

The Friendship House Association of American Indians

LOCAL EVALUATION REPORT

Friendship House Healing Model and Community Defined Evidence Practice

Native American Indian Pilot Project

California Reducing Disparities Project, Phase 2

Reporting Period, October 2022 - September 2025

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ABOUT THE FRIENDSHIP HOUSE HEALING MODEL AND CDEP

The Friendship House Association of American Indians (Friendship House or FH) is a community-based organization and was established in 1963 to serve the American Indians who were relocated from their reservations to the San Francisco Bay Area. The Friendship House Healing Model, developed over 40 years ago, is an indigenous model that honors traditional wisdom and lived experiences, and integrates cultural values, ceremonies, and community support into pathways for healing for the population of American Indian/Alaska Native (AI/AN) adults, youth and children. This model is the basis for the FH Community Defined Evidence Practice (CDEP) which is guided by principles found in American Indian culture, history, tradition, and spirituality.

For over fifty years, Friendship House's leadership has been affectionately known by many names. Residential clients, recognizing the dedication of Helen Waukazoo (FH CEO), Evelyn Wade (FH Traditional Counselor), Lillie Williamson (FH Chef), and Patricia Shirley (FH Traditional Counselor), nicknamed them "the HELP" (from the first letter of their names). Another nickname, "Waukazoo and the Navajo 5" honors the impactful work of Martin Waukazoo (Lakota), Jessica Rich (Navajo), and the HELP team. Their vision and compassion have left a lasting legacy, as they secured funding and championed the integration of traditional knowledge, cultural values, and evidence-informed practices. Today, Friendship House remains deeply grateful for its leadership, which continues to nurture and shape these practices. With enthusiasm, our organization looks ahead to sharing the Friendship House Healing Model and CDEP findings with our valued stakeholders.

Thank you for the shared photographs provided by Marie Hernandez,
Michelle James and Karen Waukazoo.



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Executive Summary

Health disparities for American Indians and Alaska Natives (AI/ANs) date back to the 16th-century arrival of Europeans. By the 1800's, US laws enforced the separation of AI/AN children from their families. By 1881, there were 68 AI/AN boarding schools throughout the United States, serving 3,888 students (McDiarmid, 1984). Federal prohibition against the practice of traditional American Indian ceremonies was implemented around 1883 and lasted until the 1978 American Indian Religious Freedom Act (Shear et al., 2011). During the American Indian relocation period (1940s-1970s), the assimilation of Native people was official policy across the country (DeRosier, 1975). The Relocation Act of 1956 provided funding to send Native Americans to relocation centers, located in urban areas like Denver, Chicago, Los Angeles, and San Francisco (CA Judicial Courts, n.d.). These US-enforced relocation efforts and inadequate support from the Bureau of Indian Affairs contributed to persistent inequities and disparities for our First Nations people. The Indian Health Care Improvement Act (1976), later included in the ACA (2010), expanded AI/AN health programs like direct Medicare and Medicaid billing. As of 2024, California and three other states (Arizona, New Mexico, and Oregon) cover culturally based substance use disorder treatments provided by traditional healers and natural helpers (DHCS Office of Communications, Number 24-36. October 2024).

A total of 2.8 million American Indians and Alaska Natives belong to 574 federally recognized Tribes in 37 states (Bureau of Indian Affairs, 2024). 3.4 million AI/AN people lived in areas served by Urban Indian Organizations (Census Bureau, 2020). 109 federally recognized and 65 unrecognized tribes are located in California. "Today, more than half of California's American Indian population is composed of individuals (and now their descendants) who were relocated to large urban areas due to the federal government's termination policy" (CA Judicial Courts, n.d.).

The AI/AN population of the San Francisco Bay Area is very diverse, with 96,000 AI/AN represented across Alameda, Contra Costa, Marin, San Francisco, Santa Clara and San Mateo counties (US DHHS, 2010). The Ohlone are the predominant Indigenous group of the Bay Area, including the Chochenyo and the Karkin in East Bay, the Ramaytush in San Francisco, the Yokuts in South Bay and Central Valley, and the Muwekma tribe throughout the region. Other Indigenous groups include the Graton Rancheria community (Coast Miwok and Southern Pomo), Kashaya, Patwin, and Mishewal Wappo in the North Bay, and the Bay Miwok in the East Bay" (Bay Area Equity Atlas, n.d.).

A national goal of the United States is "to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services" (25 U.S.C. § 1601(3)). It is the "policy of the United States to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy" (25 U.S.C. § 1601(1)), 2011). The federal trust responsibility for health care extends to all AI/ANs regardless of where they live (NCUIH, 2023). Yet, Native people continue to struggle with sustained health and socioeconomic inequities. According to Indian Health Services (IHS), "the American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences" (Indian Health Services, 2009). Noted more recently by the Office of the Assistant Secretary for Planning and Evaluation, "AI/ANs have lower life expectancy; a greater likelihood of dying from COVID-19, diabetes, and unintentional injuries; and are more likely to be uninsured than the rest of the U.S. population" (page 1, HP-2022-21 ASPE DHHS. July 2022).

Primary health care and disease prevention services for AI/ANs are provided through a network of 600+ hospitals, clinics, and health stations on or near Indian reservations. 41 Urban Indian Organizations (UIO) receive annual funding through contracts awarded by Indian Health Services (IHS Strategic Plan 2025-2029). However, this falls short of meeting the health care needs of the AI/AN population. "Funding for the Indian

Health Service (IHS) addresses only an estimated 48.6% of the health care needs for AI/ANs and has historically been subject to year-by-year discretionary allocations from Congress, which creates substantial long-term uncertainty in funding levels and makes it challenging to maintain and modernize needed health care infrastructure” (page 1, HP-2022-21 ASPE DHHS. July 2022).

American Indian communities have consistently associated intergenerational trauma of past mistreatment of Native people with their disproportionate rates of AI/AN health disparities in comparison to other population groups (Warner and Lajimodiere, 2015; Brave Heart et al., 2011). Brave Heart and DeBruyn (1998) defined historical trauma as “the cumulative and collective psychological and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences” (p. 56). Duran (2006) referred to intergenerational trauma as “soul wound”. Despite these many challenges, the American Indian and Alaska Native community of the San Francisco Bay Area continues to exhibit an abundance of cultural strengths noted through ongoing tribal and intertribal spirituality practices, shared values, and a strong sense of Native identity. Places to gather for celebration and to preserve traditional practices and teach Native culture are especially valued.

Friendship House Healing Model and CDEP

The FH Healing Model and Community Defined Evidence Practice (CDEP) Study 2022 – 2025 utilizes a non-experimental study design, measuring variables as they naturally occur through Friendship House programs and services and studied through the lens of tribal and intertribal healing practices. The traditional healing methods for FH CDEP examination during the 3-year study period (October 1, 2022, through September 30, 2025) include Traditional Counsel (Group and Individual) Counseling, Sweat Lodge Ceremony, Talking Circle, Drum Circle, Walking the Red Road, and Cultural Gatherings.

In general, the evaluation focus of the FH CDEP is to examine the effectiveness of traditional healing methods on the substance abuse treatment population of AI/AN adults who are residential clients at FH: Does the integration of AI/AN healing practices into service delivery efforts have a positive impact on program recipients’ wellness (mental, spiritual, physical and emotional), social and economic engagement, home stability, and cultural connectedness? The FH CDEP examination includes 2 process questions, 8 outcome questions, and 1 formative evaluation question.

EVALUATION QUESTIONS

Process Evaluation Questions

1. Who are the client residents and youth and community participants of Friendship House?
2. How many and how often did residents, youth participants, and community members join in each of the seven program components?

Outcome Evaluation Questions

1. How many residents reported increased abstinence from alcohol and drugs?
2. How many residents reported decreased crime and criminal justice involvement?
3. How many residents reported they were working and/or engaged in job/education training?
4. How many residents reported stable housing?
5. How many residents reported improved mental health outcomes?
6. How many residents reported decreased risky behavior (sexual and injection drug use)?
7. How many residents reported increased cultural connections?
8. How satisfied were residents with Friendship House services, including the FH healing ceremonies?

Formative Evaluation Question

1. What are the needs and strengths of the AI/AN community and which activities would you most like to join?

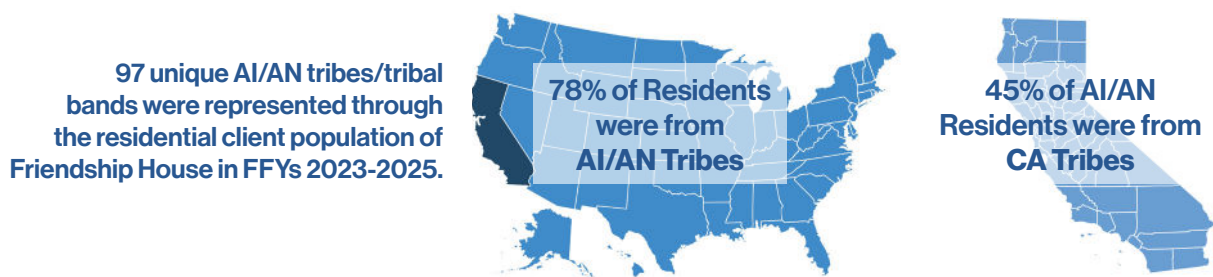
Summary of Findings by Process/Outcome/Formative Questions

The FH CDEP examination includes 2 process questions, 8 outcome questions, and 1 formative evaluation question, as follows:

1. Who are the client residents, youth/young adult participants and community participants of FH?
2. How many and how often did residents, youth participants and community members join in each of the seven program components?
3. How many residents reported increased abstinence from alcohol and drugs?
4. How many residents reported decreased crime and criminal justice involvement?
5. How many residents reported they were working and/or engaged in job/education training?
6. How many residents reported stable housing?
7. How many residents reported improved mental health outcomes?
8. How many residents reported decreased risky behavior (sexual and injection drug use)?
9. How satisfied were residents with FH services, including the FH healing ceremonies?
10. How many residents reported increased cultural connections?
11. What are the needs and strengths of the AI/AN community and which activities would you most like to join?

Process Evaluation Question #1: Who were the client residents and youth and community participants of Friendship House programs? Refer to pages 48-39 for detailed information.

