



Friendship House Traditional Practices and Healing Model

Native American
Implementation Pilot
Project, CRDP Phase 2

Fiscal Year 2022

Local Evaluation Report
Submitted by:
Dorothy Lebron, PhD

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Friendship House Staff

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About this Report

2022

The **Friendship House Healing Model and Community Defined Evidence Practice (FH CDEP)**

Study (study period to date: July 2018 - June 2022) examines the effectiveness of traditional healing methods on the substance abuse treatment population of American Indian adults who are residential clients at FH to answer the following question: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on the program recipient's wellness (mental, spiritual, physical and emotional), and cultural connectedness?

The traditional healing methods for FH CDEP examination include the following ceremonies:

Talking Circle, Drum Circle, Traditional Healer and Sweat Lodge Ceremonies. Cultural Gatherings that engage youth of the FH Youth Program and the AI/AN community are studied, as well.

We appreciate the opportunity to share our CDEP Study Findings with you for Fiscal Year 2022. For the full Friendship House 2022 Evaluation of Programs & Services, including CDEP findings, please refer to publication link: <https://indd.adobe.com/view/a197ccab-a7e7-48f5-bc33-f9131c43198d>

For questions about the FH CRDP Phase 2 Project, please contact Karen Waukazoo at: karenw@friendshiphousesf.org.

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Introduction

FRIENDSHIP HOUSE HEALING MODEL

Friendship House Association of American Indians (Friendship House or FH) is a 501(c)(3), nonprofit, community-based organization and was established in 1963 to serve American Indian/Alaska Natives (AI/AN) who were relocated from their reservations to the San Francisco Bay Area. **Since 1963, Friendship House has served more than 6,200 residential client of the substance abuse treatment program, hundreds of youth consumers, and countless numbers of AI/AN community members throughout the San Francisco Bay Area.** San Francisco Bay Area counties are the predominant geographic areas served by Friendship House, and home to many California tribes. *"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 (bayareaequityatlas.org)."* 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).

The Friendship House Community Defined Evidence Practice (FH CDEP), based on the FH Healing Model, focuses on healing through strength-based and trauma-informed practices for the population of American Indian/Alaska Native (AI/AN) adults, youth and children. All aspects of the FH Healing Model are guided by principles and values of American Indian culture, history, traditions and spirituality. Prayer, song/drum circle, sweat lodge, talking circle, traditional healer ceremony, Native gatherings, and many other tribal and intertribal efforts are integral to FH services.

Friendship House is guided by numerous evidence-based practices, many of which are complementary to the FH Healing Model and CDEP. For example, 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. The 12-Step Treatment Model addresses the spiritual aspect of substance misuse 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. CBT, Case Management Care and GONA approaches were widely used in the Friendship House Youth Program, as well.

Population 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 the country. 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 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, includ-

ing state-enforced policies of relocation and assimilation coupled with the Bureau of Indian Affairs failure to provide reliable and consistent support and aid resulted in centuries of disparities and inequities for our First Nations people.

AI/AN communities have consistently associated their disproportionate rates of poverty and poor health outcomes 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 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 responses to such events." Historical trauma response has been identified as a constellation of features in reaction to the multigenerational, collective, historical, and cumulative psychic wounding over time, both over the life span and across generations (Brave Heart-Jordan, 1995). Duran refers to historical trauma as a "wounding of the soul" (Duran, 2006).

Friendship House Staff & Board of Directors



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

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Friendship House Healing Model

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. Cultural connections and places to gather for celebration and ceremony are especially important and valued by the AI/AN community of the San Francisco Bay Area, and trusted leaders including traditional medicine people are integral to ceremonial practices.

For decades now, Friendship House has addressed American Indian/Alaska Native (AI/AN) disparities, inequities, recovery and resilience by incorporating traditional healing methods and cultural connection as the foundation of 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 through the Residential 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 and again in 2022, Friendship House received funds from CA Office of Health Equity (OHE) to further enhance the FH Healing Model, a Community Defined Evidence Practice (CDEP).

Friendship House integrates American Indian healing practices with evidence-based methods to address the complex needs of residential clients and program participants. 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, individuals strengthen their personal identity and develop strong social bonds. 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 tribal and intertribal communities. 3) Regular access to Traditional Healers and Practitioners is especially important in helping individuals understand, reclaim and celebrate their cultural identity and community. 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 Healing Model & CDEP

The Friendship House Community Defined Evidence Practice (FH CDEP), based on the FH Healing Model, focuses on healing through strength-based and trauma-informed practices for the population of American Indian/Alaska Native (AI/AN) adults, youth and children. All aspects of the FH Healing

Model are guided by principles and values of American Indian culture, history, traditions and spirituality. Prayer, song, drum circle, sweat lodge ceremonies, talking circle, traditional healer ceremony, Native gatherings, and many other tribal and intertribal efforts are integral to FH services.

Friendship House 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) 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 Friendship House Youth Program, as well.

Evidence-based practices used by Friendship House include the following: Medication-Assisted Treatment (MAT); Substance Use Treatment/Recovery Models—Matrix Model, Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), 12-Step Facilitation Therapy; Patient Navigation; Case Management Care Delivery Model; Telehealth Care Delivery Model; Class-Wide Function-Related Intervention Teams (CW-FIT); and American Society of Addiction Medicine

(ASAM) Criteria Assessments and Other Screenings —for placement, continued stay and transfer/discharge of clients with addiction and co-occurring conditions. Other screenings include Addiction Severity Index Lite (ASI Lite), Patient Health Questionnaire – 9 (PHQ-9), Generalized Anxiety Disorder – 7 (GAD-7), Intimate Partner Violence (IPV) Checklist; PTSD Checklist – and the Civilian Version (PCL-C) Checklist. FH residential treatment care coordination included regular Care Team meetings to develop workflow and referral procedures and pre/aftercare support for transitional housing, and for employment readiness/securing employment activities, GED classes, etc.

To help build resilience, promote positive development and increase self-sufficiency among Native children, youth and young adults, six practices were implemented to build resilience, promote positive development and increase self-sufficiency behaviors: Annual Gathering of Native Americans, Traditional Counselor Individual/Group Sessions, Sweat Lodge Ceremony, Red Road to Recovery Sessions, Wellness Groups and Daily Living Skills Group. Evidence-based practices included Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). Question, Persuade, Refer (QPR) was implemented for suicide prevention. Community gatherings and ceremonies were provided to promote AI/AN well-being across the lifespan.

Ensuring Quality Services

Total Quality Management/Continuous Quality Improvement activities included engagement of stakeholders, evaluation design, gathering of information, monthly project sense-making (needs, effects, activities, context), 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 progress and achievements, Friendship House finds the best outcomes are noted for American Indians when American Indian culture and practices are integrated into service delivery efforts.

Community Based Participatory Research activities were adopted to ensure inclusion of stakeholders in CDEP implementation and evaluation 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 help ensure that ceremonial 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.

The Friendship House Healing Model and 3-year study findings are presented on pages 36-39 of this report. For the Friendship House Traditional Practices and Healing Model, Local Evaluation Report FY 2021/22, please refer publication link: <https://indd.adobe.com/view/74128fb0-3472-41bb-bedd-60e15f6b3b26>



FH CDEP Description and Implementation

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 practices; and incorporating traditional indigenous methods such as Sweat Lodge ceremonies, Traditional Healer ceremonies, Talking Circle, 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 (Friendship House). Treatment and recovery from substance abuse are studied through the lens of traditional healing practices. 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.

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.

"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).

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

The Friendship House Community Defined Evidence Practice (FH CDEP) focuses on FH "Healing through Ceremony" practices, specifically, Talking Circle, Drum Circle, Sweat Lodge, Traditional Healer and Cultural Gatherings for the AI/AN population.

- **Talking Circle** ceremony is based on the principle of sharing power with one another. Listening and talking are both essential elements of Talking Circle 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 Circle is 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. From July 2018 - June 2022, 469 (unduplicated) residents participated in Talking Circle Ceremony (128 Talking Circle sessions provided).

- **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. Traditional healers and practitioners also identify modifications and resources needed for future ceremonies. From July 2018 - June 2022, a total of 408 residents participated in 31 Traditional Healer Group sessions. 103 (unduplicated) residents participated in Individual Counseling sessions.

- **Sweat Lodge** ceremony has been an essential part of numerous 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 held 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. From July 2018 - June 2022, 178 residents participated in 29 Sweat Lodge Ceremonies.

- **Drum Circle**

The rhythm of the drumming is the heartbeat of the Red Nation people and the earth. It can bring a sense of oneness, connectedness with the earth, and the universe. Drum Circle is implemented weekly on an informal basis.

"The traditional drums and drumsticks are made of wood

and different animal hides. Both the plants and animals are honored in this way. We can bring together our traditional regalia and sing and drum for a celebration of life. Ceremonial dancing can heal the people and the earth" (Waukazoo, et al., 2012).

Drum Circle was initiated through informal sessions facilitated by the FH Clinical Director in 2022. 9 (unduplicated) residents participated in 6 Drum Circle sessions in 2022.

- **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. Community gatherings often implement a Gathering of Native Americans (GONA) approach which focuses on three guiding principles (SAMHSA GONA Fact Sheet, 2016):

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.

From July 2018 - June 2022, 3,642 participant encounters were tracked across 99 FHYP hosted/co-hosted gatherings and celebrations.

FRIENDSHIP HOUSE HEALING MODEL

a Community Defined Evidence Practice (CDEP)

SWEAT LODGE

The Sweat Lodge Ceremony is a spiritual healing ritual. One enters the Sweat Lodge to cleanse and purify.

DRUM CIRCLE

The rhythm of the drum is the heart-beat of the Red Nation people. We can bring together our traditional regalia and sing and drum for a celebration of life.

TALKING CIRCLE

The Eagle Feather or the Talking Stick gives to the individual, the courage and wisdom to speak truthfully and wisely.

TRADITIONAL COUNSEL

GROUP CEREMONY may take many forms to address participants' needs related to emotional, spiritual, physical and mental well-being.

TRADITIONAL COUNSEL

INDIVIDUAL COUNSELING is provided by traditional medicine people and traditional practitioners.

NATIVE GATHERINGS

Gatherings and celebrations are provided throughout the San Francisco Bay Area to celebrate Native identity and honor Native healing and wellness practices.

FRIENDSHIP HOUSE CDEP


The Friendship House CDEP, based on the FH Healing Model, focuses on healing through strength-based and trauma-informed practices for the population of American Indian/Alaska Native (AI/AN) adults, youth and children.

RETURN ON INVESTMENT for Residential Clients

Improved psychological and emotional well-being.

Reduced substance misuse, criminal activity, and risky behavior.

Increased employment, education/vocation participation, housing stability, and cultural connectedness.



"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).

Friendship House CDEP Practices & Participation Counts

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 misuse, depression, anxiety, criminal involvement and risky behavior (injection of illegal drugs and unprotected sexual contact with injection drug user); 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 Circle, Drum Circle, 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. From Fiscal Year (FY) 2018 - FY 2022, Friendship House traditional healing practices and counts were as follows:

- **Drum Circle** is a new addition to the FH CDEP and is implemented weekly on an informal basis. 9 (unduplicated) residents participated in 6 Drum Circle sessions in 2022.
- **Talking Circle** is implemented twice a month for Residents of the FH Treatment Program who may participate in sessions lasting 1-2 hours each. From July 2018 - June 2022, 469 (unduplicated) residents participated in Talking Circle Ceremony (128 Talking Circle sessions provided)
- **Sweat Lodge Ceremony** is Implemented twice a month for Residents with sessions lasting up to 3 hours. From July 2018 - June 2022, 178 residents participated in 29 Sweat Lodge Ceremonies (Sweat Lodge ceremony was discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions).
- **Traditional Healers** are selected to lead group and individual ceremony services for interested residents across a 2-day period, once every month. From July 2018 - June 2022, a total of 408 residents participated in 31 Traditional Healer Group sessions. 103 (unduplicated) residents participated in Individual Counseling sessions.
- **Cultural Gatherings** are provided seasonally and annually and engage community members, youth participants (prevention/cultural intervention services to prevent substance misuse) and residents of the substance abuse treatment program. From July 2018 - June 2022, 3642 participant encounters were tracked across 99 FHYP hosted/co-hosted gatherings and celebrations.

