Angeles, and San Francisco (CA Judicial Courts, n.d.).

Historical trauma, including state-enforced policies of relocation and assimilation coupled with the Bureau of Indian Affairs failure to provide support and aid, resulted in centuries of disparities and inequities for First Nations people of the United States. AI/AN communities have consistently associated their disproportionate rates of psychiatric distress with historical experiences of European colonization, widely referred to as historical trauma or intergenerational trauma. "Indeed, present day health disparities have deep roots higher disease prevalence even several generations after the original trauma occurred" (Gone, 2013). Evans-Campbell (2008) defined the concept of historical trauma as "a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and responses to such events."

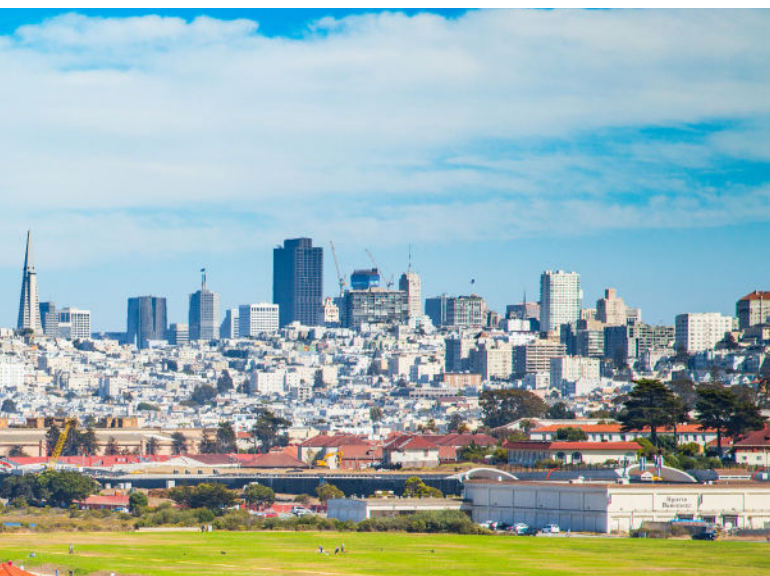
Two percent of the U.S. population (6.9 million Americans) self-identify as having American Indian or Alaska Native (AI/AN) heritage, with .5% projected growth (10.1 million or 2.5% of the U.S. population), based on 2060 projections. There are 574 federally recognized AI/AN tribes, 324 reservations and over two hundred languages represented. About two-thirds of AI/AN live in urban, suburban or rural areas and about one-third live on reservations. California is home to the largest AI/



AN population in the country and represents about 12 percent of the total American Indian population, with over 75% living in urban and suburban environments (US Census, 2010). Of those, two-thirds reside in the San Francisco Bay Area.

There are more than 96,000 AI/ANs in the six counties that comprise the San Francisco Bay Area (Alameda, Contra Costa, Marin, San Francisco, Santa Clara and San Mateo). "Today, more than half of California's AI/AN population is composed of individuals (and now their descendants) who

were relocated to large urban areas due to the federal government's termination policy" (Urban Indian Health Commission, 2007). "The Ohlone are the predominant Indigenous group of the Bay Area, including the Chochenyo and the Karkin in East Bay, the Ramaytush in San Francisco, the Yokuts in South Bay and Central Valley, and the Muwekma tribe throughout the region. Other Indigenous groups include the Graton Rancheria community (Coast Miwok and Southern Pomo), Kashaya, Patwin, and Mishewal



Wappo in the North Bay, and the Bay Miwok in the East Bay" (Bay Area Equity Atlas, n.d.).

When American Indian and Alaska Native people needed services, they usually had to seek assistance from non-Indian organizations that did not nearly understand their needs, thus contributing to the disparities that persist today. AI/ANs experience serious psychological distress 1.5 times more than the general population. Mental health concerns include high prevalence of depression, substance use disorders, suicide, and anxiety - including PTSD, are

experienced more than twice as often for AI/ANs when compared to the general population (American Psychiatric Organization, 2017; WISQARS, 2020).

From July 1, 2018 - June 30, 2021, 491 residential clients of the FH substance abuse treatment program reported information (at Intake) about various key issues that might impact their progress in the residential treatment program. For Substance Abuse/Mental Health Disorders (SUD/MHD), 10% of clients were diagnosed with Opioid Disorder. 8% were diagnosed with Alcohol Use Disorder. 4.8% were diagnosed with Mental Health Disorders and 18% of clients screened positive for co-occurring SU/MH Disorders. For Substance Abuse, clients' self-reported drug use, as follows: Alcohol, 4.6%; Amphetamines, 3.0%; Marijuana, 3.1%; Opiates, 1.3%; Cocaine/Crack, 0.5%; Benzodiazepines, 0.3%; Hallucinogenic, 0.2%; and Heroin, 0.2%. For Health Concerns, 3.4% of clients reported chronic health problems and 1.2% of the client population screened positive for Hepatitis C (HCV). 1% of the population screened positive for HIV. 1.4% of residents were homeless. 2.9% engaged in unprotected sex. 5.3% felt "constantly on guard" due to frightening experiences. For Crime/Criminal Justice: 0.7% of clients served jail/prison time in the past 30 days and 5.5% committed a crime in the past 30 days. 3.9% were on probation and 0.8% were awaiting trial (most common charges: shoplifting, parole violation, drug possession, robbery). For Family History, 6.2% of residents reported having children. Of those, 1.2% reported their children as "currently under protective court order" and 1.3% lost their parental rights. Educational attainment among AI/AN populations lags other groups. In comparing data for education rates of FH residential clients over the past two decades: Residents' high school graduation rate

remained in the 30%—38% range, and the percentage of clients who completed a senior year of college remained very low (1% to 5%) across the 20-year examination period (Lebron, 2020a). This is significantly lower than the high school graduation rate of single-race American Indian households in 2016, at 79.9% and graduation rate for the nation, at 87% (Urban Indian Health Commission, 2007).

Poverty is a natural correlate of low education and financial stressors of day-to-day survival has a tremendous impact on the American Indian community. In the San Francisco Bay Area, one of the top ten most expensive housing markets in the world, AI/AN are at disproportionate economic disadvantage. It is estimated that a family of four needs \$91,785/year (\$43,581 for an individual) to cover the bare necessities of living month to month (Gould et al., 2015). In comparing data for fulltime employment rates of FH residential clients over the past two decades: for residential clients working fulltime and tracked at intake, regular income remained significantly low across a 20-year examination period, under \$2,500 monthly or less than \$30,000 annually (Lebron, 2020a).

Native people continue to struggle with sustained health and socioeconomic hardship and inequities. Yet, despite the many challenges, the American Indian community of the San Francisco Bay Area exhibits an abundance of cultural strengths. Intertribal connections and places to gather for celebration and ceremony are especially important and valued by the AI/AN community, and trusted leaders including traditional medicine people are integral to cultural strengths. For Friendship House, this is made evident through the numerous intertribal gatherings, ceremonies

and celebrations that are provided annually and continue to increase over time with enthusiastic participation from the American Indian community. In FYs 2018-2021, 138+ unique tribes/tribal bands were represented through residents and consumers of Friendship House programs.

Native Healing Practices

“There are many things to be shared with the Four Colors of humanity in our common destiny as one with our Mother the Earth. It is this sharing that must be considered with great care by the Elders and the medicine people who carry the Sacred Trusts, so that no harm may come to people through ignorance and misuse of these powerful forces (Yellowtail, et al., 1980).

While substance abuse is a treatable disease, many American Indians do not respond well to approaches that omit Native cultural values. Research has found that American Indian men and women who meet the criteria for depression, anxiety or substance abuse are significantly more likely to seek help from traditional/spiritual healers than from specialty or other medical sources (Beals, et al., 2005). Help seeking through traditional practices and traditional healers is common in AI/AN communities. To support implementation of traditional healing methods, a FH Healing Model was developed under the guidance of indigenous researchers, traditional practitioners, and medicine people of Friendship House.

Friendship House integrates American Indian healing practices with evidence-based methods to address the complex needs of residential clients. All aspects of the FH Healing Model are guided by the following American Indian traditional healing concepts: 1) Acknowledgment of tribal traditions and traditional ways is important in helping the

individual to understand the uniqueness of their own tribal background and how this is tied to their Native identity. By developing connections with their proud American Indian heritage, clients strengthen their personal recovery process. 2) Participation in activities that honor AI/AN tribal and intertribal practices guides individuals in the direction of honoring/connecting with their own tribe as well as connecting them socially to intertribal communities. 3) Regular access to Traditional Healers and Practitioners is especially important in helping individuals understand, reclaim and celebrate their cultural identity.

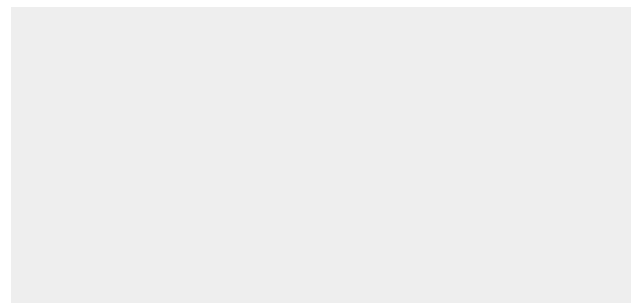
Integration of Evidence-Based Practices

In addition to AI/AN healing methods, adult services at Friendship House are guided by numerous evidence-based approaches, including: Screening, Brief Intervention and Referral to Treatment (SBIRT)—effective in early identification of Substance Use Disorder and Mental Health Disorders (SU/MHD); Medication-Assisted Treatment (MAT)—combines prescription medications with counseling/behavioral therapies to treat SU/MHD; Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and 12-Step Model—substance abuse treatment therapies; Case Management Model—client-centered, collaborative approach for comprehensive care; and Telehealth Care—used to provide access to services across a distance.

To help build resilience, promote positive development and increase self-sufficiency among Native children, youth and young adults, evidence-based/practice-based practices include: CBT and MI—to promote healthy development; Question, Persuade, Refer (QPR); and FHYP Path to Wellness Suicide Prevention, Intervention and Postvention (SPIP) Protocols (Lebron, et.al., 2021)—to address

suicide prevention/intervention/postvention needs. Community gatherings and ceremonies are provided to promote AI/AN well-being across the lifespan. Methods that promote cultural identity and pride in cultural self-esteem are supported by social identity theory which predicts that more favorable in-group attitudes should predict increases in self-esteem (Corenblum, 2004). In addition, many FH gatherings are based on the GONA approach, focusing on the three principles of Vision, Vision, Circles of Relationships and Sense of Hope (SAMHSA GONA Fact Sheet, 2016).

Community Based Participatory Research activities were adopted to ensure inclusion of stakeholders in CDEP implementation and evaluation efforts. Community engagement strategies included both online and onsite meetings to provide input to CDEP efforts. The Friendship House Traditional Resources Work Group (FH TRWG), for example, was established during the pilot phase of the CDEP Study. The TRWG met quarterly during the first year of the CDEP study and bi-annually in years 2 and 3 to review and help enhance the study's traditional components and local evaluation. To ensure resources and protocols were available and appropriate, post-ceremony surveys were completed by traditional healers and support staff at the conclusion of regular ceremonies. Information was shared and modifications were made as needed through decisions at FH monthly grant meetings and quarterly quality assurance meetings.



Introduction, Friendship House

Friendship House Association of American Indians (FH) is a 501(c)(3), nonprofit, community-based organization and was established in 1963 to serve American Indians who were relocated from their reservations to the San Francisco Bay Area. Since 1963, Friendship House has served more than 6,000 residents and hundreds of youth consumers and provided community events for countless numbers of American Indians throughout the Bay Area. American Indian tribal and intertribal practices are integral across all services of the residential substance abuse treatment programs, the youth and family program and the community services program.

The mission of Friendship House is to meaningfully impact the lives of AI/AN by reducing trauma and inequities, increasing resilience to discrimination and substance abuse, and improving outcomes related to emotional, psychological, physical and spiritual well-being. San Francisco Bay Area counties are the predominant geographic areas served. However, FH outreach efforts extend beyond the Bay Area to include all of California and Western Region of the United States.

The Friendship House Healing Model is a strength-based and trauma-informed community-defined evidence practice (CDEP), rooted in the philosophy that the individual must be working towards balance before she/he/they can sustain healthy behaviors over time. All aspects of the model are guided by principles and values of AI/AN culture, history, tradition and spirituality. Prayer, song and drum circle, sweat lodge ceremony, talking circles, counseling

with traditional medicine people and practitioners, community gatherings and many other tribal and intertribal efforts are integral to service delivery.

Friendship House operates three program facilities: the FH Healing Center (includes an 80-bed adult primary and extended residential substance abuse treatment program and AI community center), located in San Francisco; the FH American Indian Lodge, a 9-bed residential treatment program for women and their children (prenatal to 5 years of age), located in Oakland; and the Friendship House Youth Program,

a year-round youth program, located in San Francisco and two blocks from the FH Healing Center. Friendship House Program Descriptions:

- **Primary Residential Treatment (3-6 months):** The FH Residential Substance Abuse Treatment Program is an 80-bed facility for American Indian adults, primarily. The FH American Indian Lodge is a

9-bed facility for women with their children (prenatal to 5-years old). American Indian traditional healing methods are integrated with program services and activities. The individual in recovery confronts mental, emotional, physical and spiritual issues and learns about the many factors that contribute to addiction.

- **Extended Residential Treatment (6 months+):** The Extended Residential Treatment Program is designed for clients who have successfully completed the primary residential component. Referrals/placement support for housing, education/employment are provided to help prepare residents for re-entry



into their respective communities. Goals for Residents of the Extended Substance Abuse Treatment Program: Remain abstinent - no drugs or alcohol; continue daily practices of self-care, using the resources, skills and discipline learned through recovery and healing at FH; secure and maintain gainful employment or actively participate in education or vocation training; secure and maintain stable housing; stay crime-free and actively engaged in clearing/correcting past records (if applicable); and stay socially and culturally connected in healthy ways to individuals, family and community.

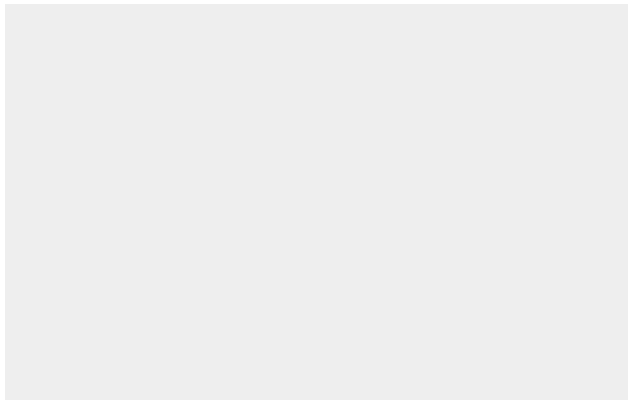
- **Friendship House Youth Program (Year-Round):** The Friendship House Youth Program (FHYP) is a year-round program that provides culturally focused activities for children, youth, transition age youth and their families. Cultural identity is addressed through an array of activities such as regalia-making, dance and drum circles, Dancing Feathers Powwow, Family GONA, Boys with Braids Gathering, etc. Afterschool activities include academic support, social support, cultural identity and leadership development.

- **Friendship House Community Program (Annual):** Native events are hosted/co-hosted by Friendship House throughout the year, reaching hundreds of people from urban and rural areas from California and beyond. The Community Holiday Celebrations, "Families in Recovery" and the "Gathering of Native Americans" (GONA) are just a few events which provide a safe and supportive space for the community to come together and celebrate American Indian culture and traditions. Cultural connections and places to gather for celebration and ceremony are especially important and valued by the AI/AN community, and trusted leaders including traditional medicine people are integral to tribal and intertribal practices.

In general, continued interest, engagement and connection to American Indian culture amongst FH Residents, FH Youth Program participants and community members is evident through their ongoing participation in American Indian ceremonies, gatherings and activities; ongoing ceremony participation, including participation alongside family members; and ongoing engagement in traditional healing activities. Numerous evidence/practice-based methods are implemented across the FH Residential Treatment Program and Youth Program and integrated into FH healing practices and ceremonies.

Ensuring Quality Services

Total Quality Management/Continuous Quality Improvement (CDC, n.d.) activities included engagement of stakeholders, project sense-making (needs, effects, activities, context), evaluation design, gathering of information, monthly Grants Management Team meetings, quarterly Quality Assurance Committee meetings and annual evaluation of FH programs and services to regularly monitor performance and effectiveness. Based on more than 25 years of measuring participant achievements, Friendship House finds the best outcomes are noted when American Indian/Alaska Native culture and practices are honored and integrated into service delivery efforts.



Snapshot of Friendship House Residential Substance Abuse Treatment Program in FY 2019/20



141

Residential Substance Abuse Treatment Clients in FY 2019/20.

- 141 residential clients were served in FY 2019/20, 134 residents at the American Indian Healing Center in San Francisco and 7 women at the American Indian Lodge in Oakland.
- Admissions: The highest number of admissions was noted for the months of January through March (n=50). The lowest number of admissions was noted for the months of March through May (n=17).
- Discharges: The highest number of discharges was noted for the month of March (n=32) and influenced by COVID-19, Shelter in Place protocols.



81%

of Residents from the Treatment Program were American Indians.

- Of 114 (81%) American Indian clients served, 62% were affiliated with California tribes.
- For the top five tribes served, Yurok Tribe Hoopa Valley Reservation, CA led in tribal affiliation at 15%, followed by Navajo Tribe, AZ NM and UT, 11%; Karuk Tribe, CA, 7%; Hoopa Valley Tribe, CA, 6%; and Cherokee Nation, OK, 5%.
- 91% of clients reported California as their state of residence. Out-of-state clients were primarily from Nevada (3%) and Arizona (2%). 4% came from



100%

of Residents with 7+ days received case management services.