From October 1, 2022 - September 30, 2025, FH adult participants of the residential substance abuse treatment included 551 residential clients. For race, 78% were American Indian/Alaska Native (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other. For tribal affiliation, 97 unique AI/AN tribes/tribal bands were represented through the residential client population of FH. Of those, 46% (45/97) were from CA Tribes.



Demographics of Youth and Young Adult Survey Participants (n=78): For age range: 4% of survey respondents were 8-10 years of age. 22% were 11-14 years of age. 18% were 15-17 years of age. 28% were between the ages of 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations: The majority of respondents were affiliated (AI/AN) tribes (77%), and a smaller percentage reported their cultural affiliation as White, Black/African American, Chinese, Latino/Hispanic, German, Mexican, or Irish.

Demographics of Community Member Survey Participants (n=299). For Race (n=260): 58% were American Indian, 11% were White, 5% were Black or African American, 5% were Asian, 19% were multiracial and 3% of the population was Native Hawaiian/Other Pacific Islander or Biracial. 34% of community members reported San Francisco as the city where they lived.

Process Evaluation Question #2: How many and how often did residents, youth participants and community members join in each of the seven traditional services components: Talking Circle, Sweat Lodge and Traditional Healer Ceremonies? Refer to pages 44-45 for detailed information.

From October 1, 2022 - September 30, 2025, 424 (unduplicated) residents participated in Talking Circle (119 sessions total). 247 (unduplicated) residents participated in Sweat Lodge Ceremony (78 sessions total). 154 (unduplicated) residents participated in Drum Circle (44 sessions total). 353 (unduplicated) residents participated in Walking the Red Road sessions (69 sessions total). 33 (unduplicated) residents participated in 38 Individual Counseling sessions. 383 (unduplicated) residents participated in 89 Traditional Healer Group sessions. For cultural gatherings, 4,038 participant encounters were tracked across in 54 FH-hosted/co-hosted gatherings and outreach events.

Traditional Component	Count, Total Sessions by Total Participants
Talking Circle	119 Talking Circle ceremonies x 424 unduplicated residential clients.
Sweat Lodge	78 Sweat Lodge ceremonies x 247 unduplicated residential clients.
Drum Circle	44 Drum Circle sessions x 154 unduplicated residential clients.
Walking the Red Road Way	69 Red Road sessions x 353 unduplicated residential clients
Traditional Healer - Individual	38 Traditional Healer - Individual Counsel sessions x 33 unduplicated residential clients.
Traditional Healer - Group	89 Traditional Healer - Group Counsel sessions x 383 unduplicated residential clients.
Community Gatherings	54 Community Gathering x 4,038 participant encounters (including outreach counts).

Outcome Evaluation Question #1: How many residents reported increased abstinence from alcohol and drug use? Refer to page 47 for detailed information.

GPRA data, collected from October 1, 2022, - September 30, 2025 on clients at intake and six months later, indicated significant decreases in drug and alcohol use: At intake, 18% of clients reported that they had been abstinent from drug and alcohol use. After six months, this rate increased to 83%, indicating a 361% rate of change. Data demonstrated significant positive gains in abstinence from drug and alcohol use especially alcohol, cannabis, and stimulant methamphetamine, which yielded the strongest significance in change ($p < 0.001$).

National Outcome Measures (NOMS) and Drug Use Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Abstinence: did not use alcohol or illegal drugs	272	18.0%	83.1%	361.2%
		Alcohol		59.2%	9.9%	-83.2%
		Cocaine		9.2%	0.7%	-92.0%
		Cannabis		41.5%	7.4%	-82.3%
		Opioid		7.0%	0.0%	-100.0%
		Other Stimulants		39.0%	5.5%	-85.8%
		Hallucinogens and Psychedelics		2.2%	0.0%	-100.0%
		Sedative, Hypnotic, or Anxiolytics		1.1%	0.0%	-100.0%
		Other Psychoactive Substances		1.1%	0.0%	-100.0%
		Inhalants		0.7%	0.4%	-50.0%
		Tobacco and Nicotine		62.2%	62.2%	0.0%

Outcome Evaluation Question #2: How many residents reported decreased criminal involvement? Refer to page 47 for detailed information.

GPRA data, collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, demonstrated significant positive gains for arrest-free records during the past 30 days ($p < 0.001$), with 8%

of clients having an arrest in the past 30 days at baseline, and 2% at follow-up. In addition, there was a reduction in clients awaiting charges, trials, or sentencing with 20% of clients at baseline and 15% at follow-up ($p = 0.024$).

Outcome Evaluation Question #3: How many residents were working or engaged in job/education training? Refer to page 47 for detailed information.

GPRA data, collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, demonstrated significant positive gains in employment and educational activities and yielded significant change in both domains ($p < 0.001$). Employment increased from 9% of participants at baseline to 49% of participants at follow-up. Education and job training activities increased from 6% of participants at baseline to 19% at follow-up.

Outcome Evaluation Question #4: How many residents reported stable housing? Refer to page 47 for detailed information.

GPRA data, collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, indicated significant positive gains for housing stability with 65% of participants indicating that they were housed at baseline, and 96% of participants indicating they were housed at follow-up ($p < 0.001$). Housing stability increased from 65% to 96% ($p < 0.001$).

National Outcome Measures (NOMS) and Drug Use Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
		Legal: has no past 30-day arrests	273	92.7%	98.5%	6.3%
		Employment/Education: were currently employed or attending school	273	10.3%	57.9%	464.3%
		Social Connectedness: were socially connected	273	89.0%	94.1%	5.8%
		Stability in Housing: had a permanent place to live in the community	272	27.9%	31.3%	11.8%

Outcome Question #5: How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional)? Refer to page 48 for detailed information.

GPRA data collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, demonstrated significant positive gains in terms of mental health, and yielded significant change in all domains including depression, anxiety, hallucinations, understanding/concentrating/remembering, violent behavior, and attempted suicide. Participants in all these domains showed a significant decrease between the baseline and follow-up, with depression decreasing from 62% to 33% ($p < 0.001$), anxiety decreasing from 73% to 47% ($p < 0.001$), hallucinations decreasing from 12% to 2% ($p < 0.001$), trouble understanding/concentrating/remembering decreasing from 47% to 20% ($p < 0.001$), trouble controlling violent behavior decreased from 6% to 2% ($p = 0.012$), and attempted suicides decreasing from 5% to 0.5% ($p < 0.001$).

Mental Health Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Depression	273	63.0%	35.2%	-44.2%
		Anxiety	273	74.7%	48.7%	-34.8%
		Hallucination	273	11.0%	2.2%	-80.0%
		Trouble understanding, concentrating, or remembering	273	45.8%	22.7%	-50.4%
		Trouble controlling violent behavior	273	5.9%	1.8%	-68.8%
		Attempted suicide	273	4.8%	0.4%	-92.3%
		Been prescribed medication for psychological or emotional problems	273	38.1%	34.8%	-8.7%

Outcome Evaluation Question #6: How many residents reported decreased risky behavior (sexual & injection drug use)?

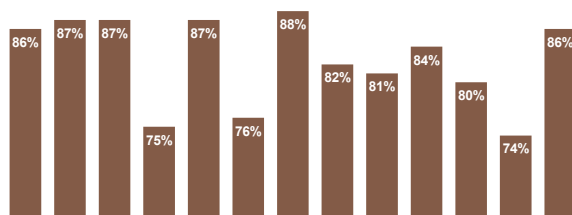
Refer to page 47 for detailed information.

GPRA data, collected from October 1, 2022 - September 30, 2025 on clients at intake and six months later demonstrated significant positive gains in terms of reduced injection drug use and risky behavior with unprotected/condomless sex, unprotected sex with a partner engaged in injected drug use, and unprotected sex with a partner who was high, all yielding significant change between baseline and follow-up ($p = 0.011$).

Risky Behavior Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Used Injected Drugs	273	5.1%	0.4%	-92.9%
		Had Unprotected Sex	272	32.7%	21.0%	-36.0%
		Had unprotected sex w/ injection drug user	272	2.9%	1.1%	-62.5%
		Had unprotected sex with an individual high on some substance	272	15.1%	2.6%	-82.9%

Outcome Evaluation Question #7: How many Friendship House client residents reported increased cultural connections? Refer to pages 58-60 for detailed information.

Client satisfaction data collected from October 1, 2022 - September 30, 2025, on clients at discharge demonstrated positive gains in terms of cultural gains. 86% of residential clients who completed the FH Client Satisfaction Survey felt that FH helped them to make a connection to the American Indian Community. 74% 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, and Food is Medicine classes.

Cultural Relevance:

I felt my cultural needs were understood.	86% Agree
I felt that my cultural beliefs were respected.	87% Agree
I learned new information about American Indian culture.	87% Agree
I learned new values related to American Indian culture	75% Agree
Cultural information was included to support my recovery.	87% Agree
I can apply new skills related to Sweat Lodge.	76% Agree
can apply new skills related to Talking Circle.	88% Agree
I can apply new skills related to Traditional Healer Ceremony.	82% Agree
I can apply new skills related to Red Road to Recovery classes.	81% Agree
I can apply new skills related to Men or Women Wellness classes.	84% Agree
I can apply new skills related to Living in Balance classes.	80% Agree
I can apply new skills related to Food is Medicine education.	74% Agree
I feel that my involvement with FH has helped me make a connection to the American Indian community.	86% Agree

Outcome Evaluation Question #8: How satisfied were residents with Friendship House Services, including FH healing ceremonies? Refer to pages 58-60 for detailed information.

Client satisfaction data, collected from October 1, 2022 - September 30, 2025, on clients at discharge indicated that residents were satisfied with Friendship House services. For overall service satisfaction, 96% of residents rated Friendship House services as “good to excellent” and 4% rated FH services as “adequate.

General Experience**88%****GENERAL EXPERIENCE: The average percentage, based on 8 question/percentage entries: 88%****Service Experience****79%****SERVICE EXPERIENCE: The average percentage, based on 10 question/percentage entries: 79%****Cultural Relevance****83%****CULTURAL RELEVANCE: The average percentage, based on 13 question/percentage entries: 83%**

Formative Evaluation Question: What are the needs and strengths of the AI/AN community and which activities would you most like to join?

Community Based Participatory Research - Engaging the AI/AN Youth and Young Adult Community

76 individuals completed the FH Youth and Young Adults Survey. Cultural identity and cultural connections were strong protective factors for survey respondents. 91% of youth respondents reported that they feel a strong connection to their Tribe. 92% had participated in one or more cultural ceremonies or activities and 95% plan on attending a cultural ceremony or activity in the future. 89% reported that their family members participated in ceremony activities with them.