Findings to Date

Friendship House traditional practices experienced small to significant interruptions—mostly due to Shelter in Place protocols, were well-attended and often requested throughout the four-year study period to date. FH CDEP and evidence-based practices, relevant especially to the COVID-19 Pandemic were implemented immediately, across all programs. Community members, including youth and young adults noted disruption and anxiety in their daily lives, and mostly attributed this to the impact of COVID 19 and Shelter in Place restrictions.

MAJOR CEREMONY TYPES & COUNTS 2018-2022

469

Residents participated
in 128 Talking Circle
Sessions

178

Residents participated
in 29 Sweat Lodge
Ceremonies

408

Residents participated in
31 Group and
103 Individual
Traditional Healer
Sessions

3,642

Participant Encounters
tracked across 99 FH
Hosted/ Co-Hosted
Gatherings

From federal fiscal year (FFY) 2018 through FFY 2022, a total of 692 individuals were admitted to the Friendship House Residential Substance Abuse Treatment Program and received Intake services. 790 Intakes were targeted/692 Intakes were received, resulting in an Intake coverage performance rate of 87.6% over the four-year period. Demographics of residential clients (n=692): Race: American Indian/Alaska Native, n=530 (or 77%); Black/African American, n=23 (3%); Asian, n=9 (1%); Native Hawaiian/Pacific Islander, n=3 (1%); White, n=51(7%); Multiracial, n=29 (4%); NA, n=47 (7%). Ethnicity: Hispanic/Latino, n=145 (21%). Gender: Male, n=392 (56%); Female, n=296 (43%); Transgender, n=4 (1%). Age Range (n=598): 25-34 years of age, n=258 (43%); 35-44, n=188 (31%); 45-54, n=103 (17%); 55-64, n=44 (8%); and 65 or older, n=5 (1%).

Residential Treatment Practices

The Friendship House Residential Substance Abuse Treatment Program is guided by numerous evidence-based approaches and community defined practices including: Medication-Assisted Treatment (MAT), Substance Use Treatment and Recovery Models - Matrix Model, Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), 12-Step Facilitation Therapy,) Navigation Services; Case Management Care, Telehealth Care, Class-Wide Function-Related Intervention Teams (CW-FIT), and Friendship House Community-Defined Evidence Practices (FH CDEP) - based on the FH Healing Model. 98% (590/599) of residents: with 3+ days of stay were screened using ASI Lite, ASAM, PHQ-9, GAD-7, IPV & PTSD Checklists; with 7+ days of stay participated in weekly case management meetings, 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, and were offered HIV and Hep B/C on-site testing at Intake (and 99% consented to testing).

Residential clients assessed at intake and six months later, indicated significant reductions in drug and alcohol use, decreases in criminal involvement (arrest-free records), and declines in risky behavior (injection of illegal drug use and unprotected sexual contact with injection drug user). Clients reported significant improvements in employment and educational pursuits, slight improvements in positive choices leading to positive consequences, and slight increases in stable housing - has a place to live (increased from 15% at Intake to 17%, six-months later). Residents reported overall mental health as significantly improved.

Clients' reductions were noted as follows: anxiety decreased, depression decreased, cognitive/memory impairments decreased, hallucinations decreased, and suicide attempt decreased.

Friendship House Youth and Community Programs

Family engagement activities were implemented through FH and the Friendship House Youth Program (FHYP) and included: Talking Circle (Weekly), End of Year School Celebration (Annual), Powwow Dance Class (Fall, Winter), Dancing Feathers Powwow (Annual), Stronghold Youth Conference (Annual), Youth/Family Gathering of Native Americans (Annual GONA), Sweat Lodge Ceremony (Monthly), Wellness Check-Ins, etc. Cultural Gatherings were provided seasonally and engaged community members, youth participants and residents of the substance abuse treatment program. From FFY 2018 - FFY 2022: 2,958 individuals participated in 60+ FH-hosted/co-hosted gatherings and celebrations.

115 youth and young adults answered questions from the American Indian Cultural Connectivity Scale - CA version and the Alcohol and Illegal Drug Use Survey. In general, findings indicated a 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.

From 2019 through 2021, Community members (n=202) completed the FH Needs, Interests & Concerns Survey and selected the 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). Community members also identified the following as TOP 5 Issues that Affect our SF Bay Area American Indian Community (from 19 choices); Number One Selection - Racism/Discrimination, 67% (compared to 89%, 2010-2019, n= 1603).

In 2022, Community members (FY 2022, n=106) selected the Services and Activities that Interested Them Most (19 choices): Number One Choice - American Indian Cultural Center (93%). Community members also identified the issues that affect our American Indian Community the most (17 choices): Number One Selection - Alcohol Abuse (93%).

Highlights, Residential Client Population



171

Residential Substance Abuse Treatment Clients in FY 2021/22.

- From July 1, 2021–June 30, 2022, a total of 179 Admissions were accepted into the FH Residential Substance Abuse Treatment Program, of which 171 were unduplicated counts. Residential program Intakes increased by 20% in FY 2021/22 in comparison to the previous fiscal year (n=143 admissions in FY 2020/21).

- For length of stay, 41% (n=68) of residents completed 89+ days stay in the treatment program. This 15-percentage point or 58% increase over FY 2021 (26% stay rate) indicates a significant improvement in program stay. 7% of all clients admitted in FY 2021/22 left the program within 3 days of stay (n=12). Compared to the 10% of clients who left within 3 days in FY 2020/21, this represents a 3-percentage point or 43% improvement in one year.



78%

of the Treatment Program residents were American Indians.

- 78% (134/171) of residential clients were American Indian, 7% were White, 4% were African American, 5% were Multiracial, and 6% were other Races including Asian and Native Hawaiian/Pacific Islanders. For ethnicity: 25% were Hispanic/Latino.

- For Gender: 61% were male, 38% were female, 1% were transgender.

- For Age Range: 12% of residents were between the ages of 18 and 24, 36% were 25-34, 30% were 35-44, 11% were 45-54, 10% were 55-64, and 2% were 65 years of age or older.

- For Tribal Affiliation: 78% of FH residential clients were American Indian/Alaska Natives, representing 58 unique tribal affiliations. 57% (77/134) of the American Indian residents were from California tribes.



100%

of Residents with 7+ days received case management services.

100% of residents:

- with 3+ days of stay were screened using ASI Lite, ASAM Criteria, PHQ-9, GAD-7, IPV Checklist, and PTSD Checklist
- with 7+ days of stay were referred to collaborative partners (IPV, Trauma, MAT, MH issues, etc.) if in need of further services.
- with 7+ days of stay participated in case management meetings, weekly; and participated in the development of their treatment plan.
- with 3+ days of stay were offered HIV and Hepatitis C testing at Intake and 100% consented to testing.
- who screened positive for HIV or Hepatitis C at Intake, were provided with appropriate treatment and referral services.

In Fiscal Year 2021/22, 179 Intakes were accepted into the FH Residential Substance Abuse Treatment Program, of which 171 were unduplicated counts. Enrollment increased by 20% in FY 2021/22 in comparison to the previous fiscal year (n=143 admissions in FY 2020/21). 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", shelter in place restrictions, 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 2021/22, 175 residents participated in Talking Circle (44 TCs provided). 14 (unduplicated) residents participated in Traditional Counseling sessions. 155 residents participated in the Traditional Healer Ceremony (11 group ceremonies provided). 19 residents participated in one Sweat Lodge Ceremony, held February of 2022 (SL ceremony otherwise discontinued throughout the fiscal year to comply with COVID 19/Shelter in Place protocols). 9 (unduplicated) residents participated in Drum Circle, a newly added ceremonial activity. Cultural Gatherings engage community members, youth participants and residents of the substance abuse treatment program. From July 2021 - June 2022, 1,428 participant encounters were tracked across 18 FHYP activities and gatherings.

Key issues were examined for 171 residents In FY 2021/22. Information was collected at Intake and included: Substance Use, Mental Health, Co-Occurring Disorders, Health Concerns, Arrest History, Family History, Income and Employment, and Education/Vocation Status. Findings are presented on page 15 of this report.

● SUBSTANCE USE

Clients' self-reported drug use was as follows: Alcohol, 48%; Amphetamines, 32% (compared to 40% in the previous year); Marijuana, 46%; Cocaine/Crack, 9%; Heroin, 5%; Hallucinogens, 4%; Benzodiazepines, 3%; and Oxycontin/Oxycodone, 2%. 13% of clients were diagnosed with Opioid Disorder (compared to 13% in the previous year). 9% were diagnosed with Alcohol Use Disorder

● CO-OCCURRING DISORDERS

21% of residents screened positive for Co-Occurring MH and SUD (compared to 15% in the previous year). Of those, 13% of clients screened positive for Opioid Disorder. For Medically Assisted Treatment (MAT), 7 residents were treated with Methadone and 18 were treated with Buprenorphine. Disorder. 7 residents were treated with Naloxone and 1 was treated with Disulfiram.

● ARREST HISTORY

4% of clients reported being arrested in the past 30 days (compared to 17% in the previous year). 20% of clients reported spending 1-30 days in jail/prison in the past month. 2% reported that they were arrested for drug-related offenses. 36% were on probation. 29% were awaiting trial. Most Common Charges: Parole Violation, Drug Possession, Robbery.

● INCOME & EMPLOYMENT

At Intake, 88% of residents were unemployed (compared to 88% in the previous year), 2% worked part-time, 2% worked fulltime, 2% were self-employed, 3% were retired, and 3% received disability funds. 96% reported that they received no income in the past 30 days. 78% reported that they did not have enough money to meet their

● MENTAL HEALTH

48% of residents were diagnosed with mental health disorders as follows: Anxiety: 76%; Depression: 57%; Cognitive/memory problems: 51%; Trouble controlling violent behavior: 8%; Suicide attempts: 2%. 39% were prescribed medication for MH issues. 30% of clients reported that they were "considerably to extremely" bothered by psychological or

● HEALTH CONCERNS

11% of residents reported their health as fair or poor (compared to 16% in the previous year). 18% reported they did not have enough energy for everyday life. 11% were homeless - living in a shelter/on the street. 18% had experienced violence or trauma. 11% reported they had been physically hit, kicked or slapped. 9% experienced trouble controlling violent behavior in the past 30 days.

● FAMILY HISTORY

4% of residents reported that they were currently pregnant (n=6). 67% of residents reported having children (compared to 62% in the previous year). Of those: 31% reported that they were parents of three to eight children; 14% reported their child/children were currently under protective court order (compared to 7% in the previous year); and 4% reported they had lost their parental rights.

● EDUCATION COMPLETION

At Intake, 23% of residents had not completed high school (compared to 18% in the previous year). 35% completed high school or GED equivalent. 3% completed a vocational/technical program after high school graduation. 33% completed some college, 4% graduated with a 4-year Bachelor's degree, and 2% were enrolled in a job/vocation training program at Intake.

National Comparisons, Economics and Education

Income and Employment

In comparing data for full-time employment rates over the past two decades: For Friendship House 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. This is significantly lower than the median household income of single-race AI/AN households in 2019 (\$49,906), and \$57,617 for non-Hispanic white households. In 2019, the overall unemployment rate for American Indians/Alaska Natives was 7.9 %, as compared to 3.7% for non-Hispanic whites.