100% of residents:

- with 3+ days of stay - screened using ASI Lite, ASAM Criteria, PHQ-9, GAD-7, IPV/PTSD Checklists
- with 7+ days of stay - participated in case management meetings, weekly
- with 7+ days of stay - participated in the development of their tailored treatment plan
- were referred to collaborative partners (IPV, Trauma, MAT, MH issues) if in need of further services
- were offered HIV and Hep B/C on-site testing at Intake (and 98% consented to testing)

In Fiscal Year 2019/20, 141 Intakes were accepted into the **FH Residential Substance Abuse Treatment Program** (enrollment decreased by 36% when compared to recent years and mostly due to COVID 19 Shelter in Place protocols: 191 Intakes in FY 2018/19, 245 in FY 2017/18, 233 in FY 2016/17, 227 in FY 2015/16, and 268 Intakes in FY 2014/15). In addition to the COVID 19 Pandemic and Shelter in Place restrictions, primary reasons for non-entry to the residential program were cancellation or "no show", paperwork and/or medical clearance was not completed, financial problems and relapse.

For American Indians living in urban environments, cultural connections and places to gather for celebration and ceremony are especially important and valued. In FY 2019/20: 134 residents participated in Talking Circles. 37 (unduplicated) residents participated in Individual Traditional Counseling. 116 residents participated in Group Traditional Counseling. 80 residents participated in Sweat Lodge Ceremony.

Snapshot of Evidence/Practice Based Methods Implemented in FY 2019/20

Case Management Referrals

Services referred by and to Friendship House were examined:

- 156 referrals were **made to Friendship House** Residential Treatment Program in FY 2019/20.
- 500 referrals were **made from Friendship House** Residential Treatment Program in FY 2019/20.



The FH Residential Substance Abuse Treatment Program is guided by numerous evidence/practice-based methods in FY 2020/21, including:

- Screening, Brief Intervention and Referral to Treatment (SBIRT): In FY 2019/20, 98% of FH Residents were assessed, using ASI Lite, ASAM, PHQ-9, GAD-7, IPV and PTSD Checklists.
- Medication-Assisted Treatment (MAT): 9% of residents were treated with Buprenorphine for Opioid Disorder. 7% were treated with Naltrexone for Opioid or Alcohol Use Disorder.
- Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), 12-Step Facilitation Therapy and FH Healing Model were provided for 139 residential clients.
- Case Management Model: 98% of residents received comprehensive care, including team case conference meetings and support for stable housing and education/employment goals. For case management referrals: 156 referrals were made to, and 500 referrals were made from the FH Residential Treatment Program in FY 2019/20.
- Telehealth Care Delivery Model: In FY 2019/20, telehealth services were primarily provided by NAHC and TeleWell Medicine for MAT, psychiatric evaluation and medication management services for appropriate FH clients.
- Health Services to Support Recovery: Onsite HIV/CV testing, counseling and linkages to treatment were accessible and offered to all residential clients at Intake. In FY 2019/20, 98% of residents consented to testing services.

To build resilience, promote positive development and increase self-sufficiency behaviors among AI/AN children, youth and young adults, evidence-based/practice-based practices included: CBT and MI — to build resilience, promote positive development and increase self-sufficiency; and Question, Persuade, Refer (QPR) — to address suicide prevention/intervention/postvention needs. Community gatherings and ceremonies were provided to promote AI/AN well-being across the lifespan.

Snapshot of Friendship House Youth Program in FY 2019/20



472

Friendship House Youth Program Participants in FY 2019/20.

In FY 2019/20, ten FHYP and FH events and activities engaged 251 Youth, and 221 Transition Age Youth. From these:

- 73 children, youth, transition age youth (unduplicated count) and their families participated in FHYP activities
- 30 families of FHYP participants engaged in family-focused activities
- 13 Transition Age Youth (unduplicated count) from the FH Residential Treatment Program participated in FHYP events and activities.



194

Youth & Family Participants received Wellness Check-Ins in FY 2019/20.

In FY 2019/20:

- 30 families participated in family engagement activities including Talking Circles, Family Night, Wisdom Moving Forward, Powwow Dance Class, Sweat Ceremony, Boys with Braids, Dancing Feathers Powwow, etc.
- FHYP and collaborators (NAHC, MeWater) provided Wellness Check-ins for 194 youth participants & their families. Check-ins included drop-off of food boxes, water, school supplies, cleaning supplies, hand sanitizer and face masks; and regular phone/zoom calls/meetings, academic referrals and linkages to resources.



88%

of Youth Participated in Cultural Ceremonies with Family Members.

In FY 2019/20, 57 youth completed FHYP surveys:

- 74% of FHYP youth reported they had never used alcohol. 74% never misused prescription drugs
- 89% of FHYP youth plan to try to find out more about their American Indian culture, history, and arts.
- 91% of FHYP youth participated in a traditional/cultural ceremony or activity
- 88% reported that family members also participated in ceremony activities.
- 77% reported they had a traditional person, elder or other person to talk to when needed.

Friendship House Youth Program events and activities engaged 1104 youth, young adults, family and community participants in FY 2019/20: 251 youth participants, 221 Transition Age Youth (TAY), and 632 Family and Community Participants. FHYP reached 647 individuals through outreach activities including drop-ins, flyer distribution, community potluck, Job Fairs, Unity Conference, Gathering of the Lodges, Annual Halloween/Thanksgiving/Christmas Celebrations, etc.

The COVID-19 Pandemic and Shelter in Place restrictions required immediate modifications in program service delivery for our American Indian population, in general. FHYP Staff adjusted program efforts to virtual platforms and coordinated efforts with other AI/AN-serving agencies to identify and respond to the needs of our program participants. Wellness Check-Ins were an effective program modification to respond to COVID-19 and Shelter in Place restrictions in culturally relevant ways.

Snapshot of Friendship House Community Services in FY 2019/20



632

Community Members Participated in FH Activities in FY 2019/20.

FY 2019/20, ten FHYP and FH events and activities engaged a total of 632 community members, including family members of FHYP participants. Community engagement projects included:

- Youth & Family Wellness Check-Ins (in response to the COVID Pandemic)
- Families in Recovery
- Thanksgiving Community Dinner
- Christmas Community Dinner
- FH Graduation Ceremony



470

Meals Provided during Annual Celebrations in FY 2019/20.

Three celebrations, co-hosted by Friendship House and Native American Health Center (NAHC, SF/Oakland) over the decades, include:

- Families in Recovery Celebration (120 meals served in July of 2019), held in beautiful Hoopa Valley
- Thanksgiving Community Dinner (150 meals served in November 2019)
- Christmas Community Celebration (200 meals served and 150 gifts/gift cards distributed to children, teens and elders in December 2019)



147

Community Members Completed FH Interests Survey in FY 2019/20.

In 2019, community members (n=147) selected the activities they would like to participate in and identified the issues that affect our AI community.

- TOP 5 Choices for Activities to join in the coming year: Number One Choice - Traditional Native Activities (48%).
- TOP 5 Issues that Affect our SF Bay Area American Indian Community: Number One Choice - Access to Health Care (74%), followed by Racism (73%), Lack of Tribal Resources/ Services (70%), Domestic Violence (70%) and Community Violence (68)%.

The **American Indian community** of the San Francisco Bay Area continues to exhibit an abundance of strengths - reflected through the numerous tribal and intertribal ceremonies, gatherings, events and activities that are available and attended every year. More than 75 tribes and tribal bands were represented through the Friendship House residential population, youth and family and community program participants in FY 2019/20. Ten FHYP and FH events and activities engaged a total of 632 community members, including family members of FHYP participants.

Three annual celebrations, co-hosted by Friendship House and Native American Health Center (NAHC, SF/Oakland) over the decades, include Thanksgiving Community Dinner (150 meals served) and the Christmas Community Celebration (200 meals served and 150 gifts/gift cards distributed to children, teens and elders in December 2019) and the Families in Recovery Celebration (120 meals served in July of 2019) held in beautiful Hoopa Valley.

Purpose, Friendship House Healing Model

For decades now, Friendship House has addressed AI/AN disparities and inequities by incorporating traditional healing methods and cultural connection as the foundation of healing and wellness for Native people. For many years, Friendship House and the Native American Health Centers (NAHC) of San Francisco and Oakland have worked collaboratively to increase the types of Native healing practices that are provided in the San Francisco Bay Area. For example, in 2010, FH and NAHC joined efforts to initiate Traditional Healer services that are ongoing today — two days every month.

From 2010-2012, FH established a Traditional Resources Work Group (TRWG), tasked with documenting the intertribal practices implemented at the Substance Abuse Treatment Program. The outcome of these efforts was the development of the FH Traditional Practices and Healing Model (FH Healing Model). In 2017, Friendship House received funds from CA Office of Health Equity (OHE) to further enhance the FH Healing Model, a Community Defined Evidence Practice (CDEP). In 2021, FH developed a Traditional Practitioner Mentorship Program and began to seek funding support for its implementation.

The Friendship House American Indian Traditional Treatment and Recovery Healing Model (Waukazoo, et al., 2012) or Friendship House Model is a prevention, intervention and treatment model that aims to prevent and/or reduce substance abuse and its underlying social and mental health indicators for American Indian/Alaska Native (AI/AN) adult residents of the FH treatment program. The curriculum's purpose is to facilitate client recovery and healing by providing the resources for them to explore their mental, emotional, physical and spiritual needs and values; and to gain insight into how these influence their personal healing as they walk

the Red Road Medicine Way. The workbook is used extensively during group sessions and emphasizes self-care, recovery, healing, and resiliency, and is designed to help clients reconnect with their cultural heritage as they work to attain sobriety, relapse prevention, healing and wellness. The Friendship House Traditional Treatment Healing Model in-



cludes the following curriculum chapters: Friendship House Traditional Treatment and Recovery Healing Model; Traditional Red Road Medicine Way; Early Recovery—Quest for Inner Balance; Recovery—Striving for Inner Balance; Relapse—Out of Balance; Relapse Prevention—Return to Quest for Inner Balance; Sustaining Balance—Walking the Red Road Medicine Way: Introduction to Sweat Lodge Ceremony; Introduction to Talking Circles; Healing the Child Within; and Introduction to Healing Ceremonies.

The FH Healing Model utilizes an Indigenous Framework, complementary to the Gathering of

Native Americans (GONA) approach which focuses on the three guiding principles of Vision—acknowledging the effects of historical trauma while geared towards "whole person" healing (physical/emotional/mental/spiritual well-being), honoring cultural values and developing a vision of success; Circles of Relationships—building quality and

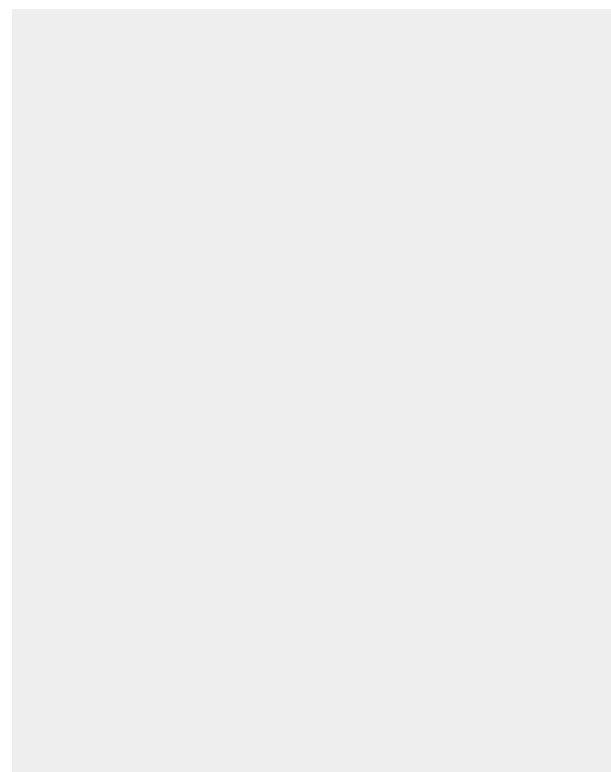


authentic relationships for effective work; and Sense of Hope—focusing on interconnectedness, the sacredness of the inner spirit, balance, and the responsibility to be life-long learners (SAMHSA GONA Fact Sheet, 2016).

The Friendship House Community Defined Evidence Practice (FH CDEP) is based on the FH Healing Model, using best practices in trauma-informed services and substance abuse prevention and treatment and incorporating traditional indigenous methods such as Sweat Lodge ceremonies, Traditional Healer ceremonies, Talking Circles, Gathering of Native Americans (GONA), etc. For ceremonial activities,

Traditional Healers provide group ceremonies and individual counseling sessions, two-days per month. These sessions are open to clients/participants/staff/community members of FH. In addition, Traditional Practitioners lead FH Talking Circles and Sweat Lodge ceremony on a weekly basis (for Talking Circles) or bi-monthly basis (for Sweat Lodge ceremony). Other ceremonial practices are provided on an as-needed basis.

Cultural connections and places to gather for celebration and ceremony are especially important and valued by the AI/AN community, and trusted leaders including traditional medicine people are integral to tribal and intertribal practices. Throughout the delivery of Native services, apprenticeship, training and passing indigenous AI/AN knowledge forward to the next generation of American Indian healers has been an ongoing effort, embedded in ceremonial activities.



FH CDEP Description and Implementation Process

The Friendship House Community Defined Evidence Practice (CDEP) is based on the FH Healing Model, using best practices in trauma informed services, substance abuse treatment and community wellness services; and incorporating traditional indigenous methods such as Sweat Lodge ceremonies, Traditional Healer ceremonies, Talking Circles, Gathering of Native Americans (GONA), and many others. In general, the FH CDEP is designed to address the following question: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical and emotional), social/economic engagement and cultural connectedness?

The FH CDEP Study utilizes a non-experimental study design, measuring variables as they naturally occur through the programs and services of Friendship House Association of American Indians, of San Francisco. Treatment and recovery from substance abuse are studied through the lens of traditional healing practices, specifically, Talking Circles, Traditional Healer Ceremony and Sweat Lodge Ceremony. Cultural gatherings that engage the FH Youth Program and American Indian community are studied to a lesser degree. The FH CDEP is designed to address the following CRDP Phase I priority population strategy: adult and youth substance abuse prevention and early intervention services as a means to increase and promote youth and adult engagement and whole person wellness.

The Friendship House Community Defined Evidence Practice (FH CDEP) focuses on FH "Healing through Ceremony" practices, specifically Talking Circles, Sweat Lodge, Traditional Healer and Cultural Gatherings, for the target population of American Indians.

"A ceremony can be a celebration of life that brings together people, beliefs and sacred objects, in prayer and song. It can be a purification, cleansing, and healing ritual. It can be a way of detoxifying emotionally, physically, mentally and spiritually. A ceremony can be a sacred way of communicating with the spirits in an effort to promote healing and wellness. It can facilitate the transformation from the old self to a rebirth of the new self. A ceremony can be a means to show respect for creation, and honor for those who came before us" (Waukazoo, et al., 2012).

American Indian/Alaska Native (AI/AN) adults of the FH residential substance abuse treatment programs are studied through the lens of traditional ceremonies. Cultural gatherings that engage the FH Youth Program participants and American Indian community are also studied to a lesser degree. Wellness is further defined by Friendship House as mental, physical, emotional and spiritual well-being.

The FH CDEP includes the data collection and management of several tools, including: CSAT GPRA Tool (completed at baseline and 6-month follow-up), FH Post-Ceremony Survey, FH Resident Satisfaction Survey, FH Community Needs and Interests Survey, Cultural Connectivity Scale and the Alcohol and Drug Use Survey.

FH CDEP Ceremonies (Appendices, Table 2):

- **Talking Circles** ceremony is based on the principle of sharing power with one another. Listening and talking are both essential elements of Talking Circles towards facilitation of more in-depth and meaningful discussions.

"Only the person who is holding the feather or stick will talk. The eagle feather or talking stick gives to the individual, the courage and wisdom to speak truthfully and wisely. The speaker should not forget that he or she carries within himself or herself a sacred spark of the Great Spirit, and therefore is also sacred" (Waukazoo, et al., 2012).

Talking Circles are implemented twice a month at Friendship House for Residents of the FH Substance Abuse Treatment Program who may participate in sessions lasting 1-2 hours each. Talking Circle Participant Counts, July 1, 2018 - June 30, 2021: 314 resident participants (unduplicated Count) across 84 TC sessions.

- **Sweat Lodge** ceremony has been an essential part of many Indians tribes of North, Central and South America for thousands of years.

"The Sweat Lodge Ceremony is a spiritual healing ritual that medicine people use to heal and cure many illnesses. The ceremony represents the womb of the mother and is considered a place of worship, healing and celebration. One enters the Sweat Lodge to cleanse and purify" (Waukazoo, et al., 2012).

Through participation in this component, residents learn how to pray, sing, deepen communal bonds, develop trust, and express themselves emotionally. Residents also learn how to identify and let go of the habits, thought patterns and actions that have hindered them in the past. Sweat Lodge ceremonies are implemented twice a month at Friendship House for Residents with sessions lasting up to 3 hours.

Eligible residents are those who have completed 30 days in the residential program. Sweat Lodge Participant Counts, July 1, 2018 - June 30, 2021: 159 residents (unduplicated count) participated across 28 Sweat Lodge ceremonies (discontinued 2/2020 to 4/2021 due to COVID-related restrictions).

- **Traditional Healers** are called upon to lead and facilitate group and individual healing ceremonies. Like the GONA approach, the work of Traditional Practitioners is about healing and transformation and is carried out through mentorship formats that are congruent to Native ways of sharing traditional knowledge and teaching healing practices. Traditional Healers lead and facilitate group and individual ceremony services across a 2-day period, once every month at Friendship House for interested residents; and identify modifications and resources needed for future ceremonies. Resident Participant Counts, July 1, 2018 - June 30, 2021: 263 (unduplicated) residents, participated in 20 Traditional Healer Group sessions. 98 (unduplicated) residents participated in Individual Counseling sessions.

- **Youth and Community Gatherings** and celebrations are provided seasonally and annually at Friendship House and throughout the San Francisco Bay Area and engage community members, youth participants and their families, and residents of the substance abuse treatment program. Community members are invited to participate in Traditional Healer and Sweat Lodge ceremonies, as space is available. Many FH gatherings are based on the GONA approach, focusing on the three principles of Vision, Circles of Relationships and Sense of Hope. Participant Counts, Youth and Community Gatherings, July 1, 2018 - June 30, 2021: 2,526 community members participated in 58 FH and FHYP hosted/co-hosted gatherings and ceremonies.