Resilience was another strong protective factor for survey respondents. The majority of respondents (95%) felt that alcohol use and drug use are bad ideas/great health risks; and understood that sacred tobacco is used for prayer, ceremonies, and medicinal purposes (94%). In addition, 91% or more of the youth and young adult survey respondents understand their moods and feelings, feel that there are many things that they do well, have high goals for themselves including going to college, and feel they can be a leader in their respective communities if given the opportunity. 93% of survey respondents reported that they know where to go for help with a problem.

Friendship House Youth and Young Adults Survey Findings (n=76)		
Measure Type: How Think and How I Feel	Strongly Agree/ Agree	Disagree/ Strongly Disagree
1. I understand my moods and feelings.	99%	1%
2. There are many things that I do well.	91%	9%
3. I have high goals for myself.	95%	5%
4. I believe I can be a leader in my community if given the opportunity.	92%	8%
5. Going to college is one of my goals.	88%	12%
6. I think deciding to drink alcohol is a bad idea/a great health risk.	95%	5%
7. I think deciding to use illegal drugs is a bad idea/a great health risk.	95%	5%
8. Sacred tobacco is used for prayer, ceremonies, and medicinal purposes.	94%	6%
Measure Type: My Supports & Connections	Strongly Agree/ Agree	Disagree/ Strongly Disagree
9. I know where to go for help with a problem.	93%	7%
10. I feel a strong connection to my tribe or culture.	91%	9%
11. I have participated in cultural ceremonies.	92%	8%
12. I plan on attending a cultural ceremony or activity in the future.	95%	5%
13. I have someone in my family who participates in cultural ceremonies with me.	89%	11%

When asked what types of events and activities they would like to see provided, participant responses included: More cultural activities, more powwows, more field trips for the clients, Asian cultures, successful stories from successful people of users, more TAY events, more teen nights, Field Trip to Six Flags, more Workshops (2 participants), Ice Skating (2 participants), Pine Needle Works. Bracelet Making (2), Narcan Training (2). Pop-ups, Stanford fairs, more cultural classes, BBQs, community dinners, 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.

Community Based Participatory Research - Engaging the AI/AN Community

Community members (n=222) were asked: What are the greatest needs of you and your family now? Partial list of 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.

Money for food. Medical care. Child services support. Food, housing, healthcare. Not getting COVID again. 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. Help with personal health situation (2x cancer survivor). Mental Health. Home. Traditional Services. Money. Rent. Understanding how to support our community. Love and understanding. Rent, gas, bills, food. Stability. Staying clean. Affordable housing, equitable employment. Pay. Spirituality. Recession to end. Legal help. Finances. Work life balance, cultural activities for young children. Support for family members in active addiction. Housing, medical transportation to dental doctor. Time together. Reunification. Employment. Routine and purpose. Anxiety. Mental health. Clorox wipes, cleaning supplies, water. Anxiety. Down Time. Staying sober, staying strong. Childcare and affordable/low-income housing. Leaky roof and no heat. Financial and emotional support. Pushed out, becoming homeless. Health services access. Stable income. Emergency allocation from CalFresh ended. Healthcare stability. Food and medical. Navajo community connections.

Community members (n=222) rated the greatest needs for our community (13 choices): Number One Choice - Dental Health Services (53%). In addition, community members (n=223) were asked to rate the greatest issues that affect their household (13 choices): Number One Selection - Cost of Living Expenses (52%). 14% of respondents reported they were homeless. 27% of survey respondents reported that while not currently homeless, they were worried about becoming homeless.

T5P How would you rate the following NEEDS FOR OUR COMMUNITY? (n=222)

- 1 DENTAL HEALTH SERVICES (52%)
- 2 HELP WITH SECURING STABLE HOUSING (52%)
- 3 MENTAL HEALTH SERVICES (52%)
- 4 MEDICAL HEALTH SERVICES (52%)
- 5 SOCIAL SERVICES/ACTIVITIES FOR ELDERS. TRADITIONAL HEALER SERVICES (50%)

Community members (n=222) rated the greatest needs for our community (13 choices): **Number One Choice - Dental Health Services.**

T5P How would you rate the following ISSUES FOR YOUR HOUSEHOLD? (n=223)

- 1 COST OF LIVING EXPENSES (52%)
- 2 AFFORDABLE, HEALTHY FOODS (36%)
- 3 ANXIETY (38%)
- 4 DEPRESSION (35%)
- 5 AVAILABILITY OF JOBS (32%)

Community members (n=223) rated the greatest issues that affect their household (13 choices): **Number One Choice - Cost of Living Expenses.**

Summary of Findings

The Friendship House CDEP experienced small interruptions, were well attended and often requested throughout the three-year study period. In FFYs 2022-2025, 77% (424/551) of residential clients participated in at least one FH ceremonial practice. 551 residential clients of Friendship House completed the pre-Substance Abuse and Mental Health Services Administration (SAMHSA) Government Performance Results Act (GPRA) Tool, in compliance with Center of Substance Abuse Treatment (CSAT) grantee requirements. Pre-post GPRA data demonstrated consistently positive outcomes for increases in abstinence and social connectedness as well as decreases in criminal involvement, and declines in risky behavior. Clients reported significant improvements in employment and education activities and increases in stable housing. Residents also reported they are less bothered by psychological or emotional problems. Clients' reductions were noted for anxiety, depression, hallucinations, and suicide attempt. For cultural connections, the majority (86%) of clients surveyed felt that their involvement with FH helped them to make a connection to the AI/AN Community. For overall service satisfaction, 96% of residents rated Friendship House services as "good to excellent" and 4% rated FH services as "adequate".

To further analyze GPRA Measures, a paired t-test analysis was conducted. Using participant ID's, a total of 241 participants were matched between the pre- and post-test measures. Selected pre/post-test items were identified for analysis as aligned to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Mental Health, Employment and Education, and Housing Stability. All measures found significant changes from baseline to follow-up, with some measures including risky behavior, mental health, employment and education, and housing stability finding significant changes in all of its associated analyses.

In order to assist in determining the effectiveness of outcome interventions, a Core Measures pre-and post-test instrument was developed through Psychology Applied Research Center of Loyola Marymount University (PARC, LMU). For comparison against GPRA outcome findings, 39 residential clients were matched between the Core Measures pre- and post-test for comparison against GPRA findings and FH cultural connectedness findings. Findings indicated significant change for participant outcomes. Following six months of intervention, participants felt more strongly connected to their culture (50% increase from the pre-test to the post-test), and more balanced in mind, body, spirit, and soul (43% increase). Additionally, participants saw a reduction in psychological distress, with a reduction in feelings of nervousness (60% decrease from pre- to post-test), and a reduction in feeling that everything was an effort (55% decrease from pre-to post-test).

To support community based participatory research (CBPR) efforts, youth and young adults are surveyed at FH at community events to help identify needs and barriers and to assess cultural connectedness. For this 3-year study, 78 individuals were surveyed, using the FH Youth and Young Adults Survey. Individuals who completed the survey indicated strong cultural identity and cultural connections and personal resourcefulness and resilience. For example, 91% of participants reported that they feel a strong connection to their Tribe and 89% reported that their family members participated in ceremony activities with them. 93% of respondents know where to go for help with a problem. Positive cultural identity and strong cultural connections are noted as consistent protective factors for youth and young adult participants and examined in annual evaluation reports since 2018. To further support CBPR efforts, community members (n=222) rated the greatest needs for our community (13 choices): Number One Selection - Dental Health Services (53%). In addition, community members (n=223) were asked to rate the greatest issues that affect their household (13 choices): Number One Selection - Cost of Living Expenses (52%).

Conclusions and Recommendations

Friendship House incorporated AI/AN healing methods and concepts into its daily operations, serving more than 6,636 residential clients since the program's inception. The organization's Healing Model,

established over four decades ago, forms the cornerstone of the Community Defined Evidence Practice (CDEP). This indigenous framework respects traditional wisdom and lived experiences, integrating cultural values, ceremonies, and community support into pathways for healing among AI/AN adults, youth, and children. It is a holistic prevention, intervention and treatment approach that is successful in reducing disparities for AI/ANs by decreasing alcohol and substance disorders, mental health disorders and criminal involvement and risky behavior; and increasing cultural connections (engagement in tribal/intertribal healing and wellness practices) and productivity in the community (family reunification, job/education retention/stable housing). By emphasizing mentorship and indigenous knowledge, this framework also empowers new leaders and healers and helps sustain tribal and intertribal traditions for generations to come. For example, in 2015, Friendship House established contracts with two traditional healers for individual and group counsel services. Ten years later, the number of FH traditional healers/practitioners/counselors increased to 27 Subject Matter Experts(SMEs).

Historically, AI/AN serving organizations have struggled to secure funding to provide traditional practices needed to support services to indigenous populations. A Cost Benefit Analysis was conducted by the California Reducing Disparities Project (CRDP) Statewide Evaluator, Psychology Applied Research Center of Loyola Marymount University (PARC LMU), The CRDP Cost Benefit Analysis indicated that every dollar invested in culturally based programming saved \$4.32 to \$5.67. "Analyses of CDEP's cost effectiveness show that financial benefits stem most often from improvements to prevention and early intervention practices" (PARC Statewide Report, Executive Summary, page 31. 2022). In 2024, the California Department of Health Care Services (DHCS) received approval from the federal Centers for Medicare and Medicaid Services to cover culturally centered substance use disorder (SUD) treatment services provided by traditional healers and natural helpers. California is one of only four states (including Arizona, New Mexico, and Oregon) to receive approval for Medicaid reimbursement of traditional health care practices (DHCS Office of Communications, Number 24-36. October 2024).

In addition to Medicare and Medicaid reimbursement for traditional healers and natural helpers, funding is greatly needed to help AI/AN programs increase culturally grounded access to care, expand health care infrastructure, and reduce chronic health conditions by strengthening disease prevention programs for AI/AN populations. Future CDEP implementation and study is needed to understand the significance, complexity, and depth of AI/AN organizational learning and cultural practices and how these continue to influence and shape positive outcomes for AI/ANs across the lifespan, as well as provide substantial savings through reduced taxpayer costs and reduced burden of living with undertreated/untreated mental health and substance use disorders.