Education/Vocation Completion

In comparing data for education efforts and rates over the past two decades: Friendship House residential clients' high school graduation rate continues to increase in recent years. However, the graduation rate of 77% remains lower than the graduation rate of 87% for the nation as a whole. In 2019, 84.4% of American Indians and Alaska Natives alone or in combination had at least a high school diploma, as compared to 93.3% of non-Hispanic whites. 20.8 % of American Indians and Alaska Natives who were 25 years of age and older had at least a bachelor's degree, in comparison to 36.9% of non-Hispanic whites. 7.6% of American Indians and Alaska Natives held an advanced graduate or professional degree, as compared to 13.9% of the non-Hispanic white population.

Source: DHHS Office of Minority Health.
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>

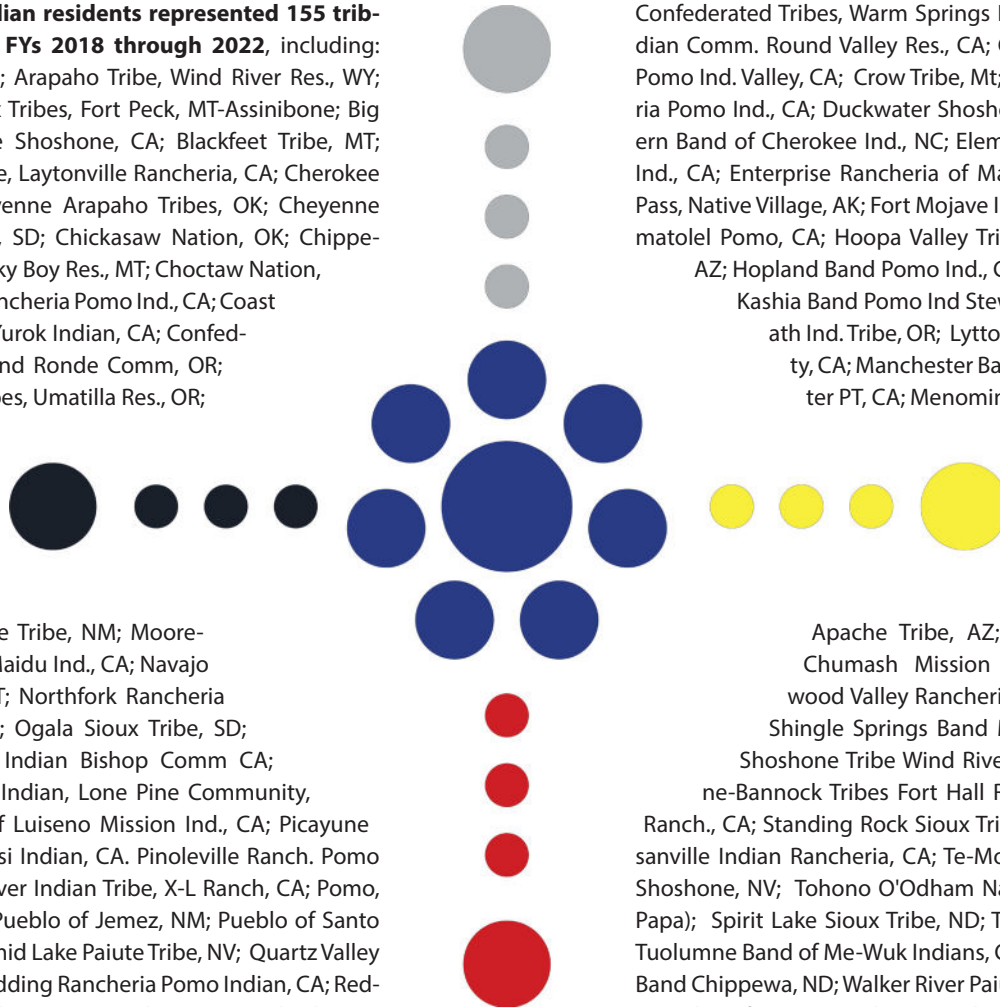
Tribal Affiliation of Residents, Fiscal Years 2018 - 2022

FH American Indian residents represented 155 tribal affiliations in FYs 2018 through 2022, including: Apache Tribe, OK; Arapaho Tribe, Wind River Res., WY; Assiniboine/Sioux Tribes, Fort Peck, MT-Assinibone; Big Pine Band Paiute Shoshone, CA; Blackfeet Tribe, MT; Cahto Indian Tribe, Laytonville Rancheria, CA; Cherokee Nation, OK; Cheyenne Arapaho Tribes, OK; Cheyenne River Sioux Tribe, SD; Chickasaw Nation, OK; Chipewa-Cree Ind., Rocky Boy Res., MT; Choctaw Nation, OK; Cloverdale Rancheria Pomo Ind., CA; Coast Ind. Community Yurok Indian, CA; Confederated Tribes Grand Ronde Comm, OR; Confederated Tribes, Umatilla Res., OR;

Confederated Tribes, Warm Springs Res., OR; Covelo Indian Comm. Round Valley Res., CA; Coyote Valley Band Pomo Ind. Valley, CA; Crow Tribe, Mt; Dry Creek Rancheria Pomo Ind., CA; Duckwater Shoshone Tribe, NV; Eastern Band of Cherokee Ind., NC; Elem Ind. Colony Pomo Ind., CA; Enterprise Rancheria of Maidu Ind., CA; False Pass, Native Village, AK; Fort Mojave Ind. Tribe, AZ; Habematolel Pomo, CA; Hoopa Valley Tribe, CA; Hopi Tribe, AZ; Hopland Band Pomo Ind., CA; Karuk Tribe, CA; Kashia Band Pomo Ind Stewarts PT, CA; Klamath Ind. Tribe, OR; Lytton Indian Community, CA; Manchester Band Pomo Manchester PT, CA; Menominee Indian Tribe, WI;

Mescalero Apache Tribe, NM; Mooretown Rancheria Maidu Ind., CA; Navajo Tribe, AZ, NM, UT; Northfork Rancheria Mono Indian, CA; Ogala Sioux Tribe, SD; Paiute-Shoshone Indian Bishop Comm CA; Paiute-Shoshone Indian, Lone Pine Community, CA; Pala Band of Luiseno Mission Ind., CA; Picayune Ranch. Chukchansi Indian, CA. Pinoleville Ranch. Pomo Indian, CA; Pit River Indian Tribe, X-L Ranch, CA; Pomo, Upper Lake, CA; Pueblo of Jemez, NM; Pueblo of Santo Domin, NM; Pyramid Lake Paiute Tribe, NV; Quartz Valley Rancheria, CA; Redding Rancheria Pomo Indian, CA; Redwood Valley Rancheria Pomo Indian, CA; Rosebud Sioux Tribe, SD; Sac and Fox Tribe of the Mississippi, IA; Salt River Pima-Maricopa Indian Community, AZ; San Carlos

Apache Tribe, AZ; Santa Ynez Band Chumash Mission Indian, CA; Sherwood Valley Rancheria Pomo Indian, CA; Shingle Springs Band Miwok Indians, CA; Shoshone Tribe Wind River Res, WY; Shoshone-Bannock Tribes Fort Hall Res, ID; Smith River Ranch., CA; Standing Rock Sioux Tribe, ND and SD; Susanville Indian Rancheria, CA; Te-Moak Bands, Western Shoshone, NV; Tohono O'Odham Nation, AZ (Formerly Papa); Spirit Lake Sioux Tribe, ND; Tule River Tribe, CA; Tuolumne Band of Me-Wuk Indians, CA; Turtle Mountain Band Chippewa, ND; Walker River Paiute Tribe, NV; Washoe Tribe of NV, CA; Wilton Rancheria, CA; Wyandotte Tribe, OK; Yerington Paiute Tribe, NV; Yurok Tribe Hoopa Valley Reservation, CA.



Tribes Served

In Fiscal Years 2018 through 2022, **155 unique tribes/tribal bands were represented** through the residential clients of Friendship House programs. Of American Indian residential clients, 56% were affiliated with California Tribes. 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 San Francisco Behavioral Health Services, CA criminal justice systems, from homeless shelters, and from Indian Health Services (IHS).

American Indian Residents

Of the 692 Residents enrolled in the FH Residential Substance Abuse Treatment Program in FYs 2018 - 2022, 530 or **77% of residents were American Indians.**

California Tribes Represented

Of 530 American Indians served through the Friendship House residential program in FY 2021/22, **56% were affiliated with California Tribes.**

5 Top Tribes Served in FY 2021/22

- 17%** - Navajo Tribe, AZ, NM and UT
- 15%** - Yurok Tribe Hoopa Valley Reservation, CA
- 8%** - Karuk Tribe, CA
- 7%** - Hoopa Valley Tribe, CA
- 7%** - Covelo Indian Community Round Valley Reservation, CA



Karen Maukazo, Photographer

Resident Outcomes, Fiscal Years 2018 - 2022



Friendship House Resident Baseline/Follow-Up data is collected, using Substance Abuse and Mental Health Administration Government Performance and Results Act (SAMHSA GPRA) National Outcomes Measures (NOM) Tool. GPRA data, collected from July 1, 2018 - December 31, 2022 (n=692 Baseline and 441 Follow-Ups for a 64% 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 2018-2022 outcomes for residents closely mirror previous years' findings, collected for FH-SAMHSA grants (GPRA 2001-2015, n=1001. Source: Lebron, D. FH Annual Evaluation Report 2015 (2016).

● **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 37.6% at Intake to 74.6% at 6-month follow-up, indicating an 98.2% rate of change).

● **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 93.2% at Intake to 98.2% at 6-month follow-up, indicating a 5.4% rate of change).

● **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: 10.0% of residents reported injection drug use in the prior 30 days at baseline, with a decrease to 3.0% six months later, indicating a -70.5% rate of change. 5.6% reported unprotected sexual contact with an injection drug user at baseline, with a decrease to 1.9% at 6-month follow-up, indicating a -70.5% rate of change.

Summary, Resident Outcomes

Residential clients assessed for four years. at intake and six months later, indicated significant reductions in drug and alcohol use (abstinence increased from 38% at Intake to 75%, six-months later), decreases in criminal involvement (arrest-free records increased from 93% at Intake to 98%, six-months later); and declines in risky behavior (injection of illegal drug use decreased from 10% to 3%; unprotected sexual contact with injection drug user decreased from 6% to 2%; and unprotected sex with an individual high on some substance decreased from 12% at Intake to 6% six-months later).

Clients reported significant improvements in employment and educational pursuits (increased from 6% at Intake to 51%, six-months later), slight improvements in positive choices leading to positive consequences (increased from 13% at Intake to 17%, six-months later), and slight increases in stable housing - has a place to live (increased from 15% at Intake to 17%, six-months later).

Residents reported overall mental health as significantly improved. Clients' reductions were noted as follows: anxiety decreased (from 77% at Intake to 51%, six months later); depression decreased (from 60% at Intake to 39%, six-months later); cognitive/memory impairments decreased (from 47% at Intake to 22%, six months later); hallucinations decreased (from 8% at Intake to 2%, six-months later); and suicide attempt decreased (from 2% at Intake to 0.5%, six months later).

Data collected period: July 1, 2018 - December 31, 2022. Participant counts: 692 Baselines; and 441 Six-Month Follow-ups (441/692 or 64% follow-up rate).

● EMPLOYMENT & EDUCATION

GPRA Tool, Part D questions collect baseline (past 30-days) information on education and employment activities.

Data demonstrated more clients employed and/or attending school after six months (from 5.7% at Intake to 49.7%, at 6-month follow-up, indicating a 776% rate of change).