CDEP Participation and Delivery Strategies

The FH CDEP Study provided an opportunity to study the programs and services of Friendship House through the lens of traditional healing practices. From July 1, 2018, through June 30, 2021, more than 136 American Indian tribes participated in Friendship House programs. Residential clients were self-referrals or referred from tribes, rancherias, Native American Health Centers in the Bay Area and throughout the state of California, from criminal justice systems, homeless shelters and from Indian Health Services (IHS). Children youth, young adults and community members learned about FH services through "word-of-mouth", agency website and Facebook account and academic contacts. For CDEP-study outreach, potential participants were not singled out through separate outreach strategies. After enrollment into the residential program, residents were invited to participate in the FH CDEP Study. Those who accepted were fully informed, oriented to the study and signed participation consent forms.

A Community Based Participatory Research (CBPR) was adopted to ensure the inclusion of stakeholders in project development - evaluation efforts. Stakeholder refers to residential clients, project staff and AI/AN members of the local Bay Area community who participate in and have the option of providing feedback regarding the implementation of FH ceremonies. Community engagement strategies included both online and onsite meetings to monitor performance and identify challenges and modifications. For example, to ensure resources and protocols were available and appropriate, post-ceremony surveys were completed by traditional healers and support staff at the conclusion of monthly ceremonies. Information was shared and modifications were made as needed through decisions at FH monthly grant meetings and quarterly quality assurance meetings.

Friendship House is committed to ensuring that its programs are culturally and linguistically appropriate for the AI community and engages National CLAS Standards as follows: 1) Governance, Leadership and Workforce: FH's Board of Directors represents the local AI community, cultures and experiences and its workforce is supported by "Indian Preference in Hiring" policies. 2) Communication and Language Assistance: The majority of FH staff are American Indian and English-speaking, primarily, with a few



individuals who are bilingual in Navajo/Spanish languages. 3) Engagement, Continuous Improvement and Accountability: FH program and service decisions are data-driven to ensure quality management and Friendship House publishes an annual evaluation report to assess the effectiveness of programs and services in an ongoing manner.

San Francisco is seen as a safe-haven for lesbian, gay, bi-sexual, transgender, questioning and Two-Spirit (LGBTQ2S) individuals and draws people of all races and sexual orientations, including AI/AN

Friendship House has staff representation, expertise and ties to grassroots and community-based organizations that are rooted in the culture, language and experiences of LGBTQ2S individuals. Beyond these participation and delivery strategies, the FH CDEP is sustained due to significant interest and participation in American Indian ceremonies.

Demographics of Program Participants

(Appendices, Table 2)



Residential Clients

From July 1, 2018, through June 30, 2021 (Fiscal Years 2018-2021), FH adult participants of the residential substance abuse treatment program included 491 residential clients. For Race: 76% were American Indian, 7% were White, 4% were Multiracial, 3% were African American, and 10% were other Races including Asian and Native Hawaiian/Pacific Islanders. For Ethnicity, 20% were Hispanic. For gender of residents, 56% were male, 43% were female and 1% were transgender. For age range, 14% of residents were 18-24, 28% were 25-34, 17% were 35-44, 17% were 45-54 and 5% were between the ages of 55 and 64. Of the 375 (76%) American Indian clients served, 62% were affiliated with California tribes. 92% of clients reported California as where they lived.

were transgender. For age range, 14% of residents were 18-24, 28% were 25-34, 17% were 35-44, 17% were 45-54 and 5% were between the ages of 55 and 64. Of the 375 (76%) American Indian clients served, 62% were affiliated with California tribes. 92% of clients reported California as where they lived.

Youth and Young Adult Participants

Across Fiscal Years 2018-21 and based on 73 FHYP individual records: 74% of the respondents were American Indians. 3% were Hispanic/Latino, and 23% were other races. 20% of participants reported that they represented two or more distinct tribes. For gender of participants: 63% were male and 37% were female. For age range: 8% were between the ages of 1-9, 25% were 10-13, 32% were 14-17 and 35% of youth participants were 18-24 years of age.

Community Participants

Across Fiscal Years 2018-2021, 202 individuals completed the FH Community Needs and Interests Survey, 86% were American Indian respondents. 57% were male, 42% were female and 1% were transgender. For age range: 2% were under age 18; 4% were between 18-20; 15% were 21-30; 29% were 31-45; 17% were 46-55; 29% were 56-70 and 4% were 71 years or older. 34% of community members reported the Mission District as where they lived.

Presenting Problems, Residential Clients

A key factor in successful implementation of substance abuse treatment services is developing a well-informed continuum of coordinated care for individuals who present with high-risk behavior, unstable health and living conditions and exposure to trauma. All Friendship House clients are screened upon enrollment using ASI Lite, ASAM, PHQ-9, GAD-7, IPV and PTSD Checklists.

From July 1, 2018 - June 30, 2021, **489** residential clients reported information about factors that may impact their progress in the treatment program. Information was collected at Intake. Key issues were examined and included: Substance Use, Mental Health, Co-Occurring Disorders, Health Concerns, Arrest History and Family History.

● SUBSTANCE USE



Clients' self-reported drug use as follows: Alcohol, 46%; Marijuana/Hashish, 31%; Methamphetamines, 30%; Opiates, 13%; Cocaine/Crack, 5%; Benzodiazepines, 3%; Hallucinogens/Psychedelics, 2%; and Heroin, 2%.

● MENTAL HEALTH

48% were diagnosed with mental health disorders. MH concerns as reported by clients: Anxiety: 78%; Depression: 59%; Cognitive/memory problems: 47%; Trouble controlling violent behavior: 10%; Hallucinations: 7%; Suicide attempts: 2% (n=368).

● CO-OCCURRING DISORDERS



18% of clients assessed (n=287), screened positive for SU/MH Disorders. For Medically Assisted Treatment (MAT): 8% diagnosed with Opioid Disorder were treated with Buprenorphine and 5% diagnosed with Opioid/Alcohol Disorder were treated with Naltrexone (n=235).

● HEALTH CONCERNS

34% of clients reported chronic health problems (n=396). 12% screened positive for Hepatitis C and 1% screened positive for HIV (n=412). 14% were homeless (n=315). 11% used injected drugs. 29% engaged in unprotected sex. 53% felt "constantly on guard" due to frightening experiences.(n=315).

● ARREST HISTORY



7% of clients reported that served jail/prison time in the past 30 days (n=315). 55% committed a crime, 39% were on probation and 8% were awaiting trial. Common Charges: Shoplifting, Parole Violation, Drug Possession and Robbery.

● FAMILY HISTORY

62% reported having children (n=315). Of that total, 68% were parents of three to eight children; 12% reported that their child/children were currently under protective court order; and 12% of the resident population had lost their parental rights.

Partial List of Tribes Represented, July 2018 - June 2021



American Indian clients represented 136+ tribes in FYs 2018-2021 including: Yurok Tribe Hoopa Valley Res, CA; Navajo Tribe, AZ, NM, and UT; Karuk Tribe, CA; Hoopa Valley; Tribe, CA; Covelo Indian Comm Round Valley Res, CA; Cherokee Nation; Choctaw Nation, OK; Pit River Indian Tribe, X-L Ranch, CA; Mooretown Rancheria Maidu Indian, CA; Paiute-Shoshone Indian Bishop Comm CA; Rosebud Sioux Tribe, SD; Sherwood Valley Rancheria Pomo Indian, CA; Tule River Tribe, CA; Ogala Sioux

Tribe, SD; Enterprise Rancheria of Maidu Indian, CA; Dry Creek Rancheria Pomo Indian, CA; North Fork Rancheria Mono Indian, CA; Cloverdale Rancheria Pomo Indians, CA; Wilton Rancheria; Washoe Tribe of NV, CA; Redding Rancheria Pomo Indian, CA; Redwood Valley Rancheria Pomo Indian, CA; Paiute-Shoshone Indian, Lone Pine Community, CA; Pinoleville Ranch. Pomo Indian, CA; Pyramid Lake Paiute Tribe, NV; Shoshone Tribe Wind River Res, WY; Smith River Ranch., CA; Turtle Mountain Band Chippewa, ND; Turtle



Mountain Band Chippewa, ND; Susanville Indian Rancheria, CA; Coast Indian Community Yurok Indian, CA; Cheyenne Arapaho Tribes, OK; Apache Tribe, OK; Black-foot Tribe, MT; Manchester Band Pomo Manchester PT, CA; Kashia Band Pomo Ind Stewarts PT, CA; Mescalero Apache Tribe, NM; Hopland Band Pomo Indians, CA; Habema-tole; Pomo, Upper Lake, CA; Klamath Indian Tribe, OR; Big Pine Band Paiute Shoshone, CA; Cheyenne River Sioux Tribe, SD; Cahto Indian

Tribe, Laytonville Rancheria, CA; Chickasaw Nation, OK; Confederated Tribes Grand Ronde Comm, OR; Coyote Valley Band Pomo Ind Valley, CA; Crow Tribe, Mt; Tuolumne Band of Me-Wuk Indians, CA; Tohono O'Odham Nation, AZ (Formerly Pima); Spirit Lake Sioux Tribe, ND; Santa Ynez Band Chumash Mission Indian, CA; Shoshone-Bannock Tribes Fort Hall Res, ID; San Carlos Apache Tribe, AZ; Picayune Ranch. Chukchansi Indian, CA.



FH CDEP, Local Evaluation Questions

The FH CDEP Study includes two process, one formative, and nine outcome evaluation questions and integrates data collection and management of several tools, including CSAT GPRA Tool (completed at baseline and 6-month follow-up), FH Post-Ceremony Survey, FH Resident Satisfaction Survey, FH Community Needs and Interests Survey, Cultural Connectivity Scale and the Alcohol and Drug Use Survey. Description of local evaluation questions addressed through the FH CDEP tools:

CSAT GPRA Questions

The Government Performance and Results (GPRA) Core Client Outcome Measures uses client-level interview questions to measure and monitor substance use, criminal activity, mental and physical health, family and living conditions, education/employment status and social connectedness. For FH residential clients, the GPRA tool is administered at intake and six months after the client's date of entry to measure and monitor substance use, risky behavior, mental health (including psychological and emotional well-being), criminal activity, employment/education and stability in housing indicators (SAMHSA CSAT GPRA 2019).

- **Substance Use Outcomes:** GPRA Tool, Part B questions collect past 30-day information on the type and frequency of alcohol use, the type and frequency of drug use, route(s) of administration, and injection methods if injected drugs were used.
- **Mental Health Outcomes:** GPRA Tool, Part F questions collect past 30-day information on overall health, medical treatment, depression, anxiety, hallucinations, comprehension, memory, violent behavior, suicide, psychopharmacology information; and the client's rating of how much he or she has been bothered by psychological or emotional problems during the past 30-days.

- **Criminal Involvement:** GPRA Tool, Part E questions collect information on past 30-day arrests, jail/prison time, past 30-day crime frequency, awaiting charges/trial/sentencing and if the client is currently on parole/probation.

- **Employment/Education:** GPRA Tool, Part D questions collect past 30-day information on current enrollment in school/job training program information; highest level of education achieved; current employment; and income data (e.g., wages, public assistance, disability).

- **Health, Behavioral, and Social Consequences:** GPRA Tool, Part C questions collect past 30-day information on experiences of health, behavioral, and social consequences related to alcohol/drug use.

- **Stability in Housing:** GPRA Tool, Part C questions collect past 30-day information on where client has been living, level of satisfaction and stress related to living situation.

- **Risky Behavior Outcomes:** GPRA Tool, Part F questions collect past 30-day information on injection drug use in the past 30 days, unprotected sexual contact, unprotected sexual contact with an injection drug using partner and unprotected sexual contact with a partner "high on some substance".

Resident Satisfaction Survey Questions

To determine satisfaction with the FH Residential Substance Abuse Treatment Program and other services provided by FH in FYs 2018-2021, residents were asked to complete satisfaction surveys at discharge from the program. Survey questions were organized by four categories: General experience, cultural experience, service experience and service satisfaction.

- **General Experience:** General experience is assessed through nine questions related to the client's personal experience with FH including the intake process, referrals, engagement in the development of treatment plan, regular meetings with counselor, comfort with assigned counselor and feeling that their needs were understood.
- **Cultural Competence:** Cultural competence is assessed through nine questions related to the resident's comfort with the program setting, perception that services received were a match to needs, cultural needs were understood, connection with the American Indian community, etc.
- **Service Experience:** Service experience is assessed through eleven questions related to learning, valuing and applying new information, including service experience related to traditional practices and activities.
- **Service Satisfaction:** General satisfaction is surveyed to understand the client's experience as a resident and participant of the substance abuse treatment program.

FHYP Participant Survey Questions

To assess resilience and cultural connections, FHYP participants were asked to complete the Cultural Connectivity Scale (or subset of 6 CCS questions) and Alcohol and Prescription Drug Survey at program events in FY 2018 and FY 2019:

- **Cultural Identity:** Cultural identity is assessed through six questions related to the youth's connection to Native community or tribe, participation in cultural ceremonies, participation with family or someone close in ceremonies, plans to participate in future ceremonies, listening with respect to elders and having a traditional person to talk to when needed.
- **Alcohol Use:** Alcohol use is assessed through questions related to lifetime use of alcohol and length of time, alcohol-free.
- **Prescription Drugs:** Misuse of prescription drugs is assessed through questions related to lifetime misuse of prescription drugs and length of time that is misuse free.

Community Interests Survey Questions

To support CBPR efforts, Friendship House conducts stakeholder surveys at community events throughout the year. Community survey collects information on demographics, where respondents go for medical services, about their current living situation, needs, interests and concerns. From list of nineteen choices, respondents were asked to identify the "Issues that Affect our SF Bay Area American Indian Community." From a list of fifteen choices, respondents were asked to identify the "Services and Activities They Would Like to Participate In", in the coming year.

FH Post Ceremony Survey

To support CBPR efforts, post-ceremony surveys are completed by Traditional Healers and their support staff to answer the following questions: Did you have the resources that you needed? Were residents well-prepared for ceremony protocol? Were there any challenges, needs or barriers? What can we do to improve our efforts?



FH CDEP, Evaluation Questions

In general, the evaluation focus is to examine the effectiveness of traditional healing methods on the residential substance abuse treatment population of American Indians adults: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical, and emotional), social and economic engagement and cultural connectedness?

The traditional healing methods for FH CDEP examination include the following ceremonies: Talking Circles, Traditional Healer and Sweat Lodge Ceremonies. Cultural gatherings that engage youth of the FH Youth Program and the AI community were studied to a lesser degree. The FH CDEP examination includes two process evaluation questions, nine outcome evaluation questions, and one formative evaluation question, as follows:

Process Evaluation Question #1: Who are the client residents and youth and community participants of Friendship House CDEP? Tracked: # of FH CDEP participants by demographics, and by presenting problems and by service needs. Tracking Tool: Accucare Electronic Health Records (Accucare EHR) and SAMHSA SPARS database systems are used by FH programs to collect demographics, and relevant assessment data.

Process Question #2: How many and how often did residents, youth participants and community members join in each of the three program components: Talking Circles, Sweat Lodge and Traditional Healer Ceremonies? Tracked: # of clients and consumers reached by each of three specific enhanced traditional components. Tracking Tools: Tracking and data retrieval through Accucare and Asset Panda (client coding system for individual x events x time spent in each event): Client/resident participation x traditional component (3).

Outcome Evaluation Question #1: How many residents reported increased abstinence? Tracked: # of residents who remain abstinent from alcohol and drugs from intake to 6-month interval. Measurement Tool: GPRA Part B, Measures for Abstinence.

Outcome Evaluation Question #2: How many residents reported decreased criminal involvement? Tracked: # of residents who show reduced criminal involvement from intake to 6-month interval. Measurement Tool: GPRA Part E, Measures for Criminal Involvement.

Outcome Evaluation Question #3: How many residents were working or engaged in job/education training? Tracked: # of residents who show positive outcomes for job and/or education/vocation activities - are currently employed or attending school from intake to 6-month interval. Measurement Tool: GPRA Part D, Measures for Employment and Education.



Outcome Evaluation Question #4: How many residents reported improvements in positive life consequences? Tracked: # of residents who show increases in positive choices leading to positive consequences, from intake to 6-month interval. Measurement Tool: GPRA Part C, Measures for Social Consequences.

Outcome Evaluation Question #5: How many residents reported stable housing? Tracked: # of residents housed, from intake to 6-month interval. Measurement Tool: GPRA Part C, Measures for Housing Stability.

Outcome Evaluation Question #6: How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional)? Tracked: # of residents who show positive mental health outcomes and reduced distress levels from intake to 6-month interval. Measurement Tool: GPRA Part F, Measures for Well Being.

Outcome Evaluation Question #7: How many residents reported decreased risky behavior (sexual and injection drug use)? Tracked: # of residents who show reductions in risky behavior from intake to 6-month interval. Measurement Tool: GPRA Part E, Measures for Risky Behavior.

Outcome Evaluation Question #8: How satisfied were residents with the three FH Healing Ceremonies? Tracked: # of CDEP client residents satisfied with services, including usefulness rates for each of the three ceremony components. Measurement Tool: Friendship House Client Satisfaction and Perceptions Survey.

Outcome Evaluation Question #9: How many FH residential clients and youth participants indicated increased cultural connectedness as a result of their participation in the FH programs? Tracked: # of youth participants who integrated cultural healing practices into their lives and self-reported access to the culturally based services that were available to them. Measurement Tool: Cultural Connectivity Scale Tool.

Formative Evaluation Question #1: To support CBPR efforts through AI community input to FH services, community members are asked to identify the needs of the AI community and to identify the activities they would like to join: Tracked: # of activities to attend (out of fifteen choices) and # of issues that affect the AI community (out of nineteen choices). Measurement Tool: FH Community Needs & Interest Survey.