CEREMONY TYPES & COUNTS 2022-2025

424

Residents participated in 119
Talking Circle ceremonies

247

Residents participated
in 78 Sweat Lodge
ceremonies

154

Residents participated in 44
Drum Circle sessions

353

Residents participated in
69 Walking the Red Road
sessions

33

Residents participated in 38
Individual Traditional Healer
Sessions

383

Residents participated in
89 Group Traditional Healer
Sessions

4,038

Participant Encounters were
noted across 54 community
events

Literature Review/Introduction

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

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

A national goal of the United States is "to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services" (25 U.S.C. § 1601(3)). It is the policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy" (25 U.S.C. § 1601 (1), 2011). The federal trust responsibility for health care extends to all AI/ANs regardless of where they live (NCUIH, 2023).

Yet, Native people continue to struggle with sustained health and socioeconomic inequities and die at significantly higher rates from COVID-19, diabetes, unintentional injuries and alcohol related causes when compared to other U.S. populations. "AI/ANs have lower life expectancy; a greater likelihood of dying from COVID-19, diabetes, and unintentional injuries; and are more likely to be uninsured than the rest of the U.S. population" (page 1, HP-2022-21 ASPE DHHS. July 2022).

Primary health care and disease prevention services for AI/ANs are provided through a network of 600+ hospitals, clinics, and health stations on or near Indian reservations. 41 Urban Indian Organizations (UIO) receive annual funding through contracts awarded by Indian Health Services (IHS Strategic Plan 2025-2029). However, this falls short of meeting the health care needs of the AI/AN population. "Funding for the Indian Health Service (IHS) addresses only an estimated 48.6% of the health care needs for AI/ANs and has historically been subject to year-by-year discretionary allocations from Congress, which creates substantial long-term uncertainty in funding levels and makes it challenging to maintain and modernize needed health care infrastructure" (page 1, HP-2022-21 ASPE DHHS. July 2022).

American Indian 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. 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." (p. 230). Brave Heart and DeBruyn (1998) defined historical trauma as "the cumulative and collective psychological and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences" (p. 56). Duran (2006) referred to intergenerational trauma as "soul wound".

Historically, AI/AN serving organizations have struggled to secure funding to provide traditional practices needed to support services to indigenous populations. Of late, indigenous healing services began to receive statewide reimbursement. In 2024, the California Department of Health Care Services (DHCS) received approval from the federal Centers for Medicare and Medicaid Services to cover culturally centered substance use disorder (SUD) treatment services provided by traditional healers and natural helpers. California is one of only four states (Arizona, New Mexico, and Oregon) to receive approval for Medicaid reimbursement of traditional health care practices. As noted by Clayton Dumont (The Klamath Tribes), FH Chief Operating Officer, “Friendship House is greatly encouraged by DHCS’ commitment to integrating traditional healing practices into the broader health care delivery system. The inclusion of traditional healers and natural helpers in MediCal is a pivotal moment, marking a significant step forward in honoring and preserving Native cultures. This initiative recognizes the value of our ancestral knowledge and ensures holistic care is accessible to those who need it most” (DHCS Office of Communications, Number 24-36. October 2024).

In 2009, the U.S. Surgeon called for action to reduce mental health disparities experienced by “historically unserved, underserved, and inappropriately served groups.” In response, CDPH-OHE established the California Reducing Disparities Project (CRDP) as a statewide mental health prevention and early intervention (PEI) initiative to improve outcomes through access to appropriate services among five populations. The OHE CRDP Statewide Evaluator, PARC LMU, conducted a Cost Benefit Analysis was conducted. “Analyses of CDEP’s cost effectiveness show that financial benefits stem most often from improvements to prevention and early intervention practices” (PARC Statewide Report, Executive Summary, page 31). The CRDP Cost Benefit Analysis indicated that every dollar invested in culturally based programming saved between \$4.32 to \$5.67 (PARC, 2023).

Native Population

Two percent of the U.S. population (6.9 million Americans) self-identify as having American

Indian or Alaska Native (AI/AN) heritage, with .5% projected growth (10.1 million or 2.5% of the U.S. population), based on 2060 projections. There are 574 federally recognized AI/AN tribes, 324 reservations and over two hundred languages represented. About two-thirds of AI/AN live in urban, suburban or rural areas and about one-third live on reservations. California is home to the largest AI/AN population in the country and represents about 12 % of the total AI/AN population, with over 75% living in urban and suburban environments (US Census, 2010).

There are more than 96,000 AI/ANs in the five-county region that comprise the San Francisco Bay Area (Alameda, Contra Costa, Marin, San Francisco, Santa Clara and San Mateo). “Today, more than half of California’s AI/AN population is composed of individuals (and now their descendants) who were relocated to large urban areas due to the federal government’s termination policy” (Urban Indian Health Commission, 2007). “The Ohlone are the predominant Indigenous group of the Bay Area, including the Chochenyo and the Karkin in East Bay, the Ramaytush in San Francisco, the Yokuts in South Bay and Central Valley, and the Muwekma tribe throughout the region. Other Indigenous groups include the Graton Rancheria community (Coast Miwok and Southern Pomo), Kashaya, Patwin, and Mishewal Wappo in the North Bay, and the Bay Miwok in the East Bay” (Bay Area Equity Atlas, n.d.).

AI/AN children are 4 times more likely to enter foster care, perpetuating intergenerational trauma that profoundly affects AI/AN youth, especially for California’s AI/AN population which is composed of individuals who were relocated to San Francisco. In addition, an estimated 18.7% of AI/AN youth ages 12-24 require some form of behavioral health services because of their experiences with early age alcohol. In San Francisco, AI/AN adults are 7 times more likely to be homeless, average 54% of the median household income, are 46% more likely to be unemployed, and are 37% less likely to graduate from high school. These disparities lead to greater incidence of substance use disorder in our communities and have a major impact on the well-being of AI/AN youth and young adults.

When AI/AN people needed services, they generally had to seek assistance from non-Indian

organizations that did not nearly understand their needs. AI/ANs experience serious psychological distress 1.5 times more than the general population. Mental health concerns include high prevalence of depression, substance use disorders, suicide, and anxiety (including PTSD), are experienced more than twice as often for AI/ANs in comparison to the general population (American Psychiatric Organization, 2017; WISQARS, 2020).

Residential clients of the FH Substance Abuse Treatment Program report numerous presenting problems at Intake. In addition to substance use disorder, mental health disorder and cooccurring disorder, clients are also challenged with criminal behavior or history, housing instability, lags in education, unemployment, chronic health issues, loss of parental rights, and insufficient funds to pay for everyday needs such as food and shelter.

From October 1, 2022 - September 30, 2025, 551 residential clients of the FH substance abuse treatment program reported information (at Intake) about key issues that might impact their progress in the residential treatment program. 53% were diagnosed with Mental Health Disorder. 53% were diagnosed with Alcohol Use Disorder. 15% of clients were diagnosed with Opioid Use Disorder. 47% were diagnosed with Stimulant Use Disorder. 50% of clients screened positive for Co-Occurring Substance Use/Mental Health Disorders.

For Health Concerns, 9% of clients reported an overdose or taking too much of a substance that resulted in supervision or medical attention. 12% of the client population screened positive for Hepatitis C (HCV). 13% of residential clients were homeless.

For Crime/Criminal Justice: 9% of clients served jail/prison time in the past 30 days. 33% were on probation. 22% were awaiting trial. 7% were participating in a drug court program or were in a deferred prosecution agreement.

For relationship and family history, 8% of clients were married, 59% were single, 5% divorced, 6% separated, 3% were widowed, and 19% were in a relationship. For Family, 62% of clients reported having children. Of those, 13% reported their children as “currently under protective court order”.

For highest level of education, 22% did not complete high school. 37% of residents completed 12th grade or equivalent. 4% received a vocational/technical diploma. 27% completed some college. 5% received a bachelor’s degree. 2% completed graduate work/graduate degree.

Poverty is a natural correlate of low education and financial stressors of day-to-day survival has a tremendous impact on the AI/AN community. For FH clients working fulltime and tracked at intake for the past three decades, regular income remained significantly low across a 30-year period, under \$2,500 monthly or less than \$30,000 annually (less than \$10,000 annually for 86% of the client population in 2025).

Six-Months Post Intervention

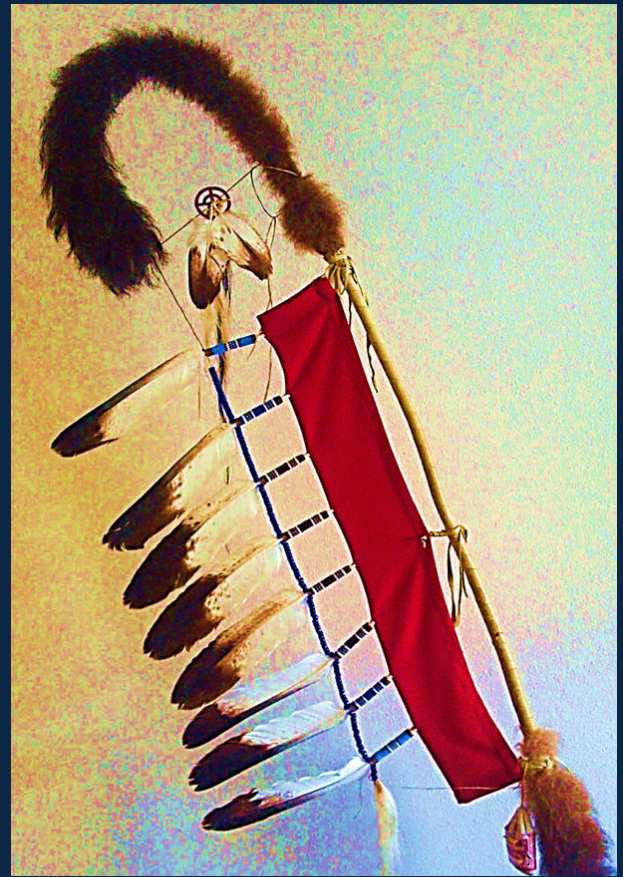
Government Performance Results Act (GPRA) measures were used to collect baseline and six-month follow-up data on FH residents from October 1, 2022, through September 30, 2025 (n=551 Intakes; and 273/551 or 50% follow-up rate). Data findings demonstrated significant improvements for abstinence and social connectedness, mental well-being, and crime-free records. Clients reported significant improvements in employment and education activities, increases in stable housing, and reductions in risky behavior. To further analyze GPRA Measures, a paired t-test analysis was conducted. Using participant ID’s, a total of 241 participants were matched between the pre- and post-test measures and aligned to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Employment and Education, and Housing Stability. All measures found significant changes between the baseline and follow-up, with some measures including risky behavior, mental health, employment and education, and housing stability finding significant changes in all of its associated analyses. For comparison against GPRA outcome findings, 39 residential clients were matched between the Core Measures pre- and post-test. Six-month follow-up findings indicated significant change for participant outcomes. Residents felt more strongly connected to their culture (50% increase), and more balanced in mind, body, spirit, and soul (43% increase). Additionally, participants saw a reduction in psychological distress, with a reduction in feelings of nervousness (60% decrease), and a reduction in feeling that everything was an effort (55% decrease).