● 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 positive gains in relationship to "no alcohol or illegal drug use consequences" (from 13.0% at Intake to 16.9%, at 6-month follow-up, indicating a 29.8% rate of change).

● 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 "having a permanent place to live in the community" (from 14.7% at Intake to 16.6%, at 6-month follow-up, indicating a 12.3% rate of change).

● PHYSICAL AND MENTAL HEALTH

GPRA Tool, Part F questions collect baseline (past 30-days) information on well-being.

Data analysis showed improvement in clients' mental health. Depression decreased from 59.5% to 38.9% (-34.7% rate of change). Anxiety decreased from 76.8% to 50.7% (-34.0% rate of change). Cognitive/memory problems decreased from 47.2% at Intake to 22.1% at 6-month follow-up (-53.1% rate of change).

Resident Satisfaction, Fiscal Years 2018 - 2022

To determine satisfaction with the Residential Substance Abuse Treatment Program and other services provided by Friendship House, residents were asked to complete satisfaction surveys, generally at discharge from the treatment program. Of 692 residential clients, 47% (324/692) completed the FH Resident Satisfaction Survey from 2018 - 2022. The residential survey focuses on four themes: 1) General Experience, 2) Cultural Competence, 3) Cultural/Service Experience, and 4) Service Satisfaction (Appendices, Table 4).

General Experience: 86% of residents reported that the Friendship House Intake process was easy to complete, 88% reported that referrals were provided for their medical needs and 83% reported that referrals were made for their wellness needs. 84% reported that they were involved in the development of their treatment plan. 85% of residents felt that staff took the necessary time to listen and understand their needs. 89% agreed they would recommend FH to a friend or relative in need of similar help.

Cultural/Service Experience: 83% or more residents reported that they learned new information related to American Indian culture. 83% agreed that the services received addressed the help they needed. 53% or more residents reported that they can apply new skills related to what was learned through Talking Circle, Sweat Lodge Ceremony, Traditional Healer Ceremony, Red Road to Recovery classes, Living in Balance classes, Food is Medicine classes, GED classes and Job Placement/Support classes and activities.

Cultural Competence: 85% agreed that the program setting was comfortable and 91% agreed that the program environment was clean. 85% reported that they were provided with assistance for reading/filling out forms and documents as needed. 83% felt they got the help they needed; 83% felt their cultural needs were understood; 85% felt their cultural beliefs were respected; and 86% felt that FH helped them to make a connection to the American Indian Community.

Service Satisfaction: 95% of residents expressed satisfaction/partial satisfaction with the services received. 71% of residential clients rated FH services as "good to excellent", 23% rated FH services as "adequate" and 6% rated Friendship House services as "not very good to inadequate". When asked which activities were most helpful, Talking Circle, Outings and Traditional Healer sessions were listed as favorites, as well as Outside Meetings including AA/NA meetings, walks, beading, relapse prevention classes, and making dream-catchers. When asked which activities were "least favorite", responses included: Quarantine, lock down, COVID 19, health class, and client policy meetings (mentioned most often).

Implementation Changes: Based on client satisfaction findings for two years in a row, that "Talking Circle" was often selected by residents as a "least favorite" program activity, the FH Quality Assurance Committee recommended revisions to Talking Circle protocols, with a focus on implementing a more traditional format. In FY 2021/22, implementation changes were made, including bringing on Traditional Counselor, Patricia Shirley, to be the lead facilitator of most FH Talking Circles. In FY 2021/22, survey findings noted that "0" residents identified Talking Circle as a "least favorite" activity, and 10+ residents identified Talking Circle as the "most helpful" activity for their participation.

“

FH staff were all interactive and excellent, and I appreciate them very much. I will take all that I learned with me for the rest of my life.

Thank you, Miki and Randy and Wayne for everything. I feel like I can use the resources I learned here in my daily sober and clean life.

I want to thank all the staff for the work they did with me.

You guys are great!

“

Thank you, Wayne, April, Mark and Verna, you saved my life.

I want to continue outpatient services where I live.

I will miss this place and I thank all of you at Friendship House.

The facility/staff was great to me. It's given me new hope for life and I know how to remain sober. Thank you Friendship House.

“

I came to work on my recovery, not my sexual identity. I know who I am.

I was uncomfortable with ceremonies I was not familiar with.

The staff, people and program were good, just not for me.

Pay more attention to clients. Have set times with counselor.

Findings by Percentage, Resident Satisfaction (n=324)

General Experience: Agree/Strongly Agree

I felt that the Friendship House Intake process was easy to complete.	86% 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.	84% 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.	83% Agree
My counselor met with me at least once per week during my treatment.	86% Agree
I would recommend Friendship House to a friends or relative in need of similar help.	89% Agree

Cultural/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.	81% Agree
I can apply new skills related to what was taught through Talking Circles.	80% Agree
I can apply new skills related to what was taught through Traditional Healer Ceremony.	62% Agree
I can apply new skills related to what was taught through Red Road to Recovery classes.	73% 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.	53% Agree
I can apply new skills related to Food is Medicine education and practice.	57% Agree
The activities related to GED or other education support were helpful for me.	69% Agree
The activities related to finding a job were helpful to me.	75% Agree

Cultural Competence: Agree/Strongly Agree

The program setting was comfortable.	85% Agree
The program environment was clean.	91% Agree
I was provided with assistance for reading and filling out forms and documents as needed.	85% Agree
I felt that I got the help I needed.	83% Agree
I felt my cultural needs were understood.	83% Agree
I felt that my cultural beliefs were respected.	85% Agree
I feel that I am connected to the American Indian community.	86% Agree
I feel that my involvement with Friendship House 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



Wish I did better.

Just time to complete my journey elsewhere.

I felt there were other options for my treatment at this time.

Least Favorite: Client policy, over and over again. It needs to be updated.

Most Helpful: Talking Circle with Patricia.



Most Helpful: Individual Counseling Sessions, Walks, Zooms, Beading, making Dream Catchers.

Most Helpful: Traditional Healers and Talking Circle.

Most Helpful: AA/NA meetings, talking circle, relapse prevention, and Randy's class.

Most Helpful: Recovery and understanding that I really did have a problem with drugs.



The facility/staff was great to me. It's given me new hope for life, and I know how to remain sober. Thank you Friendship House.

I'm very blessed and grateful for my gift of coming to Friendship House. It's helped me get grounded in mind, body and spirit.

Friendship House has always been good to me. I will never forget this place. Thank you to Friendship House for Everything!

Snapshot, Friendship House Youth Program in 2022



737

Participant Encounters tracked over 8 Outreach Events in FY 2021/22.

In FY 2021/22, FHYP made 737 contacts through outreach and engagement efforts. Highlights:

- FHYP hosted the 15th Annual Dancing Feathers Powwow.
- FHYP collaborated with Indian Education, AICC, and NAHC to host the 12th Annual End of Semester Celebration.
- AICC, NAHC, CA Consortium for Urban Indian Health, and Friendship House collaborated in providing the 1st American Indian Cultural District Gathering.



61

Regular Youth & Young Adult Participants of FHYP in FY 2021/22.

Regular participants of FHYP in FFY 2021/22:

- On average, 40 youth participated in regular activities and events throughout the 2021/22 school year. Summertime program activities and events engaged larger groups that included families of FHYP participants. 40+ participant families received Wellness Check-Ins through FHYP.
- A total of 21 TAY residents of the FH treatment program participated in FHYP activities in FFY 2022.



115

Youth & Young Adults Completed FHYP Surveys in FY 2021/22.

Youth & Young Adults Completed FHYP Surveys in FY 2021/22. 115

youth and young adults answered questions from the American Indian Cultural Connectivity Scale - CA version and Drug Use Survey. In general, findings indicated continued interest, engagement & connection to American Indian culture amongst participants, as evidenced through:

- Ongoing participation in American Indian activities related to culture, identity, history and arts;
- Ongoing ceremony participation,

The Friendship House Youth Program (FHYP) was established in 2001 and provides community-centered, afterschool and summer programs, specifically geared to American Indian/Alaska Native (AI/AN) children, youth, teens and young adults up to age 24, and their families. The **5 Core Services** of the FHYP are: 1) Cultural Identity and Empowerment, 2) Academic Support, 3) Health and Wellness, 4) Community Engagement, and 5) Arts and Media. FHYP linkages to the AI/AN youth population include collaborations with community-based organizations throughout the San Francisco Bay Area. Youth-focused projects and activities were provided at **5 Locations** including the FHYP site on Valencia Street in San Francisco, Native American Health Center (NAHC) Youth Program sites (San Francisco, Oakland), San Francisco Unified School District (FH-SFUSD), and Indian Education Title VII Program.

For community outreach and engagement goals in FY 2021/22, FHYP hosted or collaborated on several community activities in the San Francisco Bay Area, including the Thanksgiving/Christmas Community Celebrations, FHYP Virtual GONA, Wellness Check-ins (Shelter in Place program modification), etc. Highlights of FHYP Outreach and Engagement Activities:

- FHYP collaborated with Indian Education program to host the first Pine Needle Basket-Making Workshop (n=40).
- FHYP hosted the 15th Annual Dancing Feathers Powwow. Local youth participated in dance competitions and community members engaged in cultural activities and shared traditional food (n=350).
- FHYP collaborated with Indian Education, American Indian Cultural Center (AICC), and NAHC to host the 12th Annual End of Semester Celebration. Dinner was served and gifts were given to the youth. Elders were given blankets (n=100).
- AICC, NAHC, CA Consortium for Urban Indian Health, and Friendship House collaborated in providing the 1st American Indian Cultural District Gathering (n=111).
- FHYP and collaborators hosted a "Boys with Braids" youth event in September of 2022 (n=121).
- FHYP provided weekly Wellness Check-Ins with youth/families to aid them during Shelter in Place restrictions (n=40).

Snapshot, Friendship House Community Services in 2022



1,482 Participant Encounters were tracked across 18+ events in FY 2021/22.

In FY 2021/22, 18+ FHYP and FH events and activities tracked 1,482 participant encounters. Community engagement projects included:

- Youth & Family Wellness Check-Ins (40 families served in response to the COVID Pandemic)
- Thanksgiving and Christmas Community Dinner Drop-Offs
- 15th Annual Dancing Feathers Powwow
- 1st AI Cultural District Gathering
- Boys with Braids Event



428 Meals Provided during Annual Celebrations in FY 2021/22.

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

- Families in Recovery Celebration (78 meals served in July of 2022), held in beautiful Hoopa Valley
- Thanksgiving Community Dinner (150 meals served, November 2022)
- Christmas Community Celebration (200 meals served and 150 gifts/gift cards distributed to children, teens and elders in December 2022).



106 Community Members Completed FH Interests Survey in FY 2021/22.

In FY 2021/22, 106 community members completed the FH Needs, Interests and Concerns Survey.

- Community members identified the issues that affect our American Indian Community the most (17 choices): Number One Selection - Alcohol Abuse (93%).
- Community members (n=106) selected the services and activities that interested them most (19 choices): Number One Choice - American Indian Cultural Center (93%).

The San Francisco Bay Area American Indian community represents a diversity of distinct tribes and bands and share a common experience of living in an urban environment. Community Gatherings and celebrations are provided seasonally and annually at Friendship House and throughout the San Francisco Bay Area and engage community members, youth program participants and their families, and residents of the substance abuse treatment program.

During this annual period, FH and FHYP collaborated on several **community engagement** activities including the 1st American Indian Cultural District Gathering, Boys with Braids Event, Families in Recovery Gathering, 15th Annual Dancing Feathers Powwow, the Native American Heritage Summit, the Native American Heritage Day at Six Flags, the Indigenous Red Market, and the FH Holiday Gathering/ Meal Drop-Off events.