Evaluation Design and Methods

The Friendship House Local Evaluation is part of the California Reducing Disparities Project (CRDP) Phase 2, Native American Implementation Pilot Project (NA-IPP) which launched in response to a call for national action to reduce mental health disparities among historically underserved populations. For the purposes of evaluating ceremonial aspects of the Friendship House American Indian Traditional Treatment and Recovery Healing Model (Friendship House Model) within the three years of CRDP implementation (2018-2021), this study examines the effectiveness of traditional healing methods used in the residential substance abuse treatment program for American Indian adults. Cultural gatherings that engage the Friendship House Youth Program participants and American Indian community are studied to a lesser degree, to assess interest and participation in AI/AN traditional practices.

Design

The Friendship House Community Defined Evidence Practice is non-experimental, quantitative study design - measuring variables (ANOVA; pre/post comparison measures and rate of change; and means, standard deviation, degrees of freedom, p values, t-scores) for GPRA measure; and survey ratings for self-reported resident and youth cultural connectedness, resident satisfaction and community needs and interests) as they naturally occur through the programs and services of the organization. The FH CDEP focuses on FH "Healing through Ceremony" practices, specifically Talking Circles, Sweat Lodge, Traditional Healer and Cultural Gatherings, for the target population of American Indians. American Indian/Alaska Native (AI/AN) adults of the FH residential substance abuse treatment programs are studied through the lens of traditional ceremonies.

The CDEP evaluation measures changes in resident wellness (mental, spiritual, physical, and emotional) and measures resident, youth and community engagement (social and/or economic) and cultural connectedness? The level of intervention for residents - those who are "at" to "high-risk" or with early onset of mental illness, exhibited through substance abuse history. Measurement timelines for GPRA and Core Measures tools included Intake (within 2 days of residential enrollment) and one 6-month interval. CDEP Study Instruments for resident completion included

the following: PARC Core Measures, CDEP Informed Consent form, GPRA Client Outcomes Tool, and the FH Resident Satisfaction Survey (Resident completes at Discharge). CDEP Study instruments for FH youth participants included the Youth Drug/Alcohol Use Tool and Cultural Connectivity Scale (CCS). The CDEP Study instrument for community members was the FH Community Needs and Interests Survey. Youth and community surveys were completed at FH and FHYP events, gatherings, and celebrations.

Friendship House Ceremony Descriptions:

- Talking Circle ceremony is based on the principle of sharing power with one another. Listening and talking are both important elements of Talking Circle towards the facilitation of more in-depth and meaningful discussions. Before their participation, clients learn about the purpose, protocols and instructions related to Talking Circle during the FH Traditional Ceremony Orientation. Following, they are eligible to participate in Talking Circle sessions facilitated by traditional healers, traditional practitioners and counselors of Friendship House. Talking Circle is implemented twice a month for residents of the FH Substance Abuse Treatment Program who may participate in sessions lasting 1-2 hours each.

- Sweat Lodge ceremony has been an essential part of many Indians tribes of North, Central and South America for thousands of years and is a spiritual ritual that medicine people use to heal many illnesses. Through participation in this ceremony, clients learn how to pray, sing, deepen communal bonds, develop trust and express themselves emotionally. Clients also learn how to identify and let go of the habits, thought patterns and actions that have hindered them in the past. There is a separate lodge for men and women and transgender residents are encouraged to participate with the group with whom they are most comfortable. Before their participation, clients participate in an orientation meeting to learn about the purpose, protocols and instructions related to Sweat Lodge ceremony. Sweat Lodge ceremony is implemented twice a month for residents with sessions lasting up to 3 hours. Eligible residents are those who have completed 30 days in the residential program.

- Traditional Healers are called upon to lead and facilitate group and individual healing ceremonies. Traditional Healers lead and facilitate group and individual ceremony services across a 2-day period, once every month for interested residents and identify modifications and resources needed for future ceremonies. All clients are invited to attend group sessions and to set up individual appointments. Through participation in this ceremony ate in prayer services. They also receive opportunities for individual counseling sessions with Traditional Healers.

- Youth and Community Gatherings and celebrations are provided seasonally and annually and engage community members, youth participants and their families, and residents of the substance abuse treatment program. Community members are invited to participate in Traditional Healer and Sweat Lodge

ceremonies, as space is available. Many FH gatherings are based on the GONA approach, focusing on the three principles of Vision, Circles of Relationships and Sense of Hope.

Measurement Tools and Intervals

At baseline, and six-months later, adult AI residential substance abuse treatment residents were measured, using the Core Measures and GPRA Instruments. Planned participant count, GPRA, Core Measures: 50 residents per six-month period over a three-year study period: 300 total residents to complete GPRA and Core Measures Instruments. All residents were asked to complete the Resident Satisfaction Survey at Discharge. Youth participants were asked to complete the Cultural Connectedness Tool - CA version and the Alcohol and Prescription Drug Survey. Community members were asked to complete the FH Needs and Interests Survey.

Community Based Participatory Research

Throughout the three-year study period, CBPR strategies were implemented to ensure the inclusion of stakeholders. Stakeholder refers to residential clients, project staff and AI/AN members of the local Bay Area community who participate in and have the option of providing feedback regarding the implementation of FH ceremonies. Community engagement strategies included both written materials and online/ onsite meetings to monitor performance and identify challenges and modifications. The Friendship House Traditional Resources Work Group (FH-TRWG) was established to help select and monitor ceremony activities, and provide input to project activities, including evaluation.

Sampling Methods and Size

To ensure a Community Based Participatory Research (CBPR) process throughout CDEP planning implementation, and evaluation, a FH Traditional Resources Work Group (FH TRWG) was established during the pilot phase of the CDEP Study. TRWG members met quarterly during the pilot year of the CDEP study and biannually afterward to guide the study's traditional components, recruitment activities and local evaluation.

For the purposes of evaluating ceremonial aspects of the Friendship House Model and CDEP over a three-year period (July 1, 2018 - June 30, 2021), project staff and the FH TRWG decided to recruit 300 study participants: American Indian adult residents, primarily, aged 18 and older, of any gender identity. The quantity of data for 300 residents over the three-year study was felt to be reasonable and minimal for study participation, based on treatment programs' average rate of 175 residents' annual enrollment in recent years, and based on the sampling methods of previous years' studies.

To assess cultural connectedness, participation and interest in Native practices, cultural gatherings that engaged FHYP participants and the American Indian community were studied, to a lesser degree. The study used an alpha level of .01 for all statistical tests.

Planned/Actual Participant Counts, Residential Clients

Intake goals for Core Measures and GPRA Tool participant count were exceeded. 1) 300 planned/338 actual (unduplicated/unique) resident participants completed the PARC Core Measures instrument from July 1, 2018 - June 30, 2021. Intake goal exceeded by 9%. 2) 300 planned/489 actual (unduplicated/unique) resident participants completed the GPRA Tool from July 1, 2018 - June 30, 2021.

For 6-month follow-up of the Core Measures and GPRA Tool: 1) 138/338 CDEP participants completed the Core Measures instrument at the six-month follow-up interval, indicating a 41% follow-up rate. 2) 300/489 total FH Residents completed the GPRA Tool at the six-month follow-up interval, indicating a 61% follow-up rate over the three-year study period.

Demographics, FH Residential Clients

From July 1, 2018, through June 30, 2021 (Fiscal Years 2018-2021), FH adult participants of the residential substance abuse treatment program included 491 residential clients. Of that total, 489 completed the GPRA Tool and 338 residents completed the PARC Core Measures Instrument.

For Race: 76% of the 491 residents were American Indians. 7% were White, 4% were Multiracial, 3% were African American, and 10% were other Races including Asian, Native Hawaiian/ Pacific Islander. For gender of residents, 56% were male, 43% were female and 1% were transgender. For Ethnicity, 20% were Hispanic. For age range, 14% of residents were between the ages of 18 and 24, 36% were 25-34. 28% were 35-44, 17% were 45-54, and 5% were between the ages of 55 and 64. Of the 375 (76%) American Indian clients served, 62% were affiliated with California tribes.

Data Collection and Measures

Recruitment to the FH CDEP Study was voluntary and a convenience sampling method was used for recruitment: American Indian adult residents, ages 18 and older were recruited based on availability at the time and consent to take part in the study. FH informed and requested participation of each newly enrolled resident at Intake. Measurement timelines included baseline (at Intake) and a six-month interval. Enrollment Goal: 100 (unduplicated/unique) resident participants to be enrolled in the FH CDEP annually (50 per 2 cycles annually) and 300 study participants over a 3-year period.

All newly enrolled residents of the substance abuse treatment program were asked to voluntarily complete the Core Measures instrument during their screening interview. They were fully informed that their participation was voluntary and had no influence on their residential experience. GPRA Tool completion was required for all residents at Intake and findings are integrated into local evaluation reporting. For study retention purposes, FH participants no longer receiving services at the 6-month interval were offered a \$25 gift card for their participation in completion of the 6-month follow-up assessment tools (Core Measures, GPRA Measures).

Data procedures included the following:

- **Informed Consent:** During their first session at FH, residents were engaged in an informed consent process, during which details of their participation in the CDEP Study was explained. During this initial session, the risks were explained and discussed with the resident. Staff informed residents that their participation in the study was voluntary; that they would continue to receive services regardless of whether or not they participated; and that they could skip any questions they did not wish to answer.
- **Risks:** In addition to fully informing residents that their participation was voluntary, they were also informed that they should not feel compelled to answer questions that may be personally distressful. Residents were informed of protocols in place at FH to protect their personal information.
- **Safeguards:** All resident-facing staff are trained on HIPAA Compliance, Agency Confidentiality. Protocols, and Privacy and Security Policies. Clinicians are sensitive to those who are coping with trauma as well as serious health and wellness issues.
- **Data Storage:** Data collection is managed through Accucare, an Electronic Health Records system; through SAMHSA SPARS, for GPRA data collection; and through Asset Panda database for ceremony activity/participant counts. These three data systems facilitate intake documentation, data collection and analyses, client outcome reporting and ceremony participation counts/activities. Data protection protocols are compliant with all confidentiality, contractual obligations, state license and certification standards, CARF accreditation and HIPAA regulations to safeguard protected health information.
- **Benefits:** There were no financial or other direct benefits to participants. The FH CDEP Study may benefit the AI/AN community by adding to the knowledge base of indigenous ways of delivering services to Native people.

Data Collection Instruments

To ensure that CBPR interests were integrated throughout CDEP efforts, the FH TRWG helped identify critical data collection questions, and helped develop the "FH Community Needs & Interests Survey" and "FH Post-Ceremony Survey". Community and participant needs and suggestions were articulated through interests and satisfaction surveys, and findings were integrated into CDEP planning/implementation activities. FH CDEP Study instruments for resident participants and youth and community participants include the following: Government Performance and Results Act (GPRA) Client Outcome Measures, PARC Core Measures, CDEP Informed Consent, Friendship House Resident Satisfaction Survey, Youth Drug/Alcohol Use and Cultural Connectedness Survey, FH Community Needs and Interests Survey and FH Traditional Healer Post-Ceremony Survey.

INSTRUMENT: GPRA

Government Performance and Results Act (GPRA) Client Outcome Measures
Measure Type: Quantitative

Timing of Data Collection: Pre/Post Matched (Program Enrollment and 6-Month Interval).

Protocol: Paper/pencil data collected through a semi-interview format and administered onsite at FH. Data collection takes about 25 minutes to complete between resident and FH Health Educator. A \$25 gift card is provided to those who complete the GPRA at 6-months post-enrollment.

INSTRUMENT: CRDP CORE MEASURES

Core Measures collected specifically for CRDP, statewide evaluation (PARC LMU)
Measure Type: Quantitative

Timing of Data Collection: Pre/Post Matched (Program Enrollment and 6-Month Interval).

Protocol: Paper/pencil data collected through a semi-interview format and administered onsite at FH. Data collection takes about 15 minutes to complete between resident and assigned Case Manager. A \$25 gift card is provided to those who complete Core Measures at 6-months post-enrollment.

INSTRUMENT: CDEP INFORMED CONSENT

Participation in Community Defined Evidence Practice (CDEP) Study - Form for consent and signatures.
Measure Type: Consent Verification

Timing of Data Collection: Pre-CDEP participation (before completing Core Measures instrument).

Protocol: Paper/pencil data and resident signature administered and collected onsite at FH.

INSTRUMENT: FH RESIDENT SATISFACTION SURVEY

In-house developed survey to assess satisfaction/experience while in treatment program
Measure Type: Quantitative/Qualitative

Timing of Data Collection:
At program discharge.

Protocol: Paper/pencil data collection or online data collection through SurveyMonkey and administered onsite at FH. Data collection takes about 10 minutes to complete by resident.

INSTRUMENT: YOUTH DRUG/ALCOHOL USE AND CULTURAL CONNECTEDNESS SURVEY

In-house modified survey to assess youth alcohol and illegal prescription drug use and cultural connectedness
Measure Type: Quantitative

Timing of Data Collection:
At Enrollment and Friendship House Youth Program events.

Protocol: Paper/pencil data collection or online data collection through SurveyMonkey and administered onsite at FHYP site and youth events. Data collection takes about 10 minutes to complete by resident.

INSTRUMENT: FH COMMUNITY NEEDS & INTEREST SURVEY

In-house developed survey assesses needs and interests of the AI community of the SF Bay Area.

Timing of Data Collection:
At FH-hosted events.

Protocol: Paper/pencil data collection or online data collection through SurveyMonkey and administered at FH site and community events. Data collection takes about 10 minutes to complete by community participant.

INSTRUMENT: FH POST-CEREMONY SURVEY

In-house survey to assess traditional healer needs for future ceremonies and their perception of participants' readiness and engagement during ceremony activities.

Timing of Data Collection:
Post-ceremony for Sweat Lodge and Traditional Healer ceremonies.

Protocol: Paper/pencil data collected and completed onsite at FH. Data collection takes about 10 minutes to complete between FH support staff and Traditional Healer or Practitioner.

Fidelity and Flexibility

The FH CDEP is a non-experimental, quantitative study design - measuring variables (ANOVA; pre/post comparison measures and rate of change; and means, standard deviation, degrees of freedom, p values, t-scores; and survey ratings (for self-reported resident and youth cultural connectedness, resident satisfaction and community needs and interests) as they naturally occur through the programs and services of the organization. The FH CDEP focuses on FH "Healing through Ceremony" practices, specifically Talking Circles, Sweat Lodge, Traditional Healer and Cultural Gatherings, for the target population of American Indians. American Indian/Alaska Native (AI/AN) adults of the FH residential substance abuse treatment programs are studied through the lens of traditional ceremonies.

For the Friendship House CDEP Study, adherence was tracked through total quality management tools, implementation tracking tools (GPRA Client Outcome Measures, Friendship House Resident Satisfaction Survey, Youth Drug/Alcohol Use and Cultural Connectedness Survey, FH Community Needs and Interests Survey and FH Traditional Healer Post-Ceremony Survey) and other mechanisms to assure that essential program elements were conducted in accordance with program design.

Friendship House traditional practices experienced small to significant interruptions—mostly due to Shelter in Place protocols, were well-attended and often requested throughout the three-year study period. FH CDEP and evidence-based practices, relevant especially to the COVID 19 Pandemic were implemented immediately, across all programs. Practices most used included Case Management Care, Telehealth, and FH ceremonies/gatherings.

CDEP Program Differentiation

The FH CDEP was piloted in Fiscal Year 2017 and 90 individuals were assessed using the draft-Core Measures instrument, GPRA Tool and FH Resident Satisfaction Survey. Pre-implementation changes were made and included the following: 1) The tribal ceremony, "Calling Back the Spirit" was removed as a regular ceremony for residential clients due to feedback from several clients that "this ceremony was not a regular and/or allowable tribal practice" for them. It was replaced with Talking Circles. 2) The FH CDEP Study was revised from a quasi-experimental study design to a non-experimental study design - measuring variables as they naturally occur through the services of the organization.

Issues that impeded the regular practices of CDEP-measured activities included the COVID 19 Pandemic, the California Wildfires, and the George Floyd Killing/BLM Racial Uprisings. COVID 19 Pandemic: Fiscal years 2020 and 2021 were especially challenging for meeting the service needs of the San Francisco Bay Area American Indian community due to the COVID-19 Pandemic. Childcare, education, income, homelessness and social isolation impacts (especially for American Indian elders) were major concerns. The implementation of Shelter in Place protocols led to immediate modifications in service delivery. Black Lives Matter Racial Uprising/California Wildfires: Higher levels of anxiety and emotional/psychological distress were reported by residents, youth participants and community members during the period of BLM Racial Uprisings, which was already impacted by the CA Wildfires, and COVID-19 Pandemic. Traditional healers held special group ceremonies and individual counseling sessions with residential clients, staff and community members, focused on

the healing steps that would need to take place to address the killing of Floyd George and discussed steps to take towards healing as a nation. Youth and young adults of FHYP used a variety of online platforms to support BLM efforts and to support one another, psychologically and emotionally. Impact of COVID 19 Pandemic on Sweat Lodge, Talking Circles, Traditional Healer Services and Youth/Community Gatherings:

- **Sweat Lodge Ceremony:** For FH CDEP ceremonies, FH Sweat Lodge ceremony was discontinued for thirteen months (February 2020 to February 2021) due to the COVID-19 Pandemic/Shelter in Place and San Francisco "Spare the Air" restrictions. A modified Sweat Lodge Ceremony was implemented for interested FH residents who made medicine ties and placed them in the sweat lodge for prayer ceremony. An in-person Sweat Lodge ceremony was held in March of 2021.
- **Talking Circles:** Once project staff were available onsite, Talking Circles were reconfigured to smaller resident groups (10 individuals or less) to ensure social distancing for safety.
- **Traditional Healer Ceremony:** No traditional healer ceremonies were held for a three-month period after which Traditional Healer (individual and group) ceremonies continued, using online platforms. As of February 2021, traditional healer group and individual sessions were held as live, small group sessions but with social distancing and regular space disinfection protocols in place.
- **Youth and Community Gatherings:** To help ensure AI/AN children, youth and young adults and their families had the resources (including academic and cultural support) readily available during this reporting period: FHYP established itself as a SF Community Hub, which allowed for longer hours of operation for in-person or virtual, online services. etc. From July 1, 2018 - June 30, 2021, FHYP, Native American Health Centers of Oakland and San Francisco, Office of Indian Education, American Indian Cultural Center, MeWater and other key CBOs worked closely with one another to provide Native Community Wellness Check-Ins to 1982 Youth, 925 Young Adult and 2,135 Community Participants/Family Members. Wellness Check-Ins included: funds/transportation/delivery of food boxes, water, laptops with internet access for students, home supplies, including disinfectant supplies, face masks and hand sanitizers. FHYP and collaborators continued to provide Wellness Check-Ins through the end of June 30, 2021.