Community Based Participatory Research

To support community based participatory research (CBPR) efforts, youth and young adults are surveyed by FH at community events to identify needs and barriers and to assess cultural connectedness. For this 3-year study (October 2022, through September 2025), 78 individuals completed the FH Youth and Young Adults Survey. In general, survey respondents indicated strong cultural identity and cultural connections and personal resourcefulness and resilience. For example, 91% of survey participants reported that they feel a strong connection to their Tribe and 89% reported that their family members participated in ceremony activities with them. In addition, 91% or more feel that there are many things that they do well, have high goals for themselves including going to college, and feel they can be a leader in their respective communities if given the opportunity. Positive cultural identity and strong cultural connections are noted as consistent protective factors for Friendship House youth and young adult participants and reported in annual evaluation reports since 2018. To further support CBPR efforts, community members (n=222) rated the greatest needs for the Bay Area AI/AN community (13 choices): Number One Selection - Dental Health Services (53%). In addition, participants were asked to rate issues that affect their household (13 choices): Number One Selection - Cost of Living Expenses (52%).

Friendship House Healing Model & CDEP

The Friendship House Healing Model, established over four decades ago, forms the cornerstone of the Friendship House Community Defined Evidence Practice (CDEP). It is a holistic prevention, intervention and treatment approach that is successful in reducing disparities for AI/ANs by decreasing alcohol and substance disorders, mental health disorders and criminal involvement and risky behavior; and increasing cultural connections (engagement in tribal/intertribal healing and wellness practices) and productivity in the community (family reunification, job/education retention/stable housing). By emphasizing mentorship and indigenous knowledge, this framework also empowers new leaders and healers and helps sustain tribal and intertribal traditions for generations to come.



The Friendship House Eagle Staff

The Friendship House Eagle Staff is a good example of program operation and structure as it is linked to traditional healing practices. It emphasizes the cultural aspects that are integrated into the philosophy and mission of the program.

The top of the Eagle staff is the Hoop covered with Buffalo hair, which represents the journey's turning point of change to wellness. The Buffalo is symbolic of life for many Native tribes as it has provided food, shelter, tools, and weapons for centuries.

In the middle of the Hoop are two eagle feathers and a porcupine quill medicine wheel representing the sacred hoop and the four directions, represented by our CEO, our Elders, and our Community Stakeholders. The CEO is placed here in honor of the responsibility and decisions that have to be made on behalf of our mission and our vision. Community Stakeholders are also here, guiding our programs and practices

The Board of Directors is placed on the Red Cloth, the center of the Eagle Staff, because they hold the organization together. They are accountable for the practices of the entire agency.

Introduction of The Friendship House Association of American Indians



Friendship House 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 6,636 residential clients of the substance abuse treatment program, hundreds of youth consumers, and countless numbers of AI/AN community members throughout the San Francisco Bay Area.



The Friendship House Association of American Indians (Friendship House or FH) is a 501(c)(3), nonprofit, community-based organization located in San Francisco. The mission of Friendship House is to promote healing, wellness and community resilience in the Native American community by providing a continuum of trauma-informed and culturally based wellness, healing and recovery services. San Francisco Bay Area counties are the predominant geographic areas served. However, FH outreach efforts extend beyond the Bay Area to include all of California and Western Region of the United States.

Friendship House operates three program facilities: The FH American Indian Healing Center, an 80-bed adult men and women residential substance abuse treatment facility for American Indian adults, primarily and located in San Francisco, California; the FH American Indian Lodge, a 9-bed facility for women and their children located in Oakland, California; and the FH Youth Program, an afterschool and year-round youth program, located in San Francisco, California.

6,636

Residential Clients received FH Substance Abuse Treatment services since 1963.

551

Residential Clients received FH Substance Abuse Treatment services in FFYs 2023-2025.

97

Unique AI/AN Tribes and Tribal Bands represented by the client population in FFYs 2023-2025.



Friendship House Substance Abuse Treatment Program

The Friendship House Residential Treatment Program is an 80-bed facility for adults. The Friendship House American Indian Lodge is a residential program and 9-bed facility for women with their children, prenatal to 5 years old. American Indian traditional healing methods are integrated into individual and group counseling efforts and program activities.

74

Youth and Young Adults joined in FHYP activities (culture, arts, enrichment) and outings in FFYs 2023-2025.

Friendship House Youth Program

The Friendship House Youth Program (FHYP) provides culturally relevant year-round activities including academic/social support, leadership development, and cultural connectedness activities. Cultural connectedness activities includes gatherings such as Dancing Feathers Pow Wow, Stronghold Youth Conference, and Gathering of Native Americans (GONA).

4,038

Participant Encounters were tracked across 54 community events and outreach activities in FFYs 2023-2025.

Friendship House Community Gatherings

Cultural Gatherings are hosted throughout the year and engage community members, youth/young adult participants, and residential clients. Community Holiday Celebrations, Youth and Family GONA, Powwows, Young Adult/Adult Sweat Lodge Ceremony, and Drum Circle are a few events that provide a space to come together and celebrate AI/AN culture.

27

Traditional Healers, Practitioners, and Counselors provided traditional services in FFYs 2023-2025.

Snapshot, Residential Client Services in FY 2024/25



158

Residential Substance Abuse Treatment Clients in FY 2024/25.

- From July 1, 2024 – June 30, 2025, a total of 158 Admissions were accepted into the FH Residential Substance Abuse Treatment Program, of which 148 were unduplicated counts (10 were treatment re-admits). Enrollment: In FY 2023/24, n=177; in FY 2022/23, n=172, in FY 2021/22, (n=171) and in FY 2020/21 (n=143).
- For living situation, 64% of residents reported that they were stably housed, 26% lived in an institution environment, 7% lived on the street/outdoors, and 3% lived in a shelter.
- For length of stay, 52% (n=82) of residents completed 89+ days stay in the treatment program (compared to 41% in FY 2023/24). 23% (n=36) completed less than 30 days program stay.



88%

of the Treatment Program residents were American Indians.

- 88% of residential clients were American Indian or Alaska Native (inclusive of AI/AN multiracial counts), 9% were White, 1% were African American, and 2% were other Races including Filipino and Other. For ethnicity: 19% were Hispanic/Latino.
- For Gender: 56% were male, 43% were female, 1% were transgender.
- For Age Range: 7% of residents were between the ages of 18 and 24, 36% were 25-34, 32% were 35-44, 18% were 45-54, 6% were 55-64, and 1% were 65 years of age or older.
- For How Clients Identify: 89% of clients identified as straight or heterosexual. 4% identified as homosexual. 5% identified as bisexual. 1% identified as pansexual.



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; and were referred to collaborative partners as needed.
- 100% of Residents with 7+ days of stay were referred to collaborative partners (IPV, Trauma, MAT, MH issues, etc.) as needed.
- 100% of Residents with 7+ days of stay participated in weekly case management meetings; and participated in the development of their treatment plan.
- 100% of Residents with 3+ days of stay were offered HIV and HCV testing at Intake and 100% consented to testing. 100% were connected to treatment as needed.

Care Coordination

Residential clients of the FH Substance Abuse Treatment Program report numerous presenting problems at Intake. In addition to substance use disorders including opioids, alcohol use disorder, mental health disorder and co-occurring disorder, clients are also challenged with criminal behavior or history, housing instability, lags in education, unemployment, chronic health issues, loss of parental rights, and insufficient funds to pay for everyday needs such as food, clothing and shelter. To support client needs, the residential program is complemented by numerous evidence-based, practice-based and community-defined practices including: Medication-Assisted Treatment (MAT); Cognitive Behavioral Therapy (CBT), 12-Step Facilitation Therapy; the FH Healing Model and CDEP; Patient Navigation; Case Management Care Delivery Model; Telehealth Care Delivery Model; and American Society of Addiction Medicine (ASAM) Criteria Assessments and other screenings (Addiction Severity Index Lite (ASI Lite), Patient Health Questionnaire – 9 (PHQ-9), Generalized Anxiety Disorder – 7 (GAD-7), Intimate Partner Violence (IPV) Checklist; and the Post Traumatic Stress Disorder (PTSD) Civilian Checklist) for placement, continued stay and transfer/discharge of clients with addiction and co-occurring conditions (refer to Table 1). Collaborations are essential for addressing the complex needs of FH residential clients and included 14 partnerships in FY 2024/25.