The newly established FH Outreach Team developed a "Save a Relative Campaign," with the goal of educating the public by attending cultural events and celebration, distributing educational information, and providing support and referrals: 300 individuals were reached during this quarter through educational information and referral information at the Mills College Powwow and Stanford Pow Wow. In addition, Wellness Check-Ins were provided for youth and their families to aid them during Shelter in

Place restrictions (40 families received aid). Last, a FHYP 4-Day GONA was implemented for youth and their family members, focused on belonging, mastery, interdependence, and generosity, GONA attendees included 4 Youth, 3 TAY, and 8 Family/Community members.

Youth consumers and family and community members are Subject Matter Experts (SMEs) who help guide FHYP efforts on a regular basis. In FY 2021/22, 25 Youth and young adults completed the FH Youth/Young Adults Needs & Interests Survey and 106 community members completed the FH Community Needs & Interests Survey.

Cultural Gatherings engaged community members, youth participants and residents of the substance abuse treatment program. From July 2021 - June 2022, **1,482 participant encounters were tracked across 18+ FH and FHYP activities, hosted/co-hosted gatherings.**

Friendship House Youth Program Cultural Connectedness

Every year, Friendship House conducts community assessments through stakeholder surveys. Findings are shared to highlight the strengths and resilience of our community, and to help share information about the needs, interests, and concerns of our program participants. Youth/young adults were assessed, using questions from the American Indian Cultural Connectivity Scale - CA version and Alcohol and Illegal Drug Use Survey (n=115).

In **Fiscal Years 2018 and 2019**, 90 youth and young adults were assessed (Appendices, Tables 5-8). Demographics of participants (based on 73 FHYP records): For Race, **74% of the 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, 32% were 14-17 years and 35% were 18-24 years of age.

FINDINGS - 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.

In **Fiscal Year 2022**, Friendship House collected 25 youth and young adult surveys: 13 at the Stanford Powwow, and 12 at the Mills College Powwow in Oakland, CA (Appendices, Table 9). Of 25 survey respondents, 76% self-reported as female, 12% as male, and 12% self-reported as binary. The majority of respondents were **Alaska Native/American Indian (68%)**, and a smaller percentage were White (12%), Black/African American (8%), Asian (8%) or Multiracial (4%). Most of the survey respondents were between the ages of 18 and 24 (88%) and in college, and 12% were between the ages of 12 and 17 years of age. Tribal affiliations included Miwok, Haidu, Blackfoot, Navajo, Cherokee, Cahuilla, Morongo, Hoopa, Lakota, Ojibwe, and Hidatsa. Following is the summary of how these individuals are holding up through COVID, in who they find support, their plans, interests, needs and advice.

Support: For survey respondents, **family support was clearly identified as their #1 resource during COVID**-related situations for "having someone who pays attention to what's going on or offers to help me when I am upset". 64% reported that they help make decisions with their family. Cultural connections were another strong resource for survey respondents. 64% of respondents reported that they feel a strong connection to their culture and 96% plan on attending a cultural ceremony or activity in the future. 92% agree that there are many things that they do well and 82% have high goals and expectations for themselves. Yet only 56% felt that they knew where to go for help with a problem.

Needs: When asked what kind of support was needed, survey respondents identified the following needs: School supplies, food boxes, household cleaning/sanitation supplies, emotional support, water, and college necessities.

Interests: When asked what types of events and activities they would like to see provided, participant responses included: Pop-ups, Stanford fairs, more cultural classes, BBQs, community dinners, beading classes, dance classes, arts and crafts, vendor events, festivals, events that reach out to homeless youth, LGBTQ+ group circles for youth/young adults, music circle, and events about how to help the environment and promote sustainability.

What I Think & How I Feel

64%
AGREE

I understand my moods and feelings.

92%
AGREE

There are many things that I do well.

84%
AGREE

I have high goals and expectations for myself.

52%
AGREE

I think deciding to drink alcohol is a bad idea.

72%
AGREE

I think deciding to use illegal drugs is a bad idea.

My Support & Connections

56%
AGREE I plan

I know where to go for help with a problem.

64%
AGREE

I help make decisions with my family.

64%
AGREE

I feel a strong connection to my Tribe or Culture.

84%
AGREE

I have participated in cultural ceremonies (a little, a moderate amount, or a great deal).

96%
AGREE

I plan on attending a cultural ceremony or activity in the future.

“The COVID-19 Pandemic has made me feel”

Isolated. Separated and alone. Stressed and anxious.
Strong. Isolated, connected with my partner.
Really stuck at where I am at. Isolated. Isolated. Trapped.
Sad, but safer with the vaccine. Scared, helpless, alone.
Closed and lonely. Connected to partner.
Anxious and nervous about how each day will turn out.
Disconnected from my community & culture and frustrated by the way people disregard the seriousness of it.
Anxious and nervous about my family's & my own health.
Exhausted. Uncertain. Very lonely and depressed.
Confused at times but I feel more challenged than ever.
Adapting to new situations helps me feel more empowered.



“Yes (52%), my sleeping has changed since COVID-19”

Sleeping either a lot or barely. Staying up late.
Sleeping less. Less consistent.
I sleep a lot more than usual.
Making me sleep more or not at all.
More insomnia. I often oversleep. Less sleep.
Irregular sleep. I'm going to bed late and waking up late.
Lack of schedule. Intrusive thoughts keeping me awake.
Need to sleep a little more and just get busy staying alive.

“Yes (64%), I have someone who pays attention to what's going on or offers to help me when I am upset.....”

Mom. Parents help me out. I have family.
My mom is a good person for me to look to.
My Father. My aunt & uncle care a lot about me.
My parents and therapist. My mom, an elder, school.
My parents & older sister are very supportive.
My parents will listen to me if I'm upset.
My mom and sister provide support.
Family helps me understand my feelings & control my emotions.
My parents check-in with me at least once a week.

Community Needs, Interests & Concerns, Findings 2022

Respondent Demographics and Top Needs & Interests, FH Community Needs and Interests Survey

Friendship House conducts consumer and stakeholder surveys at community events and celebrations 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, 2021 - June 30, 2022**, 106 community members completed the FH Community Needs & Interests Survey (Appendices, Tables 12-13). Demographics of survey respondents:

By Race (n=92): 85% were American Indian respondents, 6% were White, 4% were Black, 3% were Asian, 1% were Biracial, and 1% were multiracial.

By Gender (n=104): 21% were male, 76% were female, and 3% were binary.

For Age Range (n=105): 2% were under age 18; 5% were 18-24; 11% were 25-30; 17% were 31-39; 16% were 40-49; 29% were 50-59, 15% were 60-69, and 5% were 71 years or older.

Stable Housing (n=99): When survey respondents were asked about homelessness, 92% reported that they were living in a stable housing situation (compared to 84% in the previous year). 8% of

respondents reported they were homeless (compared to 10% in the previous year). 28% reported that they were not currently homeless but had been in the past.

Health Services (n=84): When survey respondents were asked where they go for health services, 14% responded that they went to emergency rooms, 31% went to community clinics, and 55% went to private medical offices.

Community of Residence: The majority of survey respondents lived in a San Francisco Bay Area community. Other communities included Sacramento, Watsonville, Vallejo, Sunnyvale, etc.

In 2022, Community members (n=106) selected the services and activities that interested them most (19 choices): **Number One Choice - American Indian Cultural Center (93%)**. Community members identified the **issues that affect our American Indian Community the most** (17 choices): **Number One Selection - Alcohol Abuse (93%)**.

What were the greatest needs of you and your family during the COVID 19 Pandemic and past year in general?

Children. Safety, shots/testing.
Medical Insurance. Staying busy, being sane.
Toiletries. Safety from COVID. Employment.
Money/job. Education of the situation. Community.
Money. Money and help for my kids. Protection. Rent.
Education for the kids and food to feed them. Tests/
Access testing, vaccination. Work/food. Depression.
Mental health services. Food, housing, healthcare.
Work stability. Accessing culturally competent care.
Childcare, mental health services. Mental Health.
Financial help. Dental Care. Mental health services.



What are the greatest needs of you and your family now?

Community/more cultural events, outings/group.
More nutritional education.
Food benefits
Family unity like it used to be.
Community. Being native.
PG&E expenses. Employment.
Rent going forward and groceries.
Health and protection.
Education for the youth. Clean water.
Money. Protection. Health care. Money.
Money for food. Medical care.
Child services support. Food, housing, healthcare.
Not getting COVID again. Understanding services.
More representation in mental health practitioners, don't know of any native services in Watsonville.
A job that can pay a living wage so I can own a home. Help with utility expenses.
Personal health status (2x cancer survivor).
Mental Health. Home.
Traditional Services.
Money.
Rent.

ISSUES THAT AFFECT US MOST

Participant Choice	By %
Alcohol Abuse	93%
Access to Health Care	88%
Diabetes	88%
Drug Abuse	85%
Depression	80%
Community Violence	80%
Domestic Violence	80%
Child Abuse/Neglect	75%
Lack of Education	73%
Lack of Tribal Resources	73%
Stress/Anxiety	73%
Unplanned Pregnancy	73%
Suicide	70%
Trauma	68%
Racism/Discrimination	65%
Unemployment	63%
Gambling	60%
HIV/AIDS	58%
Tobacco Use	53%

MOST INTERESTING SERVICES/ACTIVITIES

Participant Choice	By %
American Indian Cultural Center	93%
Social Services & Activities for Elders	83%
Medical Health Services	83%
Mental Health Services	83%
Alumni "Sober Spirits" Support Services	80%
Traditional Medicine & Healer Services	75%
Dental Health Services	75%
Suicide Prevention Services	73%
Sex Trafficking Prevention Services	73%
Intertribal Community Gatherings	70%
Nutrition/Gardening - Education & Services	70%
Diabetes Education & Testing Services	65%
Job Training & Placement Services	60%
Education Support & Placement Services	58%
Help with Securing Stable Housing	58%
Emergency Aid - Food, Water, Supplies	58%
HIV Education & Testing Services	53%
Hepatitis Education & Testing Services	20%
Criminal Records Expungement Services	18%

WHICH SERVICES and ACTIVITIES INTEREST YOU THE MOST (FY 2021/22)?



WHICH ISSUES AFFECT THE AMERICAN INDIAN COMMUNITY THE MOST (FY 2021/22)?

- 1** American Indian Cultural Center (93%)
- 2** Social Services/Activities for Elders (83%)
- 3** Medical Health Services (83%)
- 4** Mental Health Services (83%)
- 5** Alumni "Sober Spirits" Support Svcs. (80%)

- 1** Alcohol Abuse (93%)
- 2** Access to Health Care (88%)
- 3** Diabetes (88%)
- 4** Drug Abuse (85%)
- 5** Depression (80%), Community Violence (80%), and Domestic Violence (80%)

Community Needs & Interests, Findings 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 10-11). 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
- 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.
- and 3% selected South of Market as communities where they spent most of their time.

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)?



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%)

Synthesis of Findings, FY 2018 to FY 2022

The FH CDEP Study is based on the FH Model and resilience and recovery are examined through the lens of tribal and inter-tribal healing practices, specifically Talking Circle, Drum Circle, 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). For question list and study methods, please refer to the Friendship House Community Defined Evidence Practice (CDEP), a Three-Year Study of Healing through Traditional Practices, July 2021. Publication link: <https://indd.adobe.com/view/74128fb0-3472-41bb-bedd-60e15f6b3b26>.

Synthesis of findings to date:

For the study period, July 1, 2018 through June 30, 2022, Friendship House traditional practices experienced small to significant interruptions—mostly due to Shelter in Place protocols, were well-attended and often requested throughout the five-year period. FH CDEP and evidence-based practices, relevant especially to the COVID 19 Pandemic were implemented immediately, across all programs. Community members, including youth and young adults noted disruption and anxiety in their daily lives, and mostly attributed this to the impact of COVID 19 and Shelter in Place restrictions.