Quality of Delivery

Total quality management/continuous improvement strategies informed Friendship House's decision-making and CDEP program design by conducting high quality, consumer-driven evaluation activities. Traditional healers, project staff and community stakeholders were actively engaged in shaping the modifications made to the FH CDEP during this period, thereby shaping local evaluation activities, in general. Community stakeholders refer to residential clients, project staff and AI members of the local Bay Area community who participate in services. Feedback was generated through resident and youth satisfaction surveys; community needs and interests surveys; and post-ceremony participant feedback, follow-up meetings and post-ceremony facilitator survey. Information was shared and modifications were made as needed through the decisions at FH TRWG meetings, monthly grant meetings, and quarterly quality assurance meetings. Apart from CDEP modifications made in response to COVID 19/BLM Uprising/CA Wildfires, the Friendship House CDEP was implemented as planned across the three-year study period.

Implementation of Data Analysis Plan

The Friendship House Community Defined Evidence Practice (CDEP) is based on the FH Healing Model, using best practices in trauma informed services, substance abuse treatment and community wellness services; and incorporating traditional indigenous methods such as Sweat Lodge ceremonies, Traditional Healer ceremonies, Talking Circles, Gathering of Native Americans (GONA), etc. The FH CDEP Study provided an opportunity to study the programs and services of Friendship House through the lens of traditional healing practices.

The FH CDEP Study focuses on FH “Healing through Ceremony” practices, specifically Talking Circles, Sweat Lodge, Traditional Healer and Cultural Gatherings, for the target population of American Indians. In addition, numerous evidence/practice-based methods are implemented across the FH Residential Program and Youth Program and integrated into FH program practices. The FH CDEP is designed to answer the following research question: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical, emotional), social and economic engagement and cultural connectedness?

The CDEP evaluation measured changes in resident wellness and measured resident, youth, and community engagement (social/economic) and cultural connectedness? The level of intervention for residents - those who are “at risk to high-risk” or with early onset of mental illness, exhibited through substance abuse history.

A combination of process evaluation measures (participation demographics and counts by ceremony participation), outcomes evaluation measures (ANOVA; pre/post comparison measures and rate

satisfaction, cultural connectedness surveys), and formative evaluation measures (community needs and interests) enabled this project to manage, monitor and enhance its activities. The primary source of outcome evaluation data for those receiving services was SAMHSA’s GPRA Client Outcome Measures Tool (SAMHSA CSAT GPRA Tool, 2019). The GPRA tool uses client-level interview questions to measure each participant’s substance use, criminal activity,



mental/physical health, education/employment status and social connectedness.

The local evaluation also engaged in process evaluation to determine if FH ceremonies and gatherings had been implemented as planned. Process evaluation involved tracking the implementation plan, determining how well the project followed that plan and helped to suggest adjustments to the plan where indicated. Process evaluation efforts also tracked other program outputs including number

of ceremonies and gatherings held and number of individuals participating in each type of activity.

This was accomplished through in-person or online registrations and activity sign-in sheets. Project staff tracked, logged and organized these data through Asset Panda, an online data management system used for tracking process data.

Community Based Participatory Research (CBPR) activities were adopted to ensure inclusion of stake-

The local evaluation assessed CDEP effectiveness through two process evaluation questions, nine outcome questions, and one formative evaluation question and includes the data collection and management of several tools, including: GPRA Tool (completed at baseline and 6-month follow-up), FH Post-Ceremony Survey, FH Resident Satisfaction Survey, FH Community Needs and Interests Survey, Cultural Connectivity Scale and the Alcohol and Drug Use Survey.

Through Accucare EHR, SPARS (GPRA data system) and other management information database system used by FH, data may be researched by race, ethnicity, age, gender, two-spirit, tribal affiliation, etc., to obtain intersectional data. Preliminary study findings were shared with stakeholders, including the FH TRWG, with the goal of influencing implementation decisions and practices. Quality management issues were addressed at monthly FH Contracts meetings and quarterly FH Quality Assurance Committee meetings.



holders in CDEP implementation and evaluation efforts. To support CBPR efforts, Friendship House conducted stakeholder surveys at community events throughout the 3-year study period.

Community engagement strategies monitored performance and identified challenges and needed modifications. A Traditional Resources Work Group (FH TRWG) was established to review and help enhance the CDEP traditional components and local evaluation throughout the three-year study period.

Results

The Friendship House Community Defined Evidence Practice (FH CDEP) Study is based on the Friendship House Healing Model and resilience and recovery are examined through the lens of tribal and intertribal healing practices, specifically Talking Circles, Traditional Healer Ceremony and Sweat Lodge Ceremony. Cultural gatherings that engage the FH Youth Program and American Indian community are studied to a lesser degree. Ceremony implementation by Pilot Phase and Implementation Phase:

Status, PILOT Phase: Completed, implemented as planned: 1) Three ceremonies implemented (Sweat Lodge, Calling Back the Spirit, Traditional Healer sessions) and documented through regular tracking procedures. Data tracking for youth program and community gathering events was established, as well. 2) Core measures instrument completed by 90 FH CDEP participants. 3) Core measures instrument, consent and data collection and tracking protocols established. 4) Feedback from stakeholders received to inform changes to the implementation phase of the CDEP Study.

Planned/Actual Participant Counts: 94/50 study participants completed the Core Measures instrument, from December 1, 2017 - June 30, 2018). Pilot Phase Intake goal exceeded by 53%. Measurement timeline was baseline, at Intake.

Pre-implementation changes made: 1) The tribal ceremony, "Calling Back the Spirit" was removed from the FH ceremony practices and replaced with Talking Circles. Calling Back the Spirit was removed as a regular activity for residential clients, due to feedback from several clients that "this specific ceremony was not a regular and/or allowable tribal practice" for them. 2) The FH CDEP Study was revised from a quasi-experimental study design to a nonexperimental study design - measuring variables as they naturally occur through the programs and services of the organization.

Status, IMPLEMENTATION Phase: Completed, implemented as planned. 1) Three ceremonies implemented (Sweat Lodge, Talking Circles, Traditional Healer sessions) and documented through regular data tracking procedures. 2) Data tracking for youth program and community gathering events established. 3) Planned participation of 50 residents per six-month cycle over a 3-year period (exceeded goal). Initiated 7/1/2018. Completed 6/30/2021. Measurement timeline, baseline and 6-month interval (Appendices, Table 2).

Planned/Actual Participant Counts: Survey completion goals for Core Measures and GPRA Tool participant counts were exceeded. 1) 300 planned/338 actual (unduplicated/unique) residential client participants completed the PARC Core

CEREMONY TYPES & COUNTS 2018-2021

314

**Residents participated
in 84 Talking Circle
Sessions**

159

**Residents participated
in 28 Sweat Lodge
Sessions**

263

**Residents participated in
20 Group and
98 Individual
Traditional Healer
Sessions**

2,526

**Participants joined
in 58 FH Hosted/
Co-Hosted Youth &
Community Gatherings**

Measures instrument from July 1, 2018 - June 30, 2021. Intake goal exceeded by 9%. 2) 300 planned/489 actual (unduplicated/unique) residential client participants completed the GPRA Tool from July 1, 2018 - June 30, 2021. For 6-month follow-up of the Core Measures Instrument and GPRA Tool: 1) 138/338 CDEP participants completed the Core Measures instrument at the six-month follow-up interval, indicating a 41% follow-up rate over the three-year study period. 2) 300/489 total FH Residents completed the GPRA Tool at the six-month follow-up interval, indicating a 61% follow-up rate.

Actual Counts, Participation by Ceremony

Study period, July 1, 2018, through June 30, 2021 (Fiscal Years 2018-2021):

1) Talking Circles (TC) are implemented weekly for residents of the FH Substance Abuse Treatment Program who may participate in sessions lasting 1-2 hours each. TC Participant Counts: 314 resident participants (unduplicated Count) across 84 TC sessions.

2) Sweat Lodge (SW) ceremony is implemented twice a month for residents with sessions lasting up to 3 hours. Staff and community members are invited to participate in Sweat Lodge and Traditional Healer ceremonies, as space is available. SW Participant Counts: 159 resident participants (unduplicated count) across 28 Sweat Lodge ceremonies (discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions).

3) Traditional Healer (Individual Counseling/Group Ceremony): Traditional Healers (TH) are selected to lead and facilitate group sessions and individual counseling services across a 2-day period, once every month at the Friendship House Healing Center in San Francisco. TH Resident Participant Counts: 263 (unduplicated) residents participated in 20 Traditional Healer Group sessions. 98 (unduplicated) residents participated in Individual Counseling Ceremony.

4) Youth and Community Gatherings (YCG): Cultural gatherings and celebrations are provided seasonally and annually and engage community members, youth participants and their families, and program residents of the substance abuse treatment program. YCG Participant Counts: 2,526 community members participated in 58 FH and FHYP-hosted/co-hosted gatherings, ceremonies and celebrations.

Implementation Revisions

FH residential satisfaction survey findings across a three-year period, indicated that several individuals did not favor Talking Circles as a program activity. Going forward, two implementation changes under consideration and addressed in FH Quality Assurance meetings, include revisions to the current Talking Circles format and/or making Talking Circles "optional" for regular program activity and attendance.

Resident Outcomes, FYs 2018 - 2021

Government Performance and Results Act (GPRA) data, collected from July 1, 2018 - June 30, 2021 (n=489 Intakes; and 300/489 or 61% follow-up rate) on residential clients at intake and six months later, demonstrated consistently positive outcomes for measures of abstinence, decreases in criminal involvement, risky behavior, health/behavioral/social consequences, employment/education and stability in housing (Appendices, Table 3). In general, FFYs 2018-2021 outcomes for residents closely mirror previous years' findings, collected for FH-SAMHSA grants (GPRA 2001-2015, n=1001. Lebron, 2020a).

● SUBSTANCE USE OUTCOMES OF RESIDENTS



GPRA Tool, Part B questions collect baseline (past 30-day) information on the type and frequency of alcohol/drug use, drug used. FH Resident data is collected at intake and 6-months later. Data analysis showed positive gains in abstinence from drug and alcohol use (from 41.3% at Intake to 75.7% at 6-month follow-up, indicating an 83.1% rate of change; N=237; M=59.25; SD=26.56; df=58.25; and $p < .01$).

● CRIMINAL JUSTICE INVOLVEMENT



GPRA Tool, Part E questions collect baseline (past 30-day) information on arrests, jail/prison time, crime frequency, awaiting charges/trial/sentencing and if the client is currently on parole or probation. Data analysis showed an increase in clients' reporting of "no past 30-day criminal justice involvement" (from 92.3% at Intake to 98.3% at 6-month follow-up, indicating a 6.5% rate of change; N=313; M=78.25.25; SD=28.68; df=77.25; and $p < .01$).

● RISKY BEHAVIOR



GPRA Tool, Part F questions collect baseline (past 30-day) information on risky behavior. FH Resident data is collected at intake and 6-months later. Data demonstrated positive gains in terms of injection drug use and risky behavior indicators: 7.1% reported unprotected sexual contact with an injection drug user at baseline, with a decrease to 2.4% at 6-month follow-up, indicating a -66.7% rate of change; and 13.2% reported unprotected sexual contact with an individual high on some substance at baseline, with a decrease to 2.4% at 6-month follow-up, indicating a -41% rate of change. 11.3% of residents reported injection drug use in the prior 30 days at baseline, with a decrease to 3.3% six months later (indicating a -70.6% rate of change; N=12; M=3; SD=1.63; df=2 and $p < .01$).

Summary, Resident Outcomes, FYs 2018 - 2021

Residential clients, assessed at intake and six months later, indicated **significant decreases in drug and alcohol use** (abstinence increased from 41% at Intake to 76%, six-months later), **decreases in criminal involvement** (arrest-free records increased from 92% at Intake to 98%, six-months later); and **declines in risky behavior** (injection of illegal drug use decreased from 11% to 3%; and unprotected sexual contact with injection drug user decreased from 7% at Intake to 4% six-months later). Clients reported **significant improvements in employment and educational pursuits** (increased from 6% at Intake to 51%, six-months later), **slight increases in positive choices leading to positive consequences** (increased from 19% at Intake to 24%, six-months later) and **slight increases in stable housing** - has a place to live (increased from 15% at Intake to 18%, six-months later).

Residents reported **overall health as significantly improved**. Clients' self-reported rating of Excellent - increased from 10% at Intake to 17%, six months later; Very Good - increased from 22% at Intake to 43%, six months later. **Residents also reported they are less bothered by psychological or emotional problems:** Clients' rating of "Extremely Bothered" decreased from 14% at Intake to 6%, six months later; and rating of "Considerably Bothered" decreased from 21% at Intake to 7%, six-months later. Clients' reductions were noted for anxiety (decreased from 78% to 56%), depression (decreased from 59% to 40%), hallucinations (decreased from 7% to 1%) and suicide attempt (decreased from 2% to 0.3%).

● EMPLOYMENT & EDUCATION

GPRA Tool, Part D questions collect baseline (past 30-days) information on education and employment activities. Data demonstrated more clients reported being employed and/or attending school after six months (from 6.0% at Intake to 51.0%, at 6-month follow-up, indicating a 750% rate of change; N=161; M=40.25; SD=13.25; df=39.25; and $p < .01$).

● STABILITY IN HOUSING

GPRA Tool, Part C questions collect baseline (past 30-days) information on where resident has been living, and level of satisfaction and stress related to living situation. Data analysis showed a slight increase in clients reporting "having a permanent place to live in the community" (from 15.3% at Intake to 18.0%, at 6-month follow-up, indicating a 17% rate of change; N=56; M=14; SD=7.07; df=13; and $p < .01$).

● HEALTH & SOCIAL CONSEQUENCES

GPRA Tool, Part G questions collect past baseline (past 30-day) information on consequences related to alcohol/drug use. Data analysis showed increases in clients reporting "no alcohol or illegal drug use health/behavioral/social consequences" (from 19.1% at Intake to 23.8%, at 6-month follow-up, indicating a 25% rate of change; N=110; M=27.5; SD=31.31; df=26.5; and $p < .01$).

● PHYSICAL AND MENTAL HEALTH

GPRA Tool, Part F questions collect baseline (past 30-days) information on well-being. Data analysis showed improvement in clients' reporting of "Considerably" to "Extremely" bothered by psychological and emotional problems. Depression decreased from 59% to 40% (N=128 M=32; SD=11.43; df=31; and $p < .01$). Anxiety decreased from 78% at Intake to 56% at 6-month follow-up (N=176; M=44; SD=16.87; df=43; and $p < .01$).

Resident Satisfaction, FYs 2018 - 2021

To determine satisfaction with the Friendship House Residential Substance Abuse Treatment Program and other services provided by Friendship in FYs 2018 - 2021, residents were asked to complete satisfaction surveys at discharge. From July 1, 2018, through June 30, 2021, 489 individuals were residents of the treatment programs. 54% (263/489) of residents completed the FH Resident Satisfaction Survey (Appendices, Table 4). Resident Satisfaction Survey questions focused on four themes: general experience, cultural competence, service experience, and service satisfaction.

When asked what their **favorite activities** were, resident choices included Sweat Lodge, Traditional Healer sessions, Native culture education, Men/Women Wellness classes, Drumming Circle, Red Road to Recovery classes and Outside Meetings, including AA, NA meetings. Morning clearing, journaling, song and drum circles, Dancing Feathers Powwow, exercise and individual/group counseling were also mentioned as favorite activities. **Least favorite activities** included case management sessions, process groups, morning clearing, restrictions, routine lecturing on house policies, group penalties for individual mistakes, groups, groups on weekends, inconsistent communication and finding a sponsor. Talking Circles, Groups and Meetings were often identified as a "least liked" as well as a "favorite" activity.

General Experience: General experience is assessed through nine questions related to the resident's personal experience with the Friendship House. 85% of residents reported that the FH Intake process was easy to complete; 88% felt that referrals were provided for medical needs; 83% were involved in the development of their treatment plan. 87% reported that they met with their counselor at least once per week; and 84% were comfortable with their assigned counselor. 85% of residents felt that staff took the necessary time to listen and understand their needs.

Cultural Competence: Cultural competence is assessed through nine questions related to the resident's comfort with the program setting, perception that services received were a match to needs, cultural needs were understood, connection with the American Indian community, etc. 84% of residents felt their cultural beliefs were respected; 83% felt they got the help they needed; and 86% felt that their involvement with FH helped them to make a connection to the American Indian Community.

Service Experience: Service experience is assessed through eleven questions related to learning, valuing and applying new information and skills, etc. 83% or more residents reported that they learned new information and values related to American Indian culture. Residents reported that they can apply new skills related to what was learned through: Talking Circles, 79%; Traditional Healer individual and group ceremony, 58%; Sweat Lodge ceremony, 83%; and Red Road to Recovery sessions, 72%. 83% felt the services received addressed the help they needed.

Service Satisfaction: General satisfaction is surveyed to understand the client's experience as a participant of the substance abuse treatment program. 79% of residents expressed satisfaction and 15% expressed partial satisfaction with services received; and 77% rated FH services as "good to excellent".