Table 1. Linkages, Partnerships and Care Coordination, Fiscal Year 2024/25 (n=150 resident discharges)

Friendship House collaborations included the following:	Planned Services by Service Type	% of Clients	Planned Services by Service Type	% of Clients
For primary health care, Friendship House collaborates with the Native American Health Centers (NAHC) of San Francisco and Oakland, ensuring that residents are registered with NAHC as their primary care provider within the first week of treatment.	Case Management	100%	Health Insurance Enrollment	97%
For co-occurring disorders (COD) and psychiatry evaluations/medication management, FH collaborates with Westside Crisis Center, Bright Heart Health, and Mission Mental Health.	Outpatient	22%	Other Case Management Services	65%
For Medication-Assisted Treatment (MAT), FH refers to the Buprenorphine Induction Clinic.	Methadone	3%	Medical Care	86%
The AIDS Foundation STRUT Program provides HIV and HCV treatment services, confirmatory testing, PrEP, education, and counseling.	Buprenorphine	21%	Alcohol/Drug Testing	98%
Referrals for sober living environment programs include City Hope, The Way Out, Grace Center, and Latino Commission.	Naltrexone – Short Acting	7%	OB/GYN Services	25%
La Casa De Las Madres and Women's Inc. provide domestic violence prevention/support services.	Naltrexone – Long Acting	2%	HIV/AIDS Medical Support & Testing	98%
St. Anthony's plays a crucial role in clothing and employment readiness, complemented by resume building at NAHC, job placement at Mission Hiring Hall, and participation in the San Francisco Chef's Program, Culinary Internship.	Nicotine Replacement	14%	Dental Care	45%
The FH Mobile Outreach Team attended the following FH hosted/co-hosted cultural gatherings and community event booths: Stronghold Youth Empowerment Conference, Presidio Family Trust - BBQ Gathering, 3rd Annual Native American Heritage Celebration, FH Thanksgiving Community Dinner, Project Homeless Connect, Christmas Community Dinner, Bay Area American Indian Two Spirit Powwow, NAHC – Community Health Wellness Fair, UC Davis Annual Powwow, Sonoma County Indian Health– Health & Wellness Fair, Stanford Powwow 2025, Dancing Feathers Youth Powwow, Families in Recovery 2025, and San Francisco Pride Parade 2025. Total outreach participant encounters for July 2024 - June 2025, n=2043.	Bupropion	6%	Viral Hepatitis Medical Support & Testing	98%
	Residential/Rehabilitation	100%	Other STI Support & Testing	50%
	After Care	1%	Other Medical Services	58%
	Recovery Support	100%	Continuing Care	57%
	Other Modalities	49%	Relapse Prevention	94%
	Screening	99%	Recovery Coaching	94%
	Brief Intervention	3%	Self-Help And Support Groups	97%
	Brief Treatment	5%	Spiritual Support	97%
	Referral to Treatment	88%	Substance Abuse Education	100%
	Assessment	100%	HIV/AIDS Education	100%
	Treatment/Recovery Planning	99%	Naloxone Training	98%
	Recovery Planning	99%	Viral Hepatitis Education	99%
	Individual Counseling	98%	Other STI Education Services	88%
	Group Counseling	99%	Other Education Services	98%
	Contingency Management	56%	Peer Coaching Or Mentoring	99%
	Community Reinforcement	100%	Vocational Services	38%
	Cognitive Behavioral Therapy	93%	Recovery Housing	86%
	Family/Marriage Counseling	20%	Recovery Planning	100%
	Co-Occurring Treatment/Recovery Services	51%	Case Management Services to Specifically Support Recovery	100%
	Pharmacological Interventions	47%	Alcohol-And Drug-Free Social Activities	100%
	HIV/AIDS Counseling	99%	Information And Referral	100%
	HIV/AIDS Service	98%	Other Peer-To-Peer Recovery Support Services	3%
	Other Clinical Services	52%		
	Family Services	5%		
	Child Care	5%		
	Pre-Employment	35%		
	Employment Coaching	26%		
	Individual Services Coordination	88%		
	Transportation	73%		
	HIV/AIDS Service	96%		
	Supportive Transitional Drug-Free Housing Services	33%		
	Housing Support	33%		

100% of residents with 7 days of program stay received health care services including: Coordination/referrals support, substance abuse education, HIV/AIDS education, peer coaching/mentoring, recovery planning, case management, alcohol/drug-free social activities, recovery support, assessment, and community reinforcement.

Snapshot, Youth and Young Adult Program Services in FY 2024/25



74

Regular Youth & Young Adult Participants of FHYP in FY 2024/25.

Regular participants of FHYP in FFY 2024/25:

- 48 individuals participated in ongoing FHYP activities in FFY 2024/25. 19 were Transition Age Youth and 29 were Youth participants.
- For age, 5 were under 8 years of age, 14 were between 8 and 11 years of age, 8 were between 12 and 14 years of age, and 2 were between 15 and 17 years of age.
- 23 FHYP participants were male and 25 were female.



75%

AI/AN youth and young adult participants represented in FY 2024/25.

- 75% of FHYP participants were American Indian/Alaska Native (includes Multiracial AI/AN counts).
- Participants represented many AI/AN tribes and tribal bands including Apache, Aztec, Cherokee, Choctaw, Coast Miwok, Comanche, Hupa, Lakota, Lytton Rancheria, Mohawk, Morongo Band, Navajo, Odawa, Ohlone, Osage, Owens Valley Paiute, Paiute, Pit River, Pomo, Shoshone, Sioux, Tohono O'odham Nation, Wappo, Wiyot, Yuki, and Yurok.



27

Middle and High School partnerships with Indian Education and SFUSD.

- Through partnerships with the Indian Education Program and the SF Unified School District (SFUSD) the FHYP expanded its outreach to AI/AN students in 13 middle schools and 14 high schools (ages 12-17).
- FHYP engages students in ceremonial activities and cultural workshops and integrates a transformative social and emotional learning (SEL) process for building strong relationships.

The Friendship House Youth Program (FHYP) was established in 2001 to provide culturally informed programs for American Indian/Alaska Native (AI/AN) youth and young adults through age 24. Before 2001, FHYP was run informally, with staff members taking turns overseeing childcare at Friendship House to ensure their children and teens would have a safe and culturally rich afterschool and summertime environment. The 5 Core Services Areas of 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 and young adult population include collaborations with community-based organizations throughout the San Francisco Bay Area. In FY 2024/25, key partnerships included AI/AN community leaders, the Indian Education Program, SFUSD, Native American Health Centers, and numerous Bay Area and California tribes. Youth-focused projects and activities are provided at three locations including the FHYP site in San Francisco, San Francisco Unified School District (SFUSD), and Indian Education Title VII Program. Through partnerships with the Indian Education Program and the San Francisco Unified School District (SFUSD), FHYP has expanded its outreach to AI/AN students in 13 middle schools and 14 high schools (ages 12-17).

Strength-based Indicators that inform Friendship House that FHYP participants are moving towards readiness for school/college/vocational training, meaningful work and healthy adulthood include the following: 1) High percent of surveyed participants who report that they have an adult in the program who understood and really cared about them (and participated with them in ceremony); and high percent of surveyed participants who report: 2) a stronger sense of belonging to a community; 3) comfort with their own personal identity; and 4) consistent engagement in employment/education pursuits as applicable.

Snapshot, Community Engagement Services in FY 2024/25



2,043

Participant Encounters were Tracked across 15 Events in FY 2024/25.

- In FY 2024/25, 15 FHYP and FH events and outreach activities tracked 2,043 participant encounters.
- Community outreach and engagement included: Stronghold Youth Conference, Presidio Family Trust BBQ, AI/AN Heritage Celebration, FH Thanksgiving & Christmas Dinners, Project Homeless Connect, BAAIT Powwow, NAHC Wellness Fair, UC Davis Powwow, Sonoma Health Fair, Stanford Powwow, Dancing Feathers Powwow, Families in Recovery, and SF Pride Parade.



750

Meals were Provided during Annual Gatherings in FY 2024/25.

- Three celebrations, co-hosted by Friendship House and Native American Health Center (NAHC, SF/Oakland) over the decades, and held at the FH Healing Center:
- Families in Recovery Celebration (150 meals served in July of 2024).
 - Thanksgiving Community Dinner (250 meals served in November 2024).
 - Christmas Community Celebration (350 meals served and 200 gifts/gift cards distributed to children, teens and elders in 2024).



22

Traditional Healers, Practitioners & Counselors at FH in FY 2024/25.

- 22 Traditional Healers/Practitioners/Counselors provided community defined healing practices at Friendship House. In FY 2024/25:
- 24 Talking Circle ceremonies included 151 clients. 22 youth/young adults participated in Talking Circle through FHYP.
 - 24 Sweat Lodge ceremonies included 69 clients. 24 youth/young adults participated in Sweat Lodge through FHYP.
 - 24 Traditional Healer - Group ceremonies included 193 clients.

There are more than 96,000 AI/ANs in the five-county region that comprise the San Francisco Bay Area (Alameda, Contra Costa, Marin, San Francisco, Santa Clara and San Mateo). These Bay Area counties are the predominant geographic areas served by Friendship House, and home to many California tribes. The AI/AN community of the San Francisco Bay Area continues to exhibit an abundance of strengths - reflected through the numerous tribal and intertribal ceremonies, gatherings, events and activities that are available and attended every year. More than 75 tribes and tribal bands were represented through the Friendship House residential population, youth and family and community program participants in FY 2024/25.

Community Gatherings are provided regularly throughout the year and engage community members, youth and young adult participants and FH residential clients. Three annual celebrations, co-hosted by Friendship House and Native American Health Center (NAHC, SF/Oakland) over the decades, include Thanksgiving Community Dinner (250 meals served) and the Christmas Community Celebration (350 meals served and 200 gifts/gift cards distributed to children, teens and elders in December 2019) and the Families in Recovery Celebration (150 meals served).

In FY 2024/25, community engagement and collaboration efforts included: Stronghold Youth Conference, 3rd Annual AI/AN Heritage Celebration, FH Thanksgiving and Christmas Dinners, BAAIT Powwow, UC Davis Powwow, Sonoma Health Fair, Stanford Powwow 2025, Dancing Feathers Powwow, and Families in Recovery 2025. In FY 2024/25, 1,588 participant encounters were tracked across 15 FH outreach, engagement, and collaboration events (compared to 1,342 participant encounters across 23 events in FY 2023/24).

CDEP Purpose, Description and Implementation

American Indian and Alaska Native people continue to struggle with sustained health and socioeconomic inequities. According to Indian Health Services (IHS), “the American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences” (Indian Health Services, 2009). Noted more recently by the Office of the Assistant Secretary for Planning and Evaluation, “AI/ANs have lower life expectancy; a greater likelihood of dying from COVID-19, diabetes, and unintentional injuries; and are more likely to be uninsured than the rest of the U.S. population” (page 1, HP-2022-21 ASPE DHHS. July 2022).

For decades now, Friendship House has addressed AI/AN disparities by incorporating traditional healing methods and cultural connection as the foundation of healing and wellness for Native people. The Friendship House Healing Model was developed over 40 years ago and is the foundation for community defined practices. It is an indigenous model that honors traditional wisdom and lived experiences, and integrates cultural values, ceremonies, and community support into pathways for healing for the population of American Indian/Alaska Native (AI/AN) adults, youth, and children.