Ceremony Participant Counts

From July 1, 2018 through June 30, 2022, 469 (unduplicated) residents participated in Talking Circle Ceremony (128 Talking Circle sessions). 178 residents participated in 29 Sweat Lodge Ceremonies (Sweat Lodge ceremony was discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions). Drum Circle, a new addition to the FH CDEP and is implemented weekly on an informal basis. 9 (unduplicated) residents participated in 6 Drum Circle sessions in FY 2022. A total of 408 residents participated in 31 Traditional Healer Group sessions. 103 (unduplicated) residents participated in Individual Counseling sessions. From July 2018 - June 2022, 3642 participant encounters were tracked across 99 FHYP hosted/co-hosted gatherings and celebrations (Appendices, Table 2).

FH Treatment Program, Resident Outcomes

Residential clients of the FH Substance Abuse Treatment Program 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 (Appendices, Table 3, Table 4). GPRA data collected from 2018 - 2022 closely mirror previous years' findings, collected for FH-SAMHSA grants (GPRA 2001-2015, n=1001).

FHYP Participant Strengths

The examination of Friendship House efforts on American Indian youth participants (n=115) up to age 24, studied over a four-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.

For survey respondents, family support was clearly identified as their #1 resource during COVID-related situations for "having someone who pays attention to what's going on or offers to help me when I am upset". 64% reported that they help make decisions with their family. Cultural connections were another strong resource for survey respondents. 64% of respondents reported that they feel a strong connection to their culture and 96% plan on attending a cultural ceremony or activity in the future. 92% of respondents agree that there are many things that they do well and 82% have high goals and expectations for themselves. Yet only 56% felt that they knew where to go for help with a problem (Appendices, Tables 5-9).

Community Interests

To support Community Based Participatory Research (CBPR)

efforts, Friendship House conducts stakeholder surveys at community events throughout the year. In FYs 2019-2021, Community members (n=202) selected Top 5 Choices for Activities to Join (out of 15 choices) in the coming year: Number One Choice - Traditional Native Activities, 47%. Community members identified the TOP 5 Issues that Affect our SF Bay Area American Indian Community (from 19 choices); Number One Selection - Racism/Discrimination, 67% (Appendices, Tables 10-11).

In FY 2022, Community members (FY 2022, n=106) selected the services and activities that interested them most (19 choices): Number One Choice - American Indian Cultural Center (93%). Community members identified the issues that affect our American Indian Community the most (17 choices): Number One Selection - Alcohol Abuse. 93% (Appendices, Tables 12-13).

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 are provided below.

Process Evaluation Question #1: Who were the client residents and youth and community participants of Friendship House programs?

Residential Clients

From federal fiscal year (FFY) 2018 through FFY 2022, a total of 692 individuals were admitted to the Friendship House Residential Substance Abuse Treatment Program and received Intake services. Demographics of residential clients (n=692): Race: American Indian/Alaska Native, n=530 (or 77%); Black/African American, n=23 (3%); Asian, n=9 (1%); Native Hawaiian/Pacific Islander, n=3 (1%); White, n=51 (7%); Multiracial, n=29 (4%); NA, n=47 (7%). Ethnicity: Hispanic/Latino, n=145 (21%). Gender: Male, n=392 (56%); Female, n=296 (43%); Transgender, n=4 (1%). Age Range (n=598): 25-34 years of age, n=258 (43%); 35-44, n=188 (31%); 45-54, n=103 (17%); 55-64, n=44 (8%); and 65 or older, n=5 (1%). Of the 530 (77% of resident population) American Indian clients served, 56% 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 (Appendices, Tables 10-11).

In Fiscal Year 2022, Friendship House collected 25 youth and young adult surveys (13 at the Stanford Powwow, and 12 at the Mills College Powwow in Oakland, CA). Of 25 survey respondents, 76% self-reported as female, 12% as male, and 12% self-reported as binary. The majority of respondents were Alaska Native/American Indian (68%), and a smaller percentage were White (12%), Black/African American (8%), Asian (8%) or Multiracial (4%). Most of the survey respondents were between the ages of 18 and 24 (88%) and in college; and 12% were between the ages of 12 and 17 years of age. Tribal affiliations included Miwok, Haidu, Blackfoot, Navajo, Cherokee, Cahuilla, Morongo, Hoopa, Lakota, Ojibwe, and Hidatsa (Appendices, Tables 12-13).

Community Participants

Across FYs 2018-2021, 202 individuals 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.

From July 1, 2021 - June 30, 2022, 106 community members completed the Friendship House Community Needs and Interests Survey. Demographics of survey respondents: Race: 85% were American Indian respondents, 6% were White, 4% were Black, 3% were Asian, 1% were Biracial, and 1% were multiracial. Gender: 21% were male, 76% were female, and 3% were binary. Age Range: 2% were under age 18; 5% were 18-24; 11% were 25-30; 17% were 31-39; 16% were 40-49; 29% were 50-59, 15% were 60-69, and 5% were 71 years or older (Appendices, Tables 10-13).

Process Evaluation Question #2: How many and how often did residents, youth participants and community members join in each of the three program components? Friendship House traditional healing practices and counts: Talking Circle is implemented twice a month for

Residents of the FH Treatment Program who may participate in sessions lasting 1-2 hours each. From July 2018 - June 2022, 469 (unduplicated) residents participated in Talking Circle Ceremony (128 Talking Circles). Sweat Lodge Ceremony is Implemented twice a month for Residents with sessions lasting up to 3 hours. From July 2018 - June 2022, 178 residents participated in 29 Sweat Lodge Ceremonies (Sweat Lodge ceremony was discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions). Drum Circle, a new addition to the FH CDEP and is implemented weekly on an informal basis. 9 (unduplicated) residents participated in 6 Drum Circle sessions in 2022. Traditional Healers are selected to lead group and individual ceremony services for interested residents across a 2-day period, once every month. From July 2018 - June 2022, a total of 408 residents participated in 31 Traditional Healer Group sessions. 103 (unduplicated) residents participated in Individual Counseling sessions. Cultural Gatherings are provided seasonally and annually and engage community members, youth participants (prevention/ cultural intervention services to prevent substance misuse) and residents of the substance abuse treatment program. From July 2018 - June 2022, 3642 participant encounters* were tracked for 99 FHYP hosted/co-hosted gatherings and celebrations (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, 2022 (n=692 Intakes; and 441/692 or 64% Follow-up rate) on clients at intake and six months later, indicated significant decreases in drug and alcohol use - abstinence increased from 38% at Intake to 75%, six-months later, a 98% rate of change (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 reported overall mental health as significantly improved: anxiety decreased (from 77% at Intake to 51%, six months later); depression decreased (from 60% at Intake to 39%, six-months later); cognitive/memory impairments decreased (from 47% at Intake to 22%, six months later); hallucinations decreased (from 8% at Intake to 2%, six-months later); and suicide attempt decreased (from 2% at Intake to 0.5%, six months later) (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 93% 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 50%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #5: How many residents reported improvements in positive life consequence?

GPRA data indicated slight gains in positive choices leading to positive consequences for residential clients - rates increased from 13% at Intake to 17%, 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 17%, 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 10% to 3%; and unprotected sexual contact with injection drug user decreased from 6% at Intake to 2%, six-months later (Appendices, Table 3).

Outcome Evaluation Question #8: How satisfied were residents with Friendship House Services? As indicated

through FH Resident Satisfaction Survey Findings, FYs 2018-2022 (n=324): 70% of residents expressed satisfaction, 26% expressed partial satisfaction. and 4% expressed dissatisfaction with services received. 71% of residents rated FH services as "good to excellent" (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 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): 85% 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 5-9).

Formative Evaluation Question #1: To support CBPR efforts through AI community input to FH services, community members are asked: what are the needs of the AI community and to identify the activities they would like to join:

For Youth/Adult community members (n=202): Community members (FYs 2019-2021) selected Top 5 Choices for Activities to Join (out of 15 choices) in the coming year: Number One Choice - Traditional Native Activities, 47%. Community members identified the TOP 5 Issues that Affect our SF Bay Area American Indian Community (from 19 choices); Number One Selection - Racism/Discrimination, 67%.

In FY 2022, Community members (n=106) selected the services and activities that interested them most (19 choices): Number One Choice - American Indian Cultural Center (93%). Community members identified the issues that affect our American Indian Community the most (17 choices): Number One Selection - Alcohol Abuse. 93% (Appendices, Tables 10-13).

Discussion

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?

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 Friendship House. 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.

Traditional healing practices are the core methods used for helping clients restore overall health, learn more about their AI/AN identify and 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 Circle, Sweat Lodge Ceremony, Traditional Healer Group/Individual sessions, Wiping of the Tears, Red Road to Recovery, Gathering of Native Americans (GONA), Dance/Drum Circle, etc. All aspects of the FH Healing Model and CDEP are guided by American Indian concepts.

Friendship House is also guided by numerous evidence-based practices, many of which are complementary to the FH Healing Model and CDEP. 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 Friendship House Youth Program, as well.

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? The healing relationship of ceremonial activities to residents and program and community participants is complex yet complementary to numerous evidence-based practices used at Friendship House. In short, the FH Healing Model and CDEP works hand in hand with evidence-based practices.

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 performance indicators: abstinence

from drug and alcohol use (from 38% at Intake to 75% at 6-month follow-up); crime-free behavior - no past 30-day criminal justice involvement" (from 93% at Intake to 98% at 6-month follow-up); employment/education - currently employed or attending school (from 6% at Intake to 50%, at 6-month follow-up); and positive gains in "health, behavioral, social consequences" - positive choices leading to positive results (from 13% at Intake to 17% at 6-month follow-up).

Data analysis also showed positive gains in clients' mental health. Clients showed reductions for anxiety (decreased from 77% to 51%), depression (decreased from 60% to 39%), hallucinations (decreased from 8% to 2%), and suicide attempt (decreased from 2% to 0.5%). Last, client outcome data demonstrated positive gains in terms of injection drug use and risky behavior indicators: 10% of residents reported injection drug use in the prior 30 days at baseline, with a decrease to 3%, six-months later. 6% reported unprotected sexual contact with an injection drug user at baseline, with a decrease to 2% at six-month follow-up; and 12% reported unprotected sexual contact with an individual high on some substance at baseline, with a decrease to 6% at six-month follow-up (Appendices, Table 3). In general, the Return on Investment (ROI) for residential clients is as follows: improved psychological and emotional well-being; reduced substance misuse, criminal activity, and risky behaviors; and increased employment, education/vocation participation, housing stability, and cultural connectedness.

Adapted Efforts During COVID-19/Shelter in Place

Friendship House (including FHYP), Native American Health Center (Oakland, San Francisco), Office of Indian Education, American Indian Cultural Center, MeWater American Indian Cultural Center, MeWater and other key CBOs rallied closely with one another and with federal, state and local funding sources, to provide 699+ Native Community Wellness Check-Ins to Youth, Young Adults, and Community Participants/Family Members) in 2020, 2021, and 2022. 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 reporting period, June 30, 2022.

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 that 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 Circle 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 Healing Model/CDEP ceremonies.

Still, here is no "one size fits all" in relationship to the selection of intertribal practices (or evidence-based practices). For example, "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.

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 Circle as a program activity. Based on client satisfaction

findings for two years in a row, that “Talking Circle” was often selected by residents as a “least favorite” program activity, the FH Quality Assurance Committee recommended revisions to Talking Circle protocols, with a focus on implementing a more traditional format. In FY 2021/22, implementation changes were made, including bringing on Traditional Counselor, Patricia Shirley, to be the lead facilitator of most FH Talking Circles. Resident survey findings noted that “0” residents identified Talking Circle as a “least favorite” activity, and 10+ residents identified Talking Circles as the “most helpful” activity for their participation in FY 2021/22.