Findings by Percentage, Resident Satisfaction

General Experience: Agree/Strongly Agree

I felt that the Friendship House Intake process was easy to complete.	85% Agree
The Intake Coordinator was able to return my call for intake within 24 hours.	84% Agree
I felt that staff members took the necessary time to listen and understand my needs.	85% Agree
I was informed of the client policy, program requirements and expectations as a resident.	88% Agree
I was involved in developing my treatment plan.	83% Agree
While in the treatment program, referrals were provided to help me with my medical needs.	88% Agree
While in the program, referrals were provided to help me with my wellness needs.	83% Agree
I was comfortable with my counselor.	84% Agree
My counselor met with me at least once per week during my treatment.	87% Agree

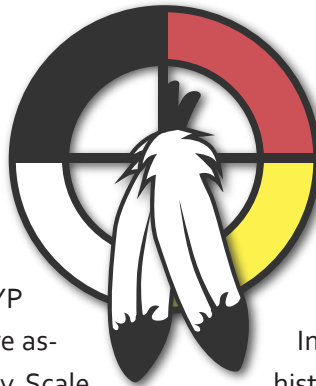
Service Experience: Agree/Strongly Agree

I felt the services I received addressed the help I needed.	83% Agree
I learned new information about American Indian culture.	83% Agree
I learned new values related to American Indian culture.	68% Agree
I can apply new skills related to what was taught through Sweat Lodge Ceremony.	83% Agree
I can apply new skills related to what was taught through Talking Circles.	79% Agree
I can apply new skills related to what was taught through Traditional Healer Ceremony.	58% Agree
I can apply new skills related to what was taught through Red Road to Recovery classes.	72% Agree
I can apply new skills related to what was taught through Men or Women Wellness classes.	79% Agree
I can apply new skills related to what was taught through Living in Balance classes.	49% Agree
I can apply new skills related to Food is Medicine education and practice.	54% Agree
The activities related to GED or other education support were helpful for me.	70% Agree
The activities related to finding a job were helpful to me.	76% Agree

Cultural Competence: Agree/Strongly Agree

The program setting was comfortable.	86% Agree
The program environment was clean.	92% Agree
I was provided with assistance for reading and filling out forms and documents as needed.	87% Agree
I felt that I got the help I needed.	83% Agree
I felt my cultural needs were understood.	82% Agree
I felt that my cultural beliefs were respected.	84% Agree
I feel that I am connected to the American Indian community.	86% Agree
Friendship House has helped me make a connection to the American Indian community.	86% Agree
Cultural information was included in the treatment services to support my recovery.	84% Agree

Friendship House Youth Program (FHYP) Cultural Connectedness and Substance Use Study



The FHYP Cultural Connectedness & Substance Use Study (FHYP CCSU Study) 2018-2020 examined cultural connectedness and illegal prescription drug/alcohol use among participants of FHYP services. In FY 2018/19, 62 participants were assessed, using the full Cultural Connectivity Scale (CC Scale) and in FY 2019/20, 28 participants were assessed, using seven questions from the CC Scale (Appendices, Tables 5-8). All FHYP study participants completed the Alcohol and Illegal Drug Use

Survey. Findings (n=90): Continued interest, engagement and connection to American Indian culture amongst FHYP participants is evidenced through their: 1) ongoing participation in American Indian activities related to culture, identity, history, arts (87%); 2) ongoing ceremony participation, including participation with family members (81%); and 3) engagement in healing activities with traditional healers (78%).

Background

In FY 2018/19, FHYP participants were asked to complete the Cultural Connectivity Scale, CA Version (CC Scale). Due to feedback from participants that the CC Scale took a long time to complete, and in assessing the sizable number of questions that received no answer or were answered, "not applicable", seven questions from the CC Scale, 2 questions from the Alcohol and Illegal Drug Use survey. In 2021, FHYP survey questions were merged into one simplified tool (currently completed by FHYP at program enrollment).

By Race and Ethnicity (based on 73 FHYP records): 74% of the regular participants were American Indians. 3% were Hispanic/Latino, and 23% were Other Races. Tribes represented: Navajo, Apache, Blackfeet, Cherokee, Choctaw, Lakota, Nahuati, Tlinget, Shawnee, Sioux, Pit River, Pomo, Tohono O'odham, Washoe, etc. For gender of participants: 63% were male, 37% were female. For age range: 8% were between the ages of 1-9, 25% were 10-13 years of age, 32% were 14-17 years of age and 35% were 18 -24 years of age. Results, Full CC Scale - all questions included in FHYP assessment, FY 2018/19 (n=62).

AMERICAN INDIAN CULTURE: 41% of respondents reported that they understand some Native American/Indigenous words or language(s). 76% believe things like animals, rocks (and all nature) have a spirit like Native American/Indigenous People. 63% of youth respondents reported that they have spent time trying to find out more about being Native American/Indigenous, such as history, tribal identity, traditions, language and customs. 87% plan on trying to find out more about my Native American/Indigenous culture, such as its history, Tribal identity, traditions, customs, arts and language. 61% have talked to community members or other people to learn more about being Native American/Indigenous. 69% a traditional person, counselor or Elder who is knowledgeable about my culture, spoke to me about being Native American/Indigenous, I would listen to them carefully.

AMERICAN INDIAN IDENTITY: 9% of youth respondents know their cultural/spirit name or Indian name. 64% have a strong sense of belonging to my Native American/Indigenous family, community, Tribe, or Nation. 63% have done things to help them understand their Native American/Indigenous background better. 55% reported that they felt a strong connection/attachment towards their Native American community or Tribe. 55% also reported that they felt a strong connection to my ancestors and those that came before them. 52% agreed that being Native American/Indigenous means they sometimes have a different perception or way of looking at the world.

CEREMONY PARTICIPATION: 63% use ceremonial/traditional medicines for guidance or prayer or other reasons. 76% had participated in a traditional/cultural ceremony or activity. helped prepare for a traditional/cultural ceremony or activity in my family or community. 68% helped prepare for a traditional/cultural ceremony or activity in my family or community. 77% Someone in my family or someone I am close with attends traditional/cultural ceremonies or activities. 84% I plan on attending a traditional/cultural ceremony or activity in the future.

TRADITIONAL HEALING: 74% of FHYP youth reported they have a traditional person, elder or other person to talk to when needed. 44% When I am feeling spiritually ill or disconnected, I look to my Native American/Indigenous culture or community for help. 69% If a traditional person, counselor or Elder who is knowledgeable about my culture, spoke to me about being Native American/Indigenous, I would listen to them carefully.

FINDINGS - All FHYP Survey Participants (n=90):

- DRUG & ALCOHOL USE: 55% of FHYP youth reported they had never used alcohol. 60% reported they had never misused prescription drugs.
- AMERICAN INDIAN CULTURE: 81% of youth respondents believe things like animals, rocks (and all nature) have a spirit like Native American/Indigenous People. 87% of FHYP youth plan on trying to find out more about their American Indian tribe, culture, history, and arts.
- AMERICAN INDIAN IDENTITY: 67% of youth respondents reported that they feel a strong connection/attachment towards their Native American community or Tribe.
- CEREMONY PARTICIPATION: 81% of FHYP youth surveyed participated in a traditional/cultural ceremony or activity. 81% reported that their family members also participated in ceremony activities. 84% of youth respondents plan on attending a traditional/cultural ceremony or activity in the future.
- TRADITIONAL HEALING: 78% of FHYP youth reported they have a traditional person, elder or other person to talk to when needed.

Friendship House Community Needs & Interests, FYs 2018 - 2021

In Fiscal Years 2018-2021, more than 136 tribes and tribal bands were represented through the Friendship House residential population, youth and family and community program participant. FHYP and FH gatherings engaged 2,526 community members, including family members of FHYP participants.

Respondent Demographics, FH Community Needs and Interests Survey

Friendship House conducts consumer and stakeholder surveys at community events, celebrations and powwows throughout the year. Survey questions are related to American Indian needs, interests, concerns and opinions. The community of interest is the San Francisco Bay Area American Indian community. From July 1, 2018 - June 30, 2021, 202 community members completed the Friendship House Community Needs and Interests Survey (Appendices, Tables 9-10). Demographics of survey respondents:

- **By Race and Ethnicity:** 85% were American Indian respondents. 4% were Hispanic/Latino.
- **By Gender:** 42% were male, 57% were female and 1% were transgender.
- **For Age Range:** 1% were under age 18; 4% were 18-20; 15% were 21-30; 29% were 31-45; 17% were 46-55; 29% were 56-70 and 5% were 71 years or older.
- **Community:** 34% reported that the Mission District was the San Francisco community where they spent most of their time. 46% selected communities outside of San Francisco. 6% selected Downtown/Union, 4% selected Sunset, 4% selected Haight Ashbury, 3% selected Pacific Heights and 3% selected South of Market as communities where they spent most of their time.
- **Stable Housing:** 84% of residents reported that they were living in a stable housing situation. 10% of respondents reported they were homeless. 6% reported that they were not currently homeless but had been in the past.
- **Health Services:** When survey respondents were asked where they go to receive health services, 55% responded that they went to community clinics and 45% went to private, medical offices.

34% reported that the Mission District was the San Francisco community where they spent most of their time. 10% of respondents reported they were homeless. 6% reported that they had experienced homelessness in the past but were not homeless now. When survey respondents were asked where they go to receive health services, 55% responded that they went to community clinics and 45% responded that they went to private, medical offices.

Youth and Adult community members (n=202) selected the following as Top 5 Choices for Activities to Join (out of 15 choices) in the coming year: **Number One Choice - Traditional Native Activities, 47% (compared to 53%, 2012-2019, n=1603)**, followed by Exercise, 43% (compared to 41%, 2010-2019, n=1603), Housing Assistance, 37% (compared to 30%, 2010-2019), Nutrition, 35% (compared to 35%, 2012-2019), and College/ Career Assistance, 24% (compared to 26%, 2010-2019, n=1603).

Youth and Adult community members identified the following as TOP 5 Issues that Affect our SF Bay Area American Indian Community (out of 19 choices); **Number One Choice - Racism/Discrimination, 67%** (compared to 89%, 2010-2019, n= 1603); Alcohol Abuse, 67%; followed by Drug Abuse, 65% (compared to 85%, 2010-2019, n= 1603); Tobacco Use, 62%; and Domestic Violence, 59%.

ISSUES THAT AFFECT US THE MOST

Participant Choice	By %
Racism/Prejudice/Discrimination	67%
Alcohol Abuse	66%
Drug Abuse	65%
Tobacco Use	62%
Domestic Violence	59%
Suicide	58%
Depression	57%
Low Educational Attainment	57%
Stress/Anxiety	57%
Diabetes/Obesity	56%
Unemployment	56%
Access to Health Care	55%
Community Violence	55%
Lack of Tribal Resources/Services	55%
Trauma	53%
Child Abuse/Neglect	52%
HIV/AIDS	49%
Unplanned Pregnancy	46%
Gambling	41%

MOST INTERESTING SERVICES/ACTIVITIES

Participant Choice	By %
Traditional Native Activities	47%
Exercise	43%
Housing Assistance	37%
Nutrition	35%
12 Step groups	29%
Parenting Education/Groups	25%
College and Career Assistance	24%
Job Training/Placement	24%
Anger Management	22%
Substance Abuse Treatment/Counseling	22%
Budgeting Workshops	21%
Suicide Prevention	21%
Domestic Violence Prevention/Support	18%
Youth Academic Tutoring	17%
Smoking Cessation	6%

WHICH ISSUES AFFECT THE AMERICAN INDIAN COMMUNITY THE MOST (2018 - 2021)?

TOP 5

WHICH SERVICES and ACTIVITIES INTEREST YOU THE MOST (2018 - 2021)?

1 Racism/Discrimination (67%)

2 Alcohol Abuse (66%)

3 Drug Abuse (65%)

4 Tobacco Use (62%)

5 Domestic Violence (59%)

1 Traditional Native Activities (47%)

2 Exercise (43%)

3 Housing Assistance (37%)

4 Nutrition (35%)

5 College/Career Assistance (24%)

Healing Practices, Participant by Ceremony Counts



Ceremony, Participation Counts

From July 1, 2018, through June 30, 2021:

- 314 (unduplicated) residents participated in Talking Circles Ceremony.
- 98 (unduplicated) residents participated in Traditional Counseling - Individual Ceremony.
- 263 (unduplicated) residents participated in Traditional Counseling - Group Ceremony.
- 159 (unduplicated) residents participated in Sweat Lodge Ceremony
- 2,526 community members participated in FH and FHYP-hosted/co-hosted gatherings, ceremonies and annual celebrations

Actual Counts, Participation by Ceremony

Study period - July 1, 2018, through June 30, 2021

(Appendices, Tables 9-10):

- 1) Talking Circles (TC) are implemented twice a month for residents of the FH Substance Abuse Treatment Program who may participate in sessions lasting 1-2 hours each. TC Participant Counts: 314 resident participants (unduplicated Count) across 84 TC sessions.
- 2) Sweat Lodge (SW) ceremony is implemented twice a month for residents with sessions lasting up to 3 hours. Staff and community members are invited to participate in Sweat Lodge and Traditional Healer ceremonies, as space is available. SW Participant Counts: 159 resident participants (unduplicated Count) across 28 Sweat Lodge ceremonies (discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions).
- 3) Traditional Healer (Individual Counseling/Group Ceremony). Traditional Healers (TH) are selected to lead and facilitate group sessions and individual counseling services across a 2-day period, once every month at the Friendship House Healing Center in San Francisco. TH Resident Participant Counts: 263 (unduplicated) residents, participated in 20 Traditional Healer Group sessions. 98 (unduplicated) residents participated in Individual Counseling Ceremony.
- 4) Youth and Community Gatherings (YCG): Cultural gatherings and celebrations are provided seasonally and annually and engage community members, youth participants and their families, and program residents of the substance abuse treatment program. YCG Participant Counts: 2,526 community members participated in 58 FH and FHYP-hosted/co-hosted gatherings, ceremonies and celebrations.

Synthesis of Findings

The FH CDEP Study is based on the FH Model and resilience and recovery are examined through the lens of tribal and intertribal healing practices, specifically Talking Circles, Traditional Healer Ceremony and Sweat Lodge Ceremony. Cultural gatherings that engage the FH Youth Program and American Indian community are studied to a lesser degree.

A combination of process evaluation measures (participation demographics and counts by ceremony participation) formative (needs/interests surveys) and outcomes evaluation measures (ANOVA; pre/post comparison measures and rate of change; and means, standard deviation, degrees of freedom, p values, t-scores; and survey ratings for self-reported resident and youth cultural connectedness, resident satisfaction and community needs/interests) and protocols enabled this project to manage, monitor and enhance its activities. The primary source of outcome evaluation data for those receiving services was SAMHSA's uniform data collection tool, the GPRA Client Outcome Measures Tool (GPRA Tool). Synthesis of findings to date:

Ceremony Participant Counts: From July 2018 through June 2021: 314 (unduplicated) residents participated in Talking Circles (84 sessions total); 159 (unduplicated) residents participated in Sweat Lodge Ceremony (28 sessions total); 263 (unduplicated) residents participated in 20 Traditional Healer—Group sessions and 98 Individual Counseling sessions; and 2,526 community members participated across 58 FH and FHYP-hosted/co-hosted gatherings and celebrations.

FH Treatment Program, Resident Outcomes: Residential clients of the FH Residential Substance Abuse Treatment Program, examined annually over the three-year study period demonstrated positive outcomes for GPRA measures of abstinence, risky behavior, reduced recidivism, health/behavioral/social consequences, employment/education and stability in housing. Residents also reported significant improvements in overall health and psychological/emotional well-being, showing reduced anxiety, depression, hallucinations and suicide attempts. For cultural connections, 86% of residents surveyed felt that their involvement with FH helped them to make a connection to the American Indian Community.

FHYP Participant Strengths: The impact of FH efforts on FH AI youth participants up to age 24, examined over a two-year study period noted continued interest, engagement and connection to American Indian culture amongst FHYP participants, as evidenced through their: 1) ongoing participation in American Indian activities related to culture, identity, history and arts; 2) ongoing ceremony participation, including participation alongside family members; and 3) ongoing engagement in AI traditional activities.

Community Interests: To support CBPR efforts, Friendship House conducts stakeholder surveys at community events throughout the year. Over the three-year study period, community members (n=202) were asked to identify activities they would like to participate in - Number One Choice: Traditional Native Activities (48%; and compared to 53%, 2012-2019, n=1603). Community members were asked to identify the issues that affect our SF Bay Area American Indian Community: Number One Choice - Racism/Prejudice/Discrimination, 67%; and compared to 89%, 2010-2019, n=1603 (Lebron, 2020a).

Presentation of Findings by Process/Outcome/Formative Evaluation Questions

The local evaluation of the FH CDEP examined the effectiveness of the residential treatment program's traditional healing method for American Indians adults. Ceremonies and gatherings which engaged youth and family participants were studied to a lesser degree. The local evaluation assessed CDEP effectiveness through two process evaluation questions, one formative question, and nine outcome evaluation questions. Summary of findings by process/outcome/formative questions:

Process Evaluation Question #1: Who were the client residents and youth and community participants of Friendship House programs? From July 1, 2018 - June 30, 2021, FH adult participants of the residential substance abuse treatment included 491 residential clients. For Race: 76% were American Indian, 7% were White, 4% were Multiracial, 3% were African American, and 10% were other Races including Asian and Native Hawaiian/Pacific Islanders. For Ethnicity, 20% were Hispanic. For gender of residents, 56% were male, 43% were female and 1% were transgender. For age range, 14% of residents were between the ages of 18 and 24, 36% were 25-34, 28% were 35-44, 17% were 45-54, and 5% were between the ages of 55 and 64. Of the 375 (76%) American Indian clients served, 62% were affiliated with California tribes. (Appendices, Table 1). Youth and Young Adult Participants: Across Fiscal Years 2018-21 and based on 73 FHYP individual records: 74% of the respondents were American Indians. 3% were Hispanic/Latino and 23% were other races. 20% of participants reported that they represented two or more distinct tribes. For gender of participants: 63% were male and 37% were female. For age range: 8% were between the ages of 1-9, 25% were 10-13, 32% were 14-17 and 35% of youth participants were 18-24 years of age. Demographics, Community Participants: Across FYs 2018-2021, 202 individuals who completed the FH Community Needs and Interests Survey, 85% were AI respondents. 57% were male, 42% were female and 1% were transgender. For age range: 2% were under age 18; 4% were 18-20; 15% were 21-30; 29% were 31-45; 17% were 46-55; 29% were 56-70 and 4% were 71 years or older.