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. From 2010-2012, FH established a Traditional Resources Work Group (TRWG), tasked with documenting the intertribal practices implemented at the Substance Abuse Treatment Program for internal use. The outcome of these efforts was the development of the FH Traditional Practices and Healing Model (FH Healing Model) and counselor/client workbook curriculum (Waukazoo, Lebron, et al., 2012). The Friendship House Traditional Treatment Healing Model curriculum includes the following curriculum chapters: Friendship House Traditional Treatment and Recovery Healing Model; Traditional Red Road Medicine Way; Early Recovery—Quest for Inner Balance; Recovery—Striving for Inner Balance; Relapse—Out of Balance; Relapse Prevention—Return to Quest for Inner Balance; Sustaining Balance—Walking the Red Road Medicine Way: Introduction to Sweat Lodge Ceremony; Introduction to Talking Circle; Healing the Child Within; and Introduction to Healing Ceremonies.

The Friendship House Healing Model uses best practices in trauma-informed services and substance abuse prevention and treatment and incorporates community defined evidence practices (CDEP), including Sweat Lodge ceremony, Traditional Healer Counsel (individual, and group), Talking Circle, Drum Circle, Gathering of Native Americans (GONA), Walking the Red Road curriculum, etc. Other traditional practices are provided on an as-needed basis. The Healing Model framework is complementary to the Gathering of Native Americans (GONA) approach which focuses on the three guiding principles of: Vision—acknowledging the effects of historical trauma while geared towards “whole person” healing (physical/emotional/mental/spiritual well-being), honoring cultural values and developing a vision of success; Circles of Relationships—building quality and authentic relationships for effective work; and Sense of Hope—focusing on interconnectedness, the sacredness of the inner spirit, balance, and the responsibility to be life-long learners (SAMHSA GONA Fact Sheet, 2016).

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

CDEP Study and the Seven Traditional Practices

The Friendship House Healing Model and CDEP was developed over 40 years ago and is the foundation for all Friendship House programs. It is an indigenous model that honors traditional wisdom and lived experiences, and integrates cultural values, ceremonies, and community support into pathways for healing for the population of American Indian/Alaska Native (AI/AN) adults, youth, and children. Within the context of the FH Healing Model and CDEP, the Medicine Wheel acts as a guiding framework. Each direction offers unique lessons and insights and ceremonies often draw on the Medicine Wheel's teachings to foster resilience, restore Native identity, and help reconnect individuals to their families and communities. The FH Healing Model serves as a powerful framework for healing, wellness, and recovery tailored to the unique needs of the AI/AN population.

The FH CDEP Study utilizes a non-experimental study design, measuring variables as they naturally occur through the programs and services of the Friendship House Association of American Indians. American Indian/Alaska Native (AI/AN) adults of the FH residential substance abuse treatment programs are studied through the lens of traditional ceremonies, specifically, Talking Circle, Sweat Lodge, Drum Circle, Walking the Red Road curriculum, and Traditional Healer sessions (Individual and Group Counsel). Wellness is further defined by Friendship House as mental, physical, emotional and spiritual well-being. Cultural gatherings that engage the FH Youth Program participants and AI/AN community are studied to a lesser degree.

The FH CDEP is designed to address the following CRDP Phase I priority population strategy: adult and youth substance abuse prevention and early intervention services as a means to increase and promote youth and adult engagement and whole person wellness. The CDEP Study addresses 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 includes the data collection and

management of several tools, including PARC Core Measures (Adult) and CSAT GPRA Tools (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. Fidelity and adherence are tracked through quality management tools and other mechanisms to assure that elements are conducted in accordance with program design.

Description, FH CDEP Ceremonies (Appendices, Table 1):

WHAT IS CEREMONY? "A ceremony can be a celebration of life that brings together people, beliefs and sacred objects, in prayer and song. It can be purification, cleansing, and healing rituals. 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 the rebirth of the new self. A ceremony can be a means to show respect for creation, and honor for those who came before us" (Friendship House Traditional Practices and Healing Model, 2012). In Federal Fiscal Years (FFY) 2022 - 2025, 27 Traditional Healers, Counselors, and Practitioners led Friendship House ceremonial practices. 77% (424/551) of residential clients participated in at least one FH ceremonial practice.

TALKING CIRCLE. Talking Circle ceremony is based on the principle of sharing power with one another. Listening and talking are both important elements of Talking Circle towards the facilitation of more in-depth and meaningful discussions. Only the person who is holding the feather or stick may talk. The eagle feather or talking stick gives the individual the courage and wisdom to speak truthfully and wisely. Talking Circle provides a safe place for one to share and speak openly and respectfully to one another. Before their participation, clients learn about the purpose, protocols and instructions related to Talking Circle participation. In FFYs 2023-2025, 424 (unduplicated) residents participated in Talking Circle (119 sessions total).

SWEAT LODGE. The Sweat Lodge ceremony has been an essential part of many Indians tribes of North, Central and South America for many years. It 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. Through participation in this ceremony, clients learn how to pray, sing, deepen communal bonds, develop trust and express themselves emotionally. Sweat Lodge ceremony is separate for men and women and transgender residents choose either male or female lodge participation. Eligible residents are those who have completed 30 days residential stay (aligned with the FH 30-day blackout period to allow an admitted client to adjust to his, her or their surroundings, become familiar with the program and reflect on the circumstances that brought them to treatment). In FFYs 2023-2025, 247 (unduplicated) residents participated in Sweat Lodge Ceremony (78 sessions total).

DRUM CIRCLE. The rhythm of the drumming is the heartbeat of the Red Nation people. It can bring a sense of oneness, connectedness with the earth, and the universe. The traditional drums and drumsticks are made of wood and different animal hides. Both the plants and animals are honored in this way. Drumming and singing are used in gatherings and sacred ceremonies involving AI/AN people. In FFYs 2023-2025, 154 (unduplicated) residents participated in Drum Circle (44 sessions total).

WALKING THE RED ROAD. Walking the Red Road is a Red Nation Medicine Way approach to healing from substance abuse and was developed by Glen Thin Elk in 1980. As traditional Red Nation languages have imagery and concepts that are difficult to translate to English, the incorporation of Red Road concepts is a critical treatment modality for AI/AN clients as they begin their recovery work to restore balance in their lives. In FFYs 2023-2025, 353 (unduplicated) residents participated in Walking the Red Road sessions (69 sessions total).

TRADITIONAL HEALERS (Individual and Group). A Traditional Healer is a person with knowledge, skills and practices which are accepted by the AI/AN community as handed down through the

generations, and which can be established through the collective knowledge of the elders of the Native community. Traditional Healers are called upon to lead and facilitate group and individual healing ceremonies for interested residents and identify modifications and resources needed for future ceremonies. All clients are invited to attend group sessions and receive opportunities for individual counseling sessions with Traditional Healers. In FFYs 2023-2025, 383 (unduplicated) residents participated in 89 Traditional Healer Group sessions. 33 residents participated in 38 Individual Counseling sessions.

CULTURAL GATHERINGS. Cultural gatherings are provided seasonally and engage community members, youth participants and residents of the substance abuse treatment program. Many FH and collaborative partnership gatherings are based on the GONA approach, focusing on the three principles of Vision, Circles of Relationships and Sense of Hope. Community Holiday Celebrations, Youth and Family GONA, Pow Wows, Men/Women and Young Men/Young Women Sweat Lodge Ceremony, and Drum Circle, etc.. In FFYs 2023-2025: 4,038 participant encounters were tracked across in 54 FH-hosted/co-hosted and partnership gatherings and outreach events.

Summary

The FH Healing Model and CDEP serves as a powerful framework for resilience, wellness, healing and recovery and is tailored to the unique needs of the AI/AN population. It is a holistic prevention, intervention and treatment approach that is successful in reducing disparities for AI/ANs by decreasing alcohol and substance disorders, mental health disorders and criminal involvement and risky behavior; and increasing cultural connections (engagement in tribal/intertribal healing practices) and productivity in the community (family reunification, job/education retention/stable housing). By emphasizing mentorship and indigenous knowledge, this framework also empowers new leaders and healers and helps sustain tribal and intertribal traditions for generations to come. For the Friendship House CDEP Study, adherence was tracked through total quality management tools, implementation tracking tools (GPRA Client Outcome Measures, PARC Core Measures, FH

Resident Satisfaction Survey, Youth Drug/Alcohol Use and Cultural Connectedness Survey, FH Community Needs Survey and FH Traditional Healer Post-Ceremony Survey) and other mechanisms to assure that essential program elements were conducted in accordance with program design. No changes to study design or study questions were made throughout the 3-year study period.

While there is no one approach or “one size fits all” in relationship to the selection of intertribal healing practices, FH has informally established criteria for selection. If a practice is implemented at least 10-12 times in an annual period, if it is appropriate to track and is tracked regularly through FH data automation systems and has not received stakeholder concerns regarding its use as an intertribal practice, then FH moves forward with offering the ceremony on a regular basis. Examples of these newly formalized practices include Drum Circle (added in 2022) and Walking the Red Road (added in 2024). Friendship House has also increased the number of AI/AN contractors and staff who provide traditional services. In 2015, Friendship House contracted with two traditional healers for individual and group counsel services. Ten years later, the number of FH traditional healers, practitioners, and counselors increased to 27 Subject Matter Experts (SME).

To comprehensively support client needs, the residential program is complemented by numerous evidence-based, practice-based and community-defined practices including: Medication-Assisted Treatment (MAT); Cognitive Behavioral Therapy (CBT), 12-Step Facilitation Therapy; the FH Healing Model and CDEP; Patient Navigation; Case Management Care Delivery Model; Telehealth Care Delivery Model; and American Society of Addiction Medicine (ASAM) Criteria Assessments, Addiction Severity Index Lite (ASI Lite), Patient Health Questionnaire 9 (PHQ-9), Generalized Anxiety Disorder 7 (GAD-7), Intimate Partner Violence (IPV) Checklist; and the Post Traumatic Stress Disorder (PTSD) Civilian Checklist for placement, stay and transfer/discharge of clients with addiction and co-occurring conditions.

A CRDP Cost Benefit Analysis indicated that every dollar invested in culturally based programming saved between \$4.32 to \$5.67 (PARC, 2023). Costs include program costs, operating costs, and participant costs. Benefits include health expenses averted, productivity/income gains, and Non-Monetary Benefits. For Friendship House residential clients' non-monetary benefits, program participation not only supports individual healing and recovery but also fosters the reunification of families. Furthermore, by engaging in healing practices, individuals are empowered to make positive contributions within their communities.



TRADITIONAL PRACTICES

► SWEAT LODGE

The Sweat Lodge (or Inipi Ceremony) is a spiritual healing ritual that medicine people use to heal and cure many illnesses. One enters the Sweat Lodge to cleanse and purify.