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 provides an opportunity to examine the programs and services and healing practices of Friendship House Association of American Indians through the lens of traditional ceremony. In 2022, FH implemented Phase 2 Extension of the CRDP grant to continue to enhance and expand the FH Healing Model and CDEP, and implemented a Traditional Practices Mentorship Program. Native mentorship and apprenticeship services will help to ensure that American Indian/Alaska Native healing practices are passed forward to the next generations of AI/AN healers and traditional practitioners.

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Appendices

Tables 1-13

Table 1: Resident Demographics FYs 2018 -2022, FH Substance Abuse Treatment Program

Table 2: Resident Participation in FH Ceremonies, FYs 2018 - 2022

Table 3: Resident Outcomes, FYs 2018 - 2022, FH Substance Abuse Treatment Program

Table 4: Findings, FH Resident Satisfaction Survey, FYs 2018 - 2022

Table 5: Findings, FHYP Participant Survey - Cultural Connectedness, FY 2018/19

Table 6: Findings, Alcohol and Illegal Prescription Drug Use Survey, FY 2018/19

Table 7: Findings, FHYP Cultural Connectedness Survey, FY 2019/20

Table 8: Findings, Alcohol and Illegal Prescription Drug Use Survey, FY 2019/20

Table 9: Findings, FHYP Youth and Young Adults Survey, FY 2021/22

Table 10: Findings 2018-2021, Issues that Affect our American Indian Community the Most

Table 11: Findings 2018-2021, Most Interesting Services/Activities for American Indian Community

Table 12: Findings 2022, Issues that Affect our American Indian Community the Most

Table 13: Findings 2022, Most Interesting Services/Activities for American Indian Community

Table 1: Resident Demographics FYs 2018 -2022, FH Substance Abuse Treatment Program

Resident Demographics (Data Source: GPRA Part A Questions)

Study Period: July 1, 2018 - June 30, 2022; n=692 Intakes; and n=441 Follow-ups. 64% Follow-Up Rate

FH RESIDENTS BY RACE		
RACE	# Valid COUNTS	Valid Rate
American Indian	530	76.6%
White	51	7.4%
None of the above	47	6.8%
Multiracial	29	4.2%
Black or African American	23	3.3%
Asian	9	1.3%
Native Hawaiian/Other Pacific Islander	3	0.4%
Alaska Native	0	0.0%
Other	0	0.0%
TOTAL:	692	100%

ETHNICITY & GENDER		
ETHNICITY	# Valid COUNTS	Valid Rate
Non-Hispanic	545	79.0%
Hispanic	145	21.0%
TOTAL:	690	100%
GENDER	# Valid COUNTS	Valid Rate
Male	392	56.6%
Female	296	42.8%
Transgender	4	0.6%
TOTAL:	692	100%

FH RESIDENTS BY AGE		
AGE	# Valid COUNTS	Valid Rate
10-12	0	0.0%
13-17	0	0.0%
18-24	94	13.6%
25-34	258	37.3%
35-44	188	27.2%
45-54	103	14.9%
55-64	44	6.4%
65+	5	0.7%
TOTAL:	692	100%

Table 2: Resident Participation in FH Ceremonies, FYs 2018 - 2022

Friendship House Ceremonies by Participation Counts. Study Period: July 1, 2018 - June 30, 2022.

Friendship House traditional healing practices and counts:

Talking Circle is implemented twice a month for Residents of the FH Treatment Program who may participate in sessions lasting 1-2 hours each. From July 2018 - June 2022, 469 (unduplicated) residents participated in Talking Circle Ceremony (128 Talking Circles).

Sweat Lodge Ceremony is Implemented twice a month for Residents with sessions lasting up to 3 hours. From July 2018 - June 2022, 178 residents participated in 29 Sweat Lodge Ceremonies (Sweat Lodge ceremony was discontinued from 2/2020 to 2/2021 due to COVID 19/Shelter in Place restrictions).

Drum Circle, a new addition to the FH CDEP and is implemented weekly on an informal basis. 9 (unduplicated) residents participated in 6 Drum Circle sessions in 2022.

Traditional Healers are selected to lead group and individual ceremony services for interested residents across a 2-day period, once every month. From July 2018 - June 2022, a total of 408 residents participated in 31 Traditional Healer Group sessions. 103 (unduplicated) residents participated in Individual Counseling sessions.

Cultural Gatherings are provided seasonally and annually and engage community members, youth participants (prevention/ cultural intervention services to prevent substance misuse) and residents of the substance abuse treatment program. From July 2018 - June 2022, 3642 participant encounters* were tracked for 99 FHYP hosted/co-hosted gatherings and celebrations.

TALKING CIRCLE

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

Reporting Period (FY 2018-2022)	# of Total Sessions	Total Participant Count (Unduplicated)
July 1, 2018-June 30, 2022	128	469

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 (FY 2018-2022)	# of Total Sessions	Total Participant Count (Unduplicated)
July 1, 2018 - June 30, 2022	29	178

DRUM CIRCLE

New in 2022: Drop in "Learn the Drum & Songs" Workshop for Staff & Residents, taught by Indigenous Drummers.

Reporting Period (FY 2018-2022)	# of Total Sessions	Total Participant Count (Unduplicated)
July 1, 2021- June 30, 2022	6	9

TRADITIONAL HEALER INDIVIDUAL/GROUP CEREMONY

Traditional Healers lead group & individual ceremony services across a 2-day period, once every month at FH.

Reporting Period (FY 2018-2022)	# of Total Individual/Group Sessions	Total Participant Count Individual/Group (Unduplicated)
July 1, 2018- June 30, 2022	103/31	103/408

COMMUNITY GATHERINGS

Cultural gatherings & celebrations are provided seasonally and annually.

Reporting Period (FY 2018-2022)	# of Total Activities/Gatherings/Celebrations	Total Participant Engagement Encounter*
July 1, 2018 - June 30, 2022	99	3,642*

*Refers to participant engagement encounters - not an unduplicated count.

Table 3: Resident Outcomes FYs 2018 -2022, FH Substance Abuse Treatment Program

Resident Outcomes: NOMS, Mental Health, Overall Health, Risky Behavior, and Drug Use Outcomes (Data Source: GPRA Part B-F Questions)

(Study Period: July 1, 2018 - June 30, 2022; n=692 Intakes; and n=441 Follow-ups. 64% Follow-Up Rate)

NATIONAL OUTCOME MEASURES (NOMS)				
Measure Type	# Valid Cases	% at Intake	% at 6-Mo. Follow-up	Rate of Change
Abstinence: did not use alcohol or illegal drugs	441	37.6%	74.6%	98.2%
Crime and Criminal Justice: has no past 30 day arrests	441	93.2%	98.2%	5.4%
Employment/Education: were currently employed or attending school	441	5.7%	49.7%	776.0%
Health/Behavioral/Social Consequences: experienced no alcohol or drug related health/behavioral/social consequences	439	13.0%	16.9%	29.8%
Stability in Housing: had a permanent place to live in the community	441	14.7%	16.6%	12.3%

MENTAL HEALTH OUTCOMES				
Measure Type	# Valid Cases	% at Intake	% at 6-Mo. Follow-up	Rate of Change
Depression	440	59.5%	38.9%	-34.7%
Anxiety	440	76.8%	50.7%	-34.0%
Hallucination	440	7.5%	1.8%	-75.8%
Trouble understanding, concentrating, or remembering	439	47.2%	22.1%	-53.1%
Trouble controlling violent behavior	439	9.8%	3.9%	-60.5%
Attempted suicide	440	1.8%	0.5%	-75.0%
Been prescribed medication for psychological or emotional problems	440	30.2%	30.0%	-0.8%

RESIDENT SELF-RATING OF OVERALL HEALTH				
How would you rate your overall health right now?	# Valid Cases at	% at Intake	% at 6-Mo. Follow-up	Rate of Change
Excellent	441	11.0%	12.3%	11.8%
Very Good	441	26.2%	38.7%	47.7%
Good	441	39.7%	37.2%	-6.3%
Fair	441	19.7%	9.7%	-50.8%
Poor	441	3.0%	1.9%	-36.7%
Don't Know	441	0.4%	0.2%	-50%

RISKY BEHAVIOR OUTCOMES

Measure Type	# Valid Cases	% at Intake	% at 6-Mo. Follow-up	Rate of Change
Used Injected Drugs	440	10.0%	3.0%	-70.5%
Had Unprotected Sex	432	28.0%	21.3%	-24.0%
Had unprotected sex with an individual who is or was HIV positive or has AIDS	432	0.0%	0.0%	0.0%
Had unprotected sex with an injection drug user	432	5.6%	1.9%	-66.7%
Had unprotected sex with an individual high on some substance	432	12.3%	6.3%	-49.1%

DRUG USE OUTCOMES

Measure Type	# Valid Cases	% at Intake	% at 6-Mo. Follow-up	Rate of Change
Alcohol	441	46.9%	15.9%	-66.2%
Cocaine/Crack	441	5.2%	1.1%	-78.3%
Marijuana/Hashish	441	36.3%	13.6%	-62.5%
Opiates	441	11.6%	2.3%	-80.4%
Non-prescription methadone	441	0.9%	0.0%	-100.0%
Hallucinogens/psychedelics	441	2.5%	0.2%	-90.9%
Methamphetamine or other amphetamines	441	31.3%	5.9%	-81.2%
Benzodiazepines	441	3.2%	0.2%	-92.9%
Non-prescription GHB	441	0.7%	0.0%	-100.0%
Ketamine	441	0.5%	0.0%	-100.0%
Other tranquilizers, downers, etc	441	0.2%	0.0%	-100.0%
Inhalants	441	0.7%	0.0%	-100.0%

Table 4: Findings, FH Resident Satisfaction Survey, FYS 2018 -2022

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

Study Period: July 1, 2018 - June 30, 2022; n=324 Survey Respondents.