Process Evaluation Question #2: How many and how often did residents, youth participants and community members join in each of the three program components: Talking Circles, Sweat Lodge and Traditional Healer Ceremonies? From July 1, 2018 - June 30, 2021, 314 (unduplicated) residents participated in 84 Talking Circles; 98 (unduplicated) residents participated in 90 Traditional Counseling - Individual Ceremonies; 263 (unduplicated) residents participated in 20 Traditional Counseling - Group Ceremonies; 159 (unduplicated) residents participated in 28 Sweat Lodge Ceremony; and 2,526 community members participated in 58 FH/FHYP-hosted/co-hosted gatherings (Appendices, Table 2).

Outcome Evaluation Question #1: How many residents reported increased abstinence from alcohol and drug use? GPRA data, collected from July 1, 2018 - June 30, 2021 (n=489 Intakes; and 300/489 or 61% Follow-ups) on clients at intake and six months later, indicated significant decreases in drug and alcohol use - abstinence increased from 41% at Intake to 76%, six-months later (Appendices, Table 3).

Outcome Question #2: How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional)? Residents' rating of "Extremely Bothered" decreased from 14% at Intake to 6%, six months later; and rating of "Considerably Bothered" decreased from 21% at Intake to 7%, six-months later. Clients showed reductions for anxiety (decreased from 78% to

56%), depression (decreased from 59% to 40%), hallucinations (decreased from 7% to 1%), and suicide attempt (decreased from 2% to 0.3%) (Appendices, Table 3).

Outcome Evaluation Question #3: How many residents reported decreased criminal involvement? GPRA data indicated decreases in criminal involvement for residential clients - arrest-free records increased from 92% at Intake to 98%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #4: How many residents were working or engaged in job/education training? GPRA data indicated significant improvements in employment and educational pursuits for residential clients - rates increased from 6% at Intake to 51%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #5: How many residents reported improvements in positive life consequence? GPRA data indicated slight increases in positive choices leading to positive consequences for residential clients - rates increased from 19% at Intake to 24%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #6: How many residents reported stable housing? GPRA data indicated slight increases in stable housing - has a place to live - increased from 15% at for residential clients Intake to 18%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #7: How many residents reported decreased risky behavior (sexual and injection drug use)? GPRA data indicated declines in risky behavior for residential clients - rates for injection of illegal drug use decreased from 11% to 3%; and unprotected sexual contact with injection drug user decreased from 7% at Intake to 4%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #8: How satisfied were residents with Friendship House Services? As indicated by FH Resident Satisfaction Survey Findings, FYs 2018-2021: 79% of residents expressed satisfaction and 15% expressed partial satisfaction with services received; and 77% rated FH services as "good to excellent" (n=243) (Appendices, Table 4).

Outcome Evaluation Question #9: How many Friendship House client residents and youth participants indicated increased cultural connectedness as a result of their participation in the FH programs? FHYP Participants (n=90): Continued interest, engagement, and connection to American Indian culture amongst FHYP participants is evidenced by their: 1) ongoing participation in American Indian activities related to culture, identity, history, arts (87%); 2) ongoing ceremony participation, including participation with family members (81%); and 3) engagement healing activities with traditional healers (78%). For residential clients (n=243): 84% of residents felt their cultural beliefs were respected; 83% felt they got the help they needed; and 86% felt that FH helped them to make a connection to the American Indian Community (Appendices, Table 4; and Tables 5-8).

Formative Evaluation Question #1: To support CBPR efforts through AI community input to FH services, community members are asked to identify the needs of the AI community and to identify the activities they would like to join: For Youth/Adult community members (n=202), Activities to Join (out of fifteen choices) in the coming year: Number One Choice - Traditional Native Activities, 47% (compared to 53%, 2012-2019, n=1603). For Issues that Affect our SF Bay Area AI Community (out of nineteen choices); Number One Choice - Racism/Discrimination, 67% (compared to 89%, 2010-2019, n= 1603) (Appendices, Tables 9-10).

Meta Data Reporting

Aggregate quantitative meta-data related to the Friendship House CDEP Study is provided to help expand the CRDP Statewide Evaluation's ability to demonstrate evidence of CDEP effectiveness on positive or negative mental health. Meta-data covers seven outcome evaluation questions, as follows:

Outcome Evaluation Question #1: How many residents reported increased abstinence? Tracked: # of residents who remain abstinent from alcohol and drugs from intake to 6-month interval.

Outcome Evaluation Question #2: How many residents reported decreased criminal involvement? Tracked: # of residents who show reduced criminal involvement from intake to 6-month interval.

Outcome Evaluation Question #3: How many residents were working or engaged in job/education training? Tracked: # of residents who show positive outcomes for job and/or education/vocation activities - are currently employed or attending school from intake to 6-month interval.

Outcome Evaluation Question #4: How many residents reported improvements in positive life consequences? Tracked: # of residents who show increases in positive choices leading to positive consequences, from intake to 6-month interval. Measurement Tool: GPRA Part E, Measures for Risky Behavior.

Outcome Evaluation Question #5: How many residents reported stable housing? Tracked: # of residents stably housed, from intake to 6-month interval. Measurement Tool: GPRA Part C, Measures for Housing Stability.

Outcome Evaluation Question #6: How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional, depression, anxiety)? Tracked: # of residents who show positive mental health outcomes and reduced distress levels from intake to 6-month interval. Depression decreased from 59% at Intake to 40% at 6-month follow-up. Anxiety decreased from 78% at Intake to 56% at 6-month follow-up.

Outcome Evaluation Question #7: How many residents reported decreased risky behavior (sexual and injection drug use)? Tracked: # of residents who show reductions in risky behavior from intake to 6-month interval.

Meta Analysis of Outcomes

Cohort and Age Group: 1 Cohort - Adult population, 18 years of age and older.

Measure Name	Modified Yes/No	Pre Mean Score	Pre score SD	Pre N	Post Mean Score	Post score SD	Post N	Correlation
SAMHSA GPRA Part A: Abstinence: did not use alcohol or illegal drugs	No	32	21.00	128	59.25	26.56	237	0.7657
SAMHSA GPRA Part E: Crime and Criminal Justice: has no past 30-day arrests	No	73.5	26.83	294	78.25	28.68	313	
SAMHSA GPRA Part D: Employment/Education: were currently employed or attending school	No	4.5	3.69	18	40.25	13.25	161	
SAMHSA GPRA Part E: Health/Behavioral/Social Consequences: experienced no alcohol or drug related health, behavioral, or social consequences	No	14.25	18.66	57	27.5	31.31	110	
SAMHSA GPRA Part C: Stability in Housing: had a permanent place to live in the community	No	12.5	4.36	50	14	7.07	56	
SAMHSA GPRA Part F Depression	No	47.25	19.03	189	32	11.43	128	
SAMHSA GPRA Part F: Anxiety	No	62	27.89	248	44	16.87	176	
SAMHSA GPRA Part E: Used Injected Drugs	No	9	3.16	35	3	1.63	12	
SAMHSA GPRA Part E: Had unprotected sex with an injection drug user	No	5.25	3.09	21	1.75	1.5	6	The P-Value is .009827. The result is significant at $p < .01$.
SAMHSA GPRA Part E: Had unprotected sex with an individual high on some substance	No	10.5	4.65	42	5.75	2.48	23	

Discussion and Conclusion

The Friendship House Community Defined Evidence Practice (FH CDEP) Study provided an opportunity to assess the effectiveness of FH services through the lens of American Indian cultural ceremonies and ask questions related to healing practices and their effectiveness. Do American Indian/Alaska Native (AI/AN) healing practices have a positive impact on resident wellness (mental, spiritual, physical and emotional), social and economic engagement and cultural connectedness? How are FH healing methods and non-Native evidence-based practices integrated in a manner that is complementary to foundational healing practices?

Resident wellness is assessed in several ways, from program Intake to Discharge. Each client helps develop their own individualized treatment/recovery plan, inclusive of the following resident goals: 1) Remain abstinent - no drugs or alcohol. 2) Start and continue daily practices of self-care, using resources, skills and discipline learned through treatment, recovery and healing at FH. 3) Secure and maintain gainful employment or actively engage in education or vocation training. 4) Secure and maintain stable housing. Stay crime-free and actively engaged in clearing or correcting past records (if applicable). 5) Stay socially and culturally connected in healthy ways to individuals, family and community.

Accomplishment of these resident goals is the starting point to getting "back on track". Sustaining these goals, while recognizing and avoiding "triggers" and everyday barriers and challenges, is the ongoing part of healing and recovery from substance abuse. At FH, recovery and healing tools are identified or designed with the vulnerability of the FH client population, in mind. Traditional healing practices are the core methods used for helping clients restore or learn more about their AI/AN identity and to connect to their tribe, family, workplace and community in productive and healthy ways. Friendship House provides a number of traditional healing practices on a regular basis, including Talking Circles, Sweat Lodge Ceremony, Traditional Healer Group/Individual sessions, Wiping of the Tears, Red Road to Recovery curriculum, Gathering of Native Americans (GONA), Dance/Drum Circles, etc. All aspects of the FH Healing Model and CDEP are guided by American Indian concepts.

From a cultural lens, do American Indian/Alaska Native (AI/AN) healing practices have a positive impact on resident wellness (mental, spiritual, physical and emotional), social and economic engagement and cultural connectedness? Yes! Data analysis (ANOVA; pre/post comparison measures and rate of change; and means, standard deviation, degrees of freedom, p values, t-scores) for GPRA measures showed positive gains across all indicators: abstinence from drug and alcohol use (from 41% at Intake to 76% at 6-month follow-up); reduced recidivism - no past 30-day criminal justice involvement" (from 92% at Intake to 98% at 6-month follow-up); employment/education (from 6.0% at Intake to 51.0%, at 6-month follow-up change); and increases in clients reporting "no health, behavioral, social consequences related to alcohol or illegal drug use" (from 19.1% at Intake to 23.8%). Data analysis also showed improvement in clients' reporting of overall health. "Very Good" to "Excellent" - increased from 32% at Intake to 60%, six months later; and improvement in reporting of "Considerably" to "Extremely" bothered by psychological and emotional problems decreased from 35% at Intake to 13%, six-months later. Clients showed reductions for anxiety (decreased from 78% to 56%), depression (decreased from 59% to 40%), hallucinations

(decreased from 7% to 1%), and suicide attempt (decreased from 2% to 0.3%). Last, client outcome data demonstrated positive gains in terms of injection drug use and risky behavior indicators: 11.3% of residents reported injection drug use in the prior 30 days at baseline, with a decrease to 3.3% six months later. 7.1% reported unprotected sexual contact with an injection drug user at baseline, with a decrease to 2.4% at 6-month follow-up; and 13.2% reported unprotected sexual contact with an individual high on some substance at baseline, with a decrease to 2.4% at 6-month follow-up.

How do FH healing methods integrate non-Native evidence-based practices in a manner that is complementary to foundational healing practices and how are these non-Native practices chosen? Oftentimes for FH, compliance with local, state and federal grants requires the use of standardized evidence-based practices. As very few Native-based, standardized EVP's are available, oftentimes non-Native practices must be selected, for compliance purposes. Over the years, Friendship House has endeavored to integrate non-Native practices that are complementary to Native practices across all FH programs. Today, FH is guided by numerous evidence-based practices, many of which are complementary to the FH Healing Model. For examples, Screening, Brief Intervention and Referral to Treatment (SBIRT) activities assess the mental, physical and emotional needs of clients. Cognitive Behavioral Therapy focuses on emotional and mental issues and supportive therapy. 12-Step Treatment Model addresses the spiritual aspect of recovery and provides emotional support services. Together, these cover the four components (emotional, physical, mental and spiritual) of the Native Medicine Wheel. Case management care integrates a system of care, or community approach to cross-agency collaboration, and is complementary to Gathering of Native Americans (GONA) and Circles of Care approaches, for examples. CBT, Case Management Care and GONA approaches were widely used in the FHYP, as well.

Is the integration of these Native and non-Native practices successful in maintaining the interest of youth and community members; and do FH practices support cultural identity and connections for residents and youth and community members of the AI community of the San Francisco Bay Area?

Yes, and Yes! The impact of Friendship House efforts on FH AI youth participants up to age 24, examined over a two-year study period noted through their: 1) ongoing participation in American Indian activities related to culture, identity, history, arts (87%); 2) ongoing ceremony participation, including participation with family members (81%); and 3) engagement healing activities with traditional healers (78%). For cultural connections of residential clients, 86% of residents surveyed felt that their involvement with FH helped them to make a connection to the American Indian Community. To support CBPR efforts and monitor community needs and interests, FH conducts stakeholder surveys at community events throughout the year. Over the three-year study period, community members were asked to identify activities they would like to participate in - across an eleven-year study period (Lebron, 2020a), Traditional Native Activities was consistently chosen as number one choice for favorite type of activities to join (48%, 2018-2021, n=202; and compared to 53%, 2010-2019, n=1603); and Racism/Discrimination/Prejudice was consistently chosen as the number one problem affecting the AI community. Community and youth participants (n=202) were asked to identify the issues that affect our SF Bay Area American Indian Community: Number One Choice - Racism/Discrimination (67%; 2018-2021, n=202; and compared to 89%, 2010-2019, n= 1603).

Which practices stood out as most useful and relevant to the COVID 19 Pandemic, the California Wildfires and the George Floyd Killing/BLM Racial Uprisings? Fiscal years 2020 and 2021 were especially challenging for meeting the service needs of the San Francisco Bay Area American Indian community due to the COVID-19 Pandemic, the California Wildfires and the George Floyd Killing/BLM Racial Uprisings. Childcare, education, income, homelessness and social isolation impacts (especially for American Indian elders), fear, depression and anxiety were major concerns for our community. FH CDEP and evidence-based practices, relevant especially to the COVID 19 Pandemic, were implemented across all programs.

As a provider of community-based services, looking to public health models for guidance in addressing these issues in our community seemed like a good approach. Yet, missing from the public health model is an understanding of how nonprofits and community-based organizations respond to crisis in their communities. In times of crisis, there is a great deal of community activity going on that is informal and fueled by word-of-mouth. And these approaches/services are not captured in a public health model. This in part, explains the gaps and disparities: if you do not know what the community really needs, and if you are not working at a level where you can see and experience the actual community-level response (which is always outweighed by the community's needs), then you will likely not provide that community with enough money to do what it needs to do to be culturally responsive in times of crisis.

Friendship House (including FHYP), Native American Health Centers of Oakland and San Francisco, Office of Indian Education, American Indian Cultural Center, MeWater and other key CBOs rallied closely with one another and with federal, state and local funding sources, to provide 5,042 Native Community Wellness Check-Ins (Check-In counts by population: 1,982, Youth; 925, Young Adult; and 2,135, Community Participants/Family Members). Wellness Check-Ins included: funds/transportation/delivery of food boxes, water, laptops, with internet access for students, and student/home supplies, including disinfectant supplies, face masks and hand sanitizers. FHYP and collaborators continued to provide Native Community Wellness Check-Ins through the end of the CDEP study period, June 30, 2021.

Telehealth services increased significantly, due to COVID Shelter in Place protocols. Initially, software, hardware, safeguards and use policies had to be addressed/purchased/set-up. After this adjustment period, residents had access to numerous services from medical, physical and mental health practitioners as well as traditional practitioners and medicine people. Last, the Gathering of Native Americans (GONA) approach was widely used to conduct online gatherings and group meetings, focusing on three guiding principles of Vision, Circles of Relationships and Sense of Hope (SAMHSA-GONA Fact Sheet, 2016).

Conclusion

Friendship House Association of American Indians of San Francisco is one of many underfunded, yet highly effective Native-serving organizations in California. There is no doubt the Native-based ceremonial practices are valued and effective in influencing positive outcomes amongst FH program residents and participants, as

demonstrated through process evaluation findings (ceremony engagement and participation); outcomes evaluation findings (ANOVA; pre/post comparison measures and rate of change; and means, standard deviation, degrees of freedom, p values, t-scores); and formative evaluation findings (self-reported resident and youth cultural connectedness, resident satisfaction and community needs and interest ratings). In general, FH ceremonies experienced small to significant interruptions—mostly due to Shelter in Place protocols, were well-attended and often requested throughout the three-year study period. Sweat Lodge ceremony was temporarily discontinued, and Talking Circles and Traditional Healer ceremonies were implemented with consideration of the day-to-day experiences of the Native community. FH CDEP and evidence-based practices, relevant especially to the COVID 19 Pandemic were implemented immediately, across all programs - practices most used included the Case Management of Care Model, Telehealth and FH CDEP ceremonies.

Still, here is no "one size fits all" in relationship to the selection of intertribal practices (or evidence -based practices). For example, Talking Circles is a well-known tribal/intertribal practice and implemented widely throughout Indian country. However, FH residential satisfaction survey findings across a two-year period, indicated that many individuals did not favor Talking Circles as a program activity. In addition, "Calling Back of the Spirit" was removed as a regular ceremony, due to feedback from several residential clients that "this ceremony was not a regular and/or allowable tribal practice" for them.

Every year at Friendship House, approximately 100 or more unique tribes/tribal bands are represented through program services. Given this tribal diversity, understanding the complexity of FH services and how intertribal practices and non-Native evidence-based practices are chosen, and integrated in a manner that is complementary to foundational healing practices, is essential. In general, more indigenous research is needed to understand the significance of AI/AN organizational learning and cultural practices and how these facilitate effective service delivery and positive outcomes for American Indians/Alaska Natives across the lifespan, in everyday life and in times of chaos and/or trauma.

Going Forward

The FH CDEP Study provided an opportunity to examine the programs and services and Friendship House healing practices through the lens of ceremony. In 2021, FH developed a Traditional Practices Mentorship Program and began to seek funding support for its implementation. Native mentorship and apprenticeship services will help to ensure that American Indian and Alaska Native healing practices are passed forward to the next generations of AI/AN healers and traditional practitioners.

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Appendices, Tables 1-10

Table 1: Resident Demographics, FH Residential Substance Abuse Treatment Program

Resident Demographics (Data Source: GPRA Part A Questions)

Study Period: July 1, 2018 - June 30, 2021; n=489 Intakes; and n=300 Follow-ups. 61% Follow-Up Rate

FH RESIDENTS BY RACE		
RACE	# Valid COUNTS	Valid Rate
American Indian	375	76.4%
White	36	7.3%
None of the above	35	7.1%
Multiracial	21	4.3%
Black or African American	15	3.1%
Asian	6	1.2%
Native Hawaiian/Other Pacific Islander	3	0.6%
Alaska Native	0	0.0%
Other	0	0.0%
TOTAL:	491	100%

ETHNICITY & GENDER		
ETHNICITY	# Valid COUNTS	Valid Rate
Non-Hispanic	394	80.4%
Hispanic	96	19.6%
TOTAL:	490	100%
GENDER		
Male	274	55.8%
Female	214	43.6%
Transgender	3	0.6%
TOTAL:	491	100%

FH RESIDENTS BY AGE		
AGE	# Valid COUNTS	Valid Rate
10-12	0	0.0%
13-17	0	0.0%
18-24	70	14.3%
25-34	177	36.0%
35-44	135	27.5%
45-54	82	16.7%
55-64	26	5.3%
65+	1	0.2%
TOTAL:	491	100%

Table 2: Resident Participation in FH Ceremonies

Friendship House Ceremonies by Participation Counts (Data Source: Asset Panda)

Study Period: July 1, 2018 - June 30, 2021

TALKING CIRCLES

Implemented twice a month for Residents of the FH Substance Abuse Treatment Program who may participate in sessions lasting 1-2 hours each.

Reporting Period	# of Total Sessions	Total Participation Count	Total Participant Count (Unduplicated)
July 1, 2018 - June 30, 2021	84	1,875*	314

*Based on 314/1,875: On average, 314 residents participated in six or more Talking Circles.

SWEAT LODGE CEREMONY

Implemented twice a month for Residents with sessions lasting up to 3 hours. Staff and community members are invited to participate in Sweat Lodge and Traditional Healer ceremonies, as space is available.

Reporting Period	# of Total Sessions	Total Participation Count	Participant Count (Unduplicated)
July 1, 2018 - June 30, 2021	28	405*	159

*Based on 159/405: On average, 159 resident participated in three or more Sweat Lodge ceremonies. Sweat Lodge ceremony was discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions.

TRADITIONAL HEALER INDIVIDUAL/GROUP CEREMONY

Traditional Healers are selected to lead and facilitate group and individual ceremony services across a 2-day period, once every month at the Friendship House Healing Center in San Francisco.

Reporting Period	# of Total Individual/Group Sessions	Total Participation Count	Participant Count (Unduplicated)
December 15, 2018 - June 30, 2021	98/20	589*	263

263 (unduplicated) residents, participated in 20 Traditional Healer Group sessions. 98 (unduplicated) residents participated in Individual Counseling Ceremony.

COMMUNITY GATHERINGS

Cultural gatherings & celebrations are provided seasonally and annually and engage community members, youth participants and their families, and program residents of the substance abuse treatment program.

Reporting Period	# of Total Sessions	Total Participation Count
July 1, 2018 - June 30, 2021	58	2,526*

*Not an unduplicated count.

Table 3: Resident Outcomes, FH Residential Substance Abuse Treatment Program

Resident Outcomes (Data Source: GPRA Part B-F Questions)

(Study Period: July 1, 2018 - June 30, 2021; n=489 Intakes; and n=300 Follow-ups. 61% Follow-Up Rate)

NATIONAL OUTCOME MEASURES (NOMS)					
Measure Type	# Valid Cases at Intake	% at Intake	# Valid Cases at Follow-up	% at 6-Mo. Follow-up	Rate of Change
Abstinence: did not use alcohol or illegal drugs	489	41.3%	300	75.7%	83.1%
Crime and Criminal Justice: has no past 30 day arrests	489	92.3%	300	98.3%	6.5%
Employment/Education: were currently employed or attending school	489	6.0%	300	51.0%	750.0%
Health/Behavioral/Social Consequences: experienced no alcohol or drug related health/behavioral/social consequences	489	19.1%	298	23.8%	24.6%
Stability in Housing: had a permanent place to live in the community	489	15.3%	300	18.0%	17.4%

MENTAL HEALTH OUTCOMES					
Measure Type	# Valid Cases at Intake	% at Intake	# Valid Cases at Follow-up	% at 6-Mo. Follow-up	Rate of Change
Depression	489	58.9%	299	40.1%	-31.8%
Anxiety	489	78.3%	299	55.5%	-29.1%
Hallucination	489	7.4%	299	1.3%	-81.8%
Trouble understanding, concentrating, or remembering	489	46.6%	298	23.8%	-48.9%
Trouble controlling violent behavior	489	10.1%	298	3.7%	-63.3%
Attempted suicide	489	2.3%	299	0.3%	-85.7%
Been prescribed medication for psychological or emotional problems	489	27.8%	299	29.4%	6.0%

PSYCHOLOGICAL AND EMOTIONAL WELL-BEING				
How much have you been bothered by these psychological or emotional problems in the past 30 days?	# Valid Intake Cases	% at Intake	% Valid Follow-up Cases	% at 6-Month Follow-up
Not at All	11	3.1%	14	8.6%
Slightly	116	32.5%	91	56.2%
Moderately	106	29.7%	37	22.8%

RESIDENT SELF-RATING OF OVERALL HEALTH

How would you rate your overall health right now?	# Valid Intake Cases	% at Intake	% Valid Follow-up Cases	% at 6-Month Follow-up
Excellent	41	10.0%	41	16.9%
Very Good	91	22.2%	105	43.2%
Good	174	42.4%	83	34.2%
Fair	88	21.5%	12	4.9%
Poor	16	3.9%	2	0.8%
Don't Know	2	0.5%	0	0.0%

RISKY BEHAVIOR OUTCOMES

Measure Type	# Valid Intake Cases	% at Intake	# Valid Cases	% at 6-Mo. Follow-up	Rate of Change
Used Injected Drugs	489	11.3%	300	3.3%	-70.6%
Had Unprotected Sex	489	28.7%	296	26.0%	-9.4%
Had unprotected sex with an individual who is or was HIV positive or has AIDS	489	0.0%	296	0.0%	0.0%
Had unprotected sex with an injection drug user	489	7.1%	296	2.4%	-66.7%
Had unprotected sex with an individual high on some substance	489	13.2%	296	7.8%	-41.0%

DRUG USE OUTCOMES

Measure Type	# Valid Intake Cases	% at Intake	# Valid Cases	% at 6-Mo. Follow-up	Rate of Change
Alcohol	489	45.7%	300	18.3%	-59.9%
Cocaine/Crack	489	5.0%	300	1.3%	-73.3%
Marijuana/Hashish	489	31.3%	300	12.3%	-60.6%
Opiates	489	12.7%	300	3.0%	-76.3%
Non-prescription methadone	489	1.0%	300	0.0%	-100.0%
Hallucinogens/psychedelics	489	2.0%	300	0.3%	-83.3%
Methamphetamine or other amphetamines	489	29.7%	300	6.0%	-79.8%

Table 4: Findings, FH Resident Satisfaction Survey

Friendship House Resident Satisfaction Survey (Assessment Tool: In-House FH Survey)

Study Period: July 1, 2018 - June 30, 2021; n=263 Survey Respondents. 140 (or 54%) were still in the residential program at time of survey completion.

OVERALL SATISFACTION					
Measure Type	Yes		Partially		No
Overall, are you satisfied with the services you received through Friendship House?	78.38%		15.44%		6.18%

SERVICE RATING					
Measure Type	Excellent	Good	Adequate	Not Very Good	Inadequate
How would you rate the services you received through Friendship House?	53.67%	23.55%	16.22%	3.47%	3.09%

GENERAL EXPERIENCE					
Measure Type	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I felt that the Friendship House Intake process was easy to complete.	5.70%	6.08%	49.81%	35.36%	3.04%
The Intake Coordinator was able to return my call for intake w/in 24 hrs.	6.84%	6.08%	41.83%	42.59%	2.66%
I felt that staff members took the necessary time to listen and understand my needs.	6.87%	5.34%	45.80%	38.93%	3.05%
I was informed of the client policy and the program requirements and expectations as a resident.	5.70%	2.28%	48.29%	39.54%	4.18%
I was involved in developing my treatment plan.	6.08%	4.56%	41.06%	41.44%	6.84%
While in the treatment program, referrals were provided to help me with my medical needs.	5.70%	1.90%	39.54%	48.29%	4.56%
While in the program, referrals were provided to help me with my wellness needs.	6.08%	5.32%	37.64%	44.87%	6.08%
I was comfortable with my counselor.	6.84%	5.70%	39.54%	44.11%	3.80%
My counselor met with me at least once per week during my treatment.	6.08%	3.04%	38.40%	48.67%	3.80%

CULTURAL COMPETENCE

Measure Type	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
The program setting was comfortable.	4.94%	4.56%	48.29%	38.02%	4.18%
The program environment was clean.	4.56%	0.76%	45.63%	46.39%	2.66%
I was provided with assistance for reading and filling out forms and documents.	4.56%	2.28%	41.44%	45.25%	6.46%
I felt that I got the help I needed.	5.34%	6.87%	43.13%	40.08%	4.58%
I felt my cultural needs were understood.	5.70%	7.60%	39.92%	42.21%	4.56%
I felt that my cultural beliefs were respected.	5.32%	4.94%	44.49%	39.54%	5.70%
I feel that I am connected to the American Indian community.	4.95%	1.80%	42.34%	44.14%	6.76%
I feel that my involvement with Friendship House helped me make a connection to the American Indian community.	5.70%	2.66%	46.01%	40.30%	5.32%
I feel that appropriate cultural information was included in the treatment services to support my recovery.	5.75%	4.98%	39.85%	44.44%	4.98%

SERVICE EXPERIENCE

I felt the services I received addressed the help I needed.	5.32%	6.08%	44.11%	38.78%	5.70%
I learned new information about American Indian culture.	5.32%	6.08%	41.83%	41.06%	5.70%
I learned new values related to American Indian culture.	5.32%	8.37%	34.98%	33.08%	18.25%
I can apply new skills related to what was taught in Sweat Lodge Ceremony.	5.70%	3.42%	40.68%	42.97%	7.22%
I can apply new skills related to what was taught through Talking Circles.	5.32%	2.28%	39.16%	39.92%	13.31%
I can apply new skills related to what was taught through Traditional Healer Ceremony.	5.34%	5.73%	31.30%	26.34%	31.30%
I can apply new skills related to what was taught in Red Road to Recovery classes.	4.56%	3.80%	37.64%	34.22%	19.77%
I can apply new skills related to what was taught in Men/Women Wellness classes.	4.18%	3.42%	42.59%	36.88%	12.93%
I can apply new skills related to what was taught through Living in Balance.	4.94%	6.46%	28.90%	20.15%	39.54%
I can apply new skills related to what was taught through Food is Medicine.	5.32%	7.22%	28.52%	25.10%	33.84%
The activities related to GED or other education support was helpful for me.	5.34%	6.11%	38.55%	31.30%	18.70%
The activities related to finding a job was helpful for me.	4.88%	2.44%	46.34%	29.27%	17.07%

Table 5: Findings, FHYP Participant Findings - Cultural Connectedness

Cultural Connectivity Scale (Assessment Tool : AI/AN Cultural Connectivity Scale - CA version)

Study Period: July 1, 2018 - June 30, 2021 (FY 2018/2019, n=62)

Cultural Connectivity Scale (FY 2018/19, n=62)				
Question	TRUE	FALSE	N/A	Total %
1. I know my cultural/spirit name or Indian name.	29%	52%	19%	100%
2. I can understand some Native American/Indigenous words or language(s).	41%	58%	1%	100%
3. I believe things like animals, rocks (and all nature) have a spirit like Native American/Indigenous People.	76%	24%		100%
4. I use ceremonial/traditional medicines for guidance or prayer or other reasons.	63%	37%		100%
5. I have participated in a traditional/cultural ceremony or activity.	76%	24%		100%
6. I have helped prepare for a traditional/cultural ceremony or activity in my family or community.	68%	32%		100%
7. I have shared a meal with community, offered food or fed my ancestors for a traditional/cultural or spiritual reason.	68%	32%		100%
8. Someone in my family or someone I am close with attends traditional/cultural ceremonies or activities.	77%	23%		100%
9. I plan on attending a traditional/cultural ceremony or activity in the future.	84%	16%		100%
10. I plan on trying to find out ore about my Native American/Indigenous culture, such as its history, Tribal identity, traditions, customs, arts and language.	87%	13%		100%
11. I have a traditional person, elder or other person who I can talk to.	74%	26%		100%
Question	Strongly Agree/ Agree	Disagree/ Strongly Disagree	Neutral	Total %
12. I have spent time trying to find out more about being Native American/Indigenous, such as history, tribal identity, traditions, language and customs.	63%	18%	19%	100%
13. I have a strong sense of belonging to my Native American/Indigenous family, community, Tribe, or Nation.	64%	10%	26%	100%
14. I have done things that will help me understand my Native American/Indigenous background better.	63%	11%	26%	100%
15. I have talked to community members or other people in order to learn more about being Native American/Indigenous.	61%	19%	20%	100%
16. When I want to learn something about my Native American/ Indigenous culture, history, or ceremonies, I will ask someone, re-search it, look it up, or find resources to learn more about it.	50%	23%	27%	100%

Cultural Connectivity Scale (FY 2018/19, n=62)				
Question	Strongly Agree/ Agree	Disagree/ Strongly Disagree	Neutral	Total %
17. I feel a strong connection/attachment towards my Native American community or Tribe.	55%	19%	26%	100%
18. If a traditional person, counselor or Elder who is knowledgeable about my culture, spoke to me about being Native American/Indigenous, I would listen to them carefully.	69%	8%	23%	100%
19. I feel a strong connection to my ancestors and those that came before me.	55%	11%	34%	100%
20. Being Native American/Indigenous means I sometimes have a different perception or way of looking at the world.	52%	13%	35%	100%
21. The eagle feather (or other feathers) has a lot of traditional meaning for me.	39%	18%	43%	100%
22. It is important to me that I know my Native/Indigenous or Tribal language(s).	42%	16%	42%	100%
23. When I am physically ill, I look to my Native American/Indigenous culture or community for help.	19%	32%	48%	100%
24. When I am overwhelmed with my emotions, I look to my Native American/Indigenous culture or community for help.	24%	25%	51%	100%
25. When I need to make a decision about something, I look to my Native American/Indigenous culture or community for help.	24%	29%	47%	100%
26. When I am feeling spiritually ill or disconnected, I look to my Native American/Indigenous culture or community for help.	40%	23%	37%	100%

Table 6: Findings, FHYP Participant Findings - Alcohol and Illegal Prescription Drug Use

Alcohol Use and Illegal Prescription Drugs Measures (FY 2018/19, n=62)				
Measure Type	TRUE	FALSE	No Answer	Total %
I have never used alcohol in my life.	55%	37%	8%	100%
I have never used prescription drugs in a way that is outside of what my doctor has recommended.	63%	26%	11%	100%

Table 7: Findings, FHYP Participant Findings - Cultural Connectedness

Cultural Connectivity Scale (7 Questions from Assessment Tool : AI/AN Cultural Connectivity Scale

FHYP Survey, Boys with Braids Gathering

Event Date: March 7, 2020; n=28 FHYP Surveys Completed

Cultural Connectivity Sub-Scale (FY 2019/20, Boys with Braids. n=28)				
Question	TRUE		N/A	Total %
1. I believe things like animals, rocks (and all nature) have a spirit like Native American/Indigenous People.	93%	7%		100%
2. I have participated in a traditional/cultural ceremony or activity.	93%	7%		100%
3. Someone in my family or someone I am close with attends traditional/cultural ceremonies or activities.	89%	11%		100%
4. I plan on attending a traditional/cultural ceremony or activity in the future.	86%	14%		100%
5. I plan on trying to find out more about my Native American/Indigenous culture, such as its history, Tribal identity, traditions, customs, arts and language.	86%	14%		100%
6. I have a traditional person, elder or other person who I can talk to.	86%	14%		100%
7. I feel a strong connection/attachment towards my Native American community or Tribe.	93%	7%		100%

Table 8: Findings, FHYP Participant Findings - Alcohol and Illegal Prescription Drug Use (Boys with Braids, n=28)

Alcohol Use and Illegal Prescription Drugs (FY 2019/20, Boys with Braids. n=28)				
Measure Type	TRUE	FALSE	No Answer	Total Count
I have never used alcohol in my life.	57%	43%	0%	100%
I have never used prescription drugs in a way that is outside of what my doctor has recommended.	57%	40%	3%	100%

Friendship House Community Services Participant Activities & Counts

Study Period: July 1, 2018 - June 30, 2021; n=202 Community Participants

Table 9: Findings, Issues that Affect our American Indian Community the Most

ISSUES THAT AFFECT US THE MOST		
Participant Choice	#of Times Selected	By %
Racism/Prejudice/Discrimination	136	67%
Alcohol Abuse	133	66%
Drug Abuse	131	65%
Tobacco Use	125	62%
Diabetes/Obesity	113	56%
Child Abuse/Neglect	105	52%
Domestic Violence	119	59%
Suicide	117	58%
Lack of Tribal Resources/Services	111	55%
Trauma	108	53%
HIV/AIDS	99	49%
Access to Health Care	111	55%
Stress/Anxiety	116	57%
Community Violence	111	55%
Depression	115	57%
Gambling	82	41%

Table 10: Most Interesting Services/Activities for American Indian Community Participation

MOST INTERESTING SERVICES/ACTIVITIES		
Participant Choice	#of Times Selected	By %
Housing Assistance	75	37%
Job Training/Placement	49	24%
Traditional Native Activities	94	47%
Youth Sports/Recreation	40	20%
College and Career Assistance	48	52%
Exercise	87	43%
Parenting Education/Groups	51	25%
Nutrition	71	35%
Budgeting workshops	42	21%
Anger Management	44	22%
Youth Academic Tutoring	34	17%
Suicide Prevention	42	21%
Smoking Cessation	13	6%
12 Step groups	58	29%
Substance abuse treatment/counseling	45	22%
Domestic Violence prevention/support	36	18%



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