OVERALL SATISFACTION					
Measure Type	Yes	Partially	No		
Overall, are you satisfied with the services you received through Friendship House (N=319; Mdn=1.00; M=1.36; s=0.57)?	69.28% 221	25.71% 82	5.02% 16		
SERVICE RATING					
Measure Type	Excellent	Good	Adequate	Not Very Good	Inadequate
How would you rate the services you received through Friendship House (N=319; Mdn=12.00; M=1.88; s=1.04)?	49.22% 157	21.63% 69	23.20% 74	3.45% 11	2.51% 8
GENERAL EXPERIENCE					
Measure Type	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I felt that the Friendship House Intake process was easy to complete (N=324; Mdn=3.00; M=3.24; s=0.78).	4.94% 16	5.56% 18	47.53% 154	38.58% 125	3.40% 11
The Intake Coordinator was able to return my call for intake w/in 24 hrs (N=324; Mdn=3.00; M=3.25; s=0.83).	5.86% 19	6.79% 22	41.05% 133	43.21% 140	3.09% 10
I felt that staff members took the necessary time to listen and understand my needs (N=323; Mdn=3.00; M=3.23; s=0.81).	5.88% 19	5.57% 18	44.89% 145	39.63% 128	4.02% 13
I was informed of the client policy and program requirements/expectations as a resident (N=324; Mdn=3.00; M=3.30; s=0.77).	5.25% 17	2.47% 8	46.30% 150	41.67% 135	4.32% 14
I was involved in developing my treatment plan (N=324; Mdn=3.00; M=3.29; s=0.81).	5.56% 18	4.63% 15	40.43% 131	43.21% 140	6.17% 20
While in the treatment program, referrals were provided to help me with my medical needs (N=324; Mdn=4.00; M=3.39; s=0.78).	4.94% 16	2.47% 8	38.27% 124	49.38% 160	5.88% 16
While in the program, referrals were provided to help me with my wellness needs (N=323; Mdn=3.00; M=3.31; s=0.84).	5.88% 19	5.57% 18	36.53% 118	46.13% 149	5.88% 19
I was comfortable with my counselor (N=324; Mdn=3.00; M=3.27; s=0.87).	7.10% 23	5.56% 18	37.35% 121	45.99% 149	4.01% 13
My counselor met with me at least once per week during my treatment (N=323; Mdn=4.00; M=3.83; s=0.85).	6.81% 22	3.41% 11	37.46% 121	48.61% 157	3.72% 12
I would recommend Friendship House to a friend or relative in need of similar help (N=101; Mdn=3.00; M= 3.34; s=0.79).	5.94% 6	1.98% 2	42.57% 43	46.53% 47	2.97% 3

CULTURAL COMPETENCE

Measure Type	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
The program setting was comfortable (N=324; Mdn=3.00; M=3.27; s=0.78).	4.94% 16	4.94% 16	45.37% 147	40.12% 130	4.63% 15
The program environment was clean (N=324; Mdn=4.00; M=4.00; s=0.3).	4.32% 14	1.23% 4	41.98% 136	49.07% 159	3.40% 11
I was provided with assistance for reading and filling out forms and documents (N=324; Mdn=3.00; M=3.36; s=0.77).	4.63% 15	2.78% 9	40.12% 130	45.37% 147	7.10% 23
I felt that I got the help I needed (N=323; Mdn=3.00; M=3.25; s=0.84).	5.88% 19	6.50% 21	40.25% 130	42.41% 137	4.95% 16
I felt my cultural needs were understood (N=324; Mdn=3.00; M=3.28; s= 0.83).	5.25% 17	7.41% 24	38.58% 125	44.14% 143	4.63% 15
I felt that my cultural beliefs were respected (N=323; Mdn=3.00; M=3.30; s= 0.78).	4.64% 15	4.64% 15	43.03% 139	42.41% 137	5.26% 17
I feel that I am connected to the American Indian community (N=222; Mdn=3.00; M=3.35; s= 0.76).	4.95% 11	1.80% 4	42.34% 94	44.14% 98	6.76% 15
I feel that my involvement with FH helped me make a connection to the American Indian community (N=324; Mdn=3.00; M=3.31; s= 0.79).	5.25% 17	3.70% 12	42.28% 137	43.52% 141	5.25% 17
I feel that appropriate cultural information was included in the treatment services to support my recovery (N=322; Mdn=3.00; M=3.32; s= 0.82).	5.28% 17	5.59% 18	37.58% 121	46.58% 150	4.97% 16

SERVICE EXPERIENCE

I felt the services I received addressed the help I needed (N=324; Mdn=3.00; M=3.26; s= 0.79).	4.63% 15	6.48% 21	42.59% 138	40.43% 131	5.86% 19
I learned new information about American Indian culture (N=324; Mdn=3.00; M=3.29; s= 0.79).	4.32% 14	6.48% 21	40.43% 131	42.28% 137	6.48% 21
I learned new values related to American Indian culture (N=324; Mdn=3.00; M=3.20; s= 0.86).	4.94% 16	8.64% 28	33.02% 107	34.57% 112	18.83% 61
I can apply new skills related to what was taught:					
in Sweat Lodge Ceremony (N=324; Mdn=3.00; M=3.31; s= 0.83).	5.86% 19	3.70% 12	37.96% 123	43.52% 141	8.95% 29
through Talking Circles (N=324; Mdn=3.00; M=3.34; s= 0.78).	4.94% 16	2.16% 7	38.27% 124	41.67% 135	12.96% 42
through Traditional Healer Ceremony (N=323; Mdn=3.00; M=3.23; s= 0.83).	4.33% 14	4.95% 16	31.89% 103	29.72% 96	29.10% 94
in Red Road to Recovery classes (N=324; Mdn=3.00; M=3.32; s= 0.77).	3.70% 12	3.70% 12	36.11% 117	37.04% 120	19.44% 63
in Men/Women Wellness classes (N=324; Mdn=3.00; M=3.32; s= 0.75).	3.70% 12	4.01% 13	39.81% 129	39.51% 128	12.96% 42
through Living in Balance (N=322; Mdn=3.00; M=3.312; s= 0.90).	5.59% 18	5.59% 18	28.57% 92	24.53% 79	35.71% 115
through Food is Medicine (N=324; Mdn=3.00; M=3.17; s= 0.89).	5.25% 17	6.48% 21	28.40% 92	29.01% 94	30.86% 100
The activities related to GED or other education support was helpful for me (N=323; Mdn=3.00; M=3.22; s= 0.83).	4.95% 16	6.19% 20	35.29% 114	33.44% 108	20.12% 65
The activities related to finding a job was helpful for me (N=102; Mdn=3.00; M=3.34; s= 0.76).	3.92% 4	2.94% 3	36.27% 37	38.24% 39	18.63% 19

Table 5: Findings, FHYP Participant Survey - Cultural Connectedness , FY 2018 /19

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

Study Period: July 1, 2018 - June 30, 2019 (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, research 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, Alcohol and Illegal Prescription Drug Use Survey, FY 2018/19

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 Cultural Connectedness Survey, FY 2019/20

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	FALSE	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, Alcohol and Illegal Prescription Drug Use, FY 2019/20

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 %
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%

Table 9: Findings, FHYP Youth and Young Adults Survey FY 2021/22

Youth and Young Adults Survey 2022

Events: Mill College and Stanford Powwows in 2022 (n=69 FHYP Surveys Completed)

Youth and Young Adults Survey 2022 (FY 2021/22, Mills and Stanford Powwows, n=69)			
Measure Type: How I think and how I feel	Agree	Disagree	Total %
1. I understand my moods and feelings	64%	36%	100%
2. There are many things that I do well.	92%	8%	100%
3. I have high goals for myself	84%	16%	100%
4. I think deciding to drink alcohol is a bad idea.	52%	48%	100%
5. I think deciding to use illegal drugs is a bad idea.	72%	28%	100%
Measure Type: My Supports & Connections	Agree	Disagree	Total %
5. I know where to go for help with a problem.	56%	44%	100%
6. I help make decisions with my family.	64%	36%	100%
7. I feel a strong connection to my tribe or culture.	64%	36%	100%
8. I have participated in cultural ceremonies (a little, a moderate amount, or a great deal.	84%	16%	100%
9. I plan on attending a cultural ceremony or activity in the future.	96%	4%	100%

10. **Please complete the following sentence: “The COVID Pandemic has made me feel.....** Isolated. Separated and Alone. Stressed and anxious. Strong. Isolated, connected with my partner. Really stuck at where I am at. Isolated. Isolated. Trapped. Sad, but safer with the vaccine. Scared, helpless, alone. Closed and lonely. Connected to partner. Anxious and nervous about how each day will turn out. Disconnected from my community & culture and frustrated by the way people disregard the seriousness of it. Anxious and nervous about my family’s & my own health. Exhausted. Uncertain. Very lonely and depressed. Confused at times but I feel more challenged than ever. Adapting to new situations helps me feel more empowered.

11. Has your sleeping pattern changed since COVID-19 Pandemic?

52% Yes; and 48% No.

If yes, please describe:

Responses: Sleeping either a lot or barely. Staying up late. Sleeping less. Less consistent. I sleep a lot more than usual. Making me sleep more or not at all. More insomnia. I often oversleep. Less sleep. Irregular sleep. I’m going to bed late and waking up late. Lack of schedule. Intrusive thoughts keeping me awake. Need to sleep a little more and just get busy staying alive.

12. Do you have an adult(s) in your life that pays attention to what’s going on or offers to help you when you are really upset?

64% Yes; and 36% No.

If yes, please describe:

Responses: Mom. Parents help me out. I have family. My mom is a good person for me to look to. My Father. My aunt & uncle care a lot about me. My parents and therapist. My mom, an elder, school. My parents & older sister are very supportive. My parents will listen to me if I’m upset. My mom and sister provide support. Family helps me understand my feelings and helps control my emotions. My parents check-in with me at least once a week.

Friendship House Community Services Participant Activities & Counts

Study Period: January 1, 2019 - June 30, 2021; n=202 Community Participants

Table 10: Findings 2018-2021, 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%
Unplanned Pregnancy	92	46%

Table 11: Findings 2018-2021, Most Interesting Services/Activities for American Indian Community

ACTIVITIES THAT INTEREST ME MOST		
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%

Friendship House Community Services Participant Activities & Counts

Study Period: January - December, 2022; n=106 Community Participants

Table 12: Findings 2022, Issues that Affect our American Indian Community the Most

ISSUES THAT AFFECT US MOST		
Participant Choice	# of times selected	By %
Alcohol Abuse	88	93%
Access to Health Care	83	88%
Diabetes	83	88%
Drug Abuse	80	85%
Depression	75	80%
Community Violence	75	80%
Domestic Violence	75	80%
Child Abuse/Neglect	71	75%
Lack of Education	69	73%
Lack of Tribal Resources	69	73%
Stress/Anxiety	69	73%
Unplanned Pregnancy	66	73%
Suicide	66	70%
Trauma	64	68%
Racism/Discrimination	61	65%
Unemployment	59	63%
Gambling	57	60%
HIV/AIDS		58%

Table 13: Findings 2022, Most Interesting Services/Activities for American Indian Community Participation

ACTIVITIES THAT INTEREST ME MOST		
Participant Choice	# of times selected	By %
American Indian Cultural Center	85	90%
Social Services & Activities for Elders	78	83%
Medical Health Services	78	83%
Mental Health Services	78	83%
Alumni "Sober Spirits" Support Services	75	80%
Traditional Medicine & Healer Services	71	75%
Dental Health Services	71	75%
Suicide Prevention Services	69	73%
Sex Trafficking Prevention Services	69	73%
Intertribal Community Gatherings	66	70%
Nutrition/Gardening - Education & Services	66	70%
Diabetes Education & Testing Services	61	65%
Job Training & Placement Services	57	60%
Education Support & Placement Services	55	58%
Help with Securing Stable Housing	55	58%
Emergency Aid - Food, Water, Supplies	55	58%
HIV Education & Testing Services	50	53%
Hepatitis Education & Testing Services	19	20%

What were the greatest needs of you and your family during the COVID 19 Pandemic and past year in general?

Responses: Children. Safety, shots/testing. Medical Insurance. Staying busy, being sane. Toiletries. Safety from COVID. Employment. Money/job. Education of the situation. Community. Money. Money and help for my kids. Protection. Rent. Education for the kids and food to feed them. Tests/Access testing, vaccination. Work/food. Depression. Mental health services. Food, housing, healthcare. Work stability. Accessing culturally competent care. Childcare, mental health services. Mental Health. Financial help. Dental Care. Mental health services.

What are the greatest needs of you and your family now?

Responses: Community/more cultural events, outings/group. More nutritional education. Food benefits. Family unity like it used to be. Community. Being native. PG&E expenses. Employment. Rent going forward and groceries. Health and protection. Education for the youth. Clean water. Money. Protection. Health care. Money for food. Medical care. Child services support. Food, housing, healthcare. Not getting COVID again. Understanding services. More representation in mental health practitioners, don't know of any native services in Watsonville. A job that can pay a living wage so I can own a home. Help with utility expenses. Personal health status (2x cancer survivor). Mental Health. Traditional Services. Money. Rent.



**Friendship House
Association of American Indians**

**Address:
Friendship House Healing Center
56 Julian Avenue
San Francisco, CA 94103**

**Website:
www.friendshiphousesf.org**