► DRUM CIRCLE

The rhythm of the Drum is the heartbeat of Red Nation people. Traditional drums and drumsticks are made of wood and animal hides, honoring both plants and animals.

► TRADITIONAL COUNSEL, INDIVIDUAL

Individual Counseling is provided through Traditional Healers and may take many forms to address one's needs for emotional, spiritual, physical, and mental well-being.

► TRADITIONAL COUNSEL, GROUP

Group ceremony is provided by Traditional Healers, individuals with practices that are accepted by AI/ANs as handed down through generations of Native Elders.

► TALKING CIRCLE

Talking Circle provides a safe place to speak openly and respectfully to the group. It emphasizes stilling one's mind so that the storyteller can fulfill his, her or their intent.

► WALKING THE RED ROAD

As Red Nation languages have concepts that are difficult to translate to English, including Red Road concepts is a critical modality for AI/ANs in recovery from substance abuse.

► NATIVE GATHERINGS

Cultural gatherings are provided seasonally and as needed to celebrate Native culture and engage community and youth participants and residential clients of FH programs.

► OTHER CEREMONIES (as requested)

Other traditional practices may be provided at Friendship House and include Wiping of the Tears, Calling Back the Spirit, Inner Child, and Manhood/Womanhood Ceremonies.

CDEP Participation and Delivery Strategies

For the 3-Year Healing Model and CDEP Study, Friendship House referrals came from numerous sources. Residential clients were self-referrals or referred from tribes, rancherias, Native American Health Centers in the Bay Area and throughout California, from criminal justice systems, homeless shelters and from Indian Health Services (IHS). Youth, young adults and community members learned about FH services through "word-of-mouth", agency website and Facebook account and academic contacts. San Francisco is seen as a safe-haven for lesbian, gay, bisexual, transgender, questioning and Two-Spirit (LGBTQ2S) individuals and draws people of all races and sexual orientations, including AI/AN people. Friendship House has staff expertise and ties community-based organizations that are rooted in the culture and experiences of LGBTQ2S individuals.

For CDEP-study outreach, potential participants were not singled out through separate outreach strategies. After enrolling into the residential program, residents were invited to participate in the FH CDEP Study and complete the Core Measures Tool. Those who accepted were fully informed, oriented to the study and signed participation consent forms.

A Community Based Participatory Research (CBPR) was adopted to ensure the inclusion of stakeholders in project development - evaluation efforts. Stakeholders refers to residential clients, project staff and AI/AN members of the local Bay Area community who participate in and have the option of providing feedback regarding the implementation of FH ceremonies. Community engagement strategies included both written materials and online/onsite meetings to identify challenges and successes. CBPR-focused survey tools include the Post-Ceremony Feedback Survey, Community Needs Survey, the Youth and Young Adult Cultural Connections Survey, and the FH Resident Satisfaction Survey.

Demographics of Study Participants

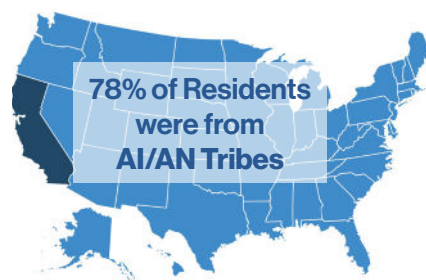
Residential Clients

(Appendices, Table 2)

From October 1, 2022, through September 30, 2025 (Federal Fiscal Years or FFYs 2023-2025), 551 unduplicated FH adult participants of the residential substance abuse treatment program completed the Substance Abuse and Mental Health Services Administration (SAMHSA) Government Performance and Results Act (GPRA) Client Outcome Measures (GPRA Measures) at baseline. For race, 78% were American Indian/Alaska Native (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other, and 3% skipped question or refused to answer.

For tribal affiliation, 97 unique AI/AN tribes/tribal bands were represented through the residential client population of Friendship House. Of those, 46% (45/97) were from CA Tribes. Top 10 tribal affiliations served in FY 2023/24: Yurok Tribe Hoopa Valley Reservation, CA (56 clients), Navajo Tribe, AZ NM and UT (45 clients), Paiute Shoshone Indian Bishop Community, CA (25 clients), Hoopa Valley Tribe, CA (20 clients), Covelo Indian Community Round Valley Reservation, CA (17 clients), Karuk Tribe, CA (16 clients), Oglala Sioux Tribe, SD (13 clients), Pit River Indian Tribe, X-L Ranch, CA (13 clients), Dry Creek Rancheria Pomo Indian, CA, and (12 clients).

97 unique AI/AN tribes/tribal bands were represented through the residential client population of Friendship House in FFYs 2023-2025.



For Ethnicity, 23% were Hispanic/Latino, comprised of participants who identified as Central American, Dominican, Mexican, Puerto Rican, and South American. For gender of residents, 40% of participants identified as female, 50% identified as male, 1% identified as transgender, 1% identified as other, and 8% don't know, skipped question or refused to answer. For sexual orientation, 86% of participants identified as straight or heterosexual, 6% of participants identified as homosexual (gay or lesbian), 4% identified as bisexual, 2% identified as queer, pansexual and/or questioning, 1% of participants identified as asexual and 1% of the population identified as other. For age range, 9% of residents between the ages of 18 and 24, 35% were 25-34, 30% were 35-44, 16% were 45-54, 8% were 55-64, and 2% were 65 years of age or older.

Youth/Young Adult Survey Respondents

78 Friendship House Youth and Young Adult Surveys were completed in FFYs 2023-2025. 57% of survey participants reported San Francisco as the city where they lived. 42% of survey participants identified as female, 52% as male, and 6% declined to state. For age range: 4% of survey respondents were 8-10 years of age. 22% were 11-14 years of age. 18% were 15-17 years of age. 28% were between the ages of 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations:

Most of the respondents were affiliated (AI/AN) tribes (77%), and a smaller percentage reported their cultural affiliation as White, Black/African American, Chinese, Latino/Hispanic, German, Mexican, or Irish. Tribal affiliations included Apache, Bishop Paiute, Cheyenne River Sioux, Haida, Hupa, Karuk, Lakota, Luiseno, Miwok, Morongo, Navajo, Nez Perce, Nomlaki, Northern Cheyenne, Oglala Sioux, Owens Valley Paiute, Pit River, Pomo, Purépecha, Santa Domingo Pueblo, Tepehuan, Tlingit, Tohono O'odham, Wappo, Yuki, and Yurok.

Community Needs & Interests Survey Respondents

299 Friendship House Community Needs and Interests Surveys were completed in FFYs 2023-2025. 34% of community members reported San Francisco as the city where they lived. For Race (n=260): 58%

were American Indian, 11% were White, 5% were Black or African American, 5% were Asian, 19% were multiracial and 3% of the population was Native Hawaiian/Other Pacific Islander or Biracial. For Ethnicity: For Ethnicity, 27% were Hispanic/ Latino. For Gender (n=299): 38% were male, 59% were female, 2% were transgender, and 1% declined to state. For Age Range (n=297): 3% were under age 18; 10% were 18-24; 12% were 25-30; 18% were 31-39; 17% were 40-49; 19% were 50-59, and 21% were 60 years of age or older.

For Tribal Affiliation (n=152): Survey respondents reported the following tribe/tribal band affiliations: Aleut, Apache, Apache Mescalero, Athabascan, Bear River Rancheria, Blackfeet, Cherokee, Cheyenne Pomo Sioux, Cheyenne River Sioux, Chickasaw, Chippewa, Choctaw, Coast Miwok, Cree, Creek, Dine (Navajo), Eastern Band Cherokee, Hida-Tlingit, Hopi, Kickapoo, Kiowa, Lakota, Maidu, Miwok, Modoc, Mono, Muscogee, Nez Perce, Nomlaki/Wailaki, Northern Arapaho, Odawa, Oglala Lakota, Ohlone, Omaha, Paiute, Pascua Yaqui, Pit River, Pomo, Potawatomi, Sac and Fox, Santa Domingo Pueblo, Seminole, Sherwood Valley Pomo Indians, Southern Pomo, The Klamath Tribes, Tuolumne Me-Wuk, Washoe, Western Shoshone, White Mountain Apache, Wailaki, and Yaqui tribe.

Key Issues for Residential Clients

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

From October 1, 2022 - September 30, 2025, GPRA measures were used to collect baseline and six-month follow-up data on Friendship House residential clients. 551 residential clients of the FH substance abuse treatment program reported information (at Intake) about key issues that might impact their progress in the residential treatment program. Key issues were examined and included: Substance Use, Mental Health, Co-Occurring Disorders, Health Concerns, Arrest History and Family History.

Residents' Presenting Problems at Intake (n=551)

SUBSTANCE USE

551 residential clients' self-reported drug use at Intake was as follows: Alcohol, 60%; Cocaine, 9%; Cannabis, 42%; Opioids, 7%; Other Stimulants, 39%; Hallucinogens and Psychedelics, 2%; Sedatives, 1%; Other Psychoactive Substances, 1%; and Inhalants, 1%.

53% were diagnosed with Mental Health Disorder.

53% were diagnosed with Alcohol Use Disorder.

15% of clients were diagnosed with Opioid Use Disorder. Of those, prescriptions were provided for Methadone, and Buprenorphine, as needed.

47% were diagnosed with Stimulant Use Disorder.

HEALTH CONCERNS

For 25% of residential clients, this was their second treatment at an inpatient or outpatient facility for Substance Use Disorder (39% for three or more).

9% of clients reported an overdose or taking too much of a substance that resulted in supervision or medical attention. Interventions included Naloxone (n=10), Emergency Care, (n=24), Primary Health Provider (n=3), Hospital Admission (n=18), and Supervision by Someone Else (n=6).

12% of the client population screened positive for Hepatitis C (HCV).

30% engaged in unprotected sex.

13% of residential clients were homeless.

MENTAL HEALTH

516 residential clients were screened, using evidence-based tools. Of those:

50% of clients screened positive for Co-Occurring Substance Use/Mental Health Disorders.

53% of residential clients reported that they had previously been diagnosed with a mental health illness by a health care professional.

40% of residents reported that they had been prescribed medication for psychological/emotional problems.

Mental health issues included depression, for 63% of residents; anxiety, 75%; trouble understanding or remembering, 46%;

hallucinations, 11%; trouble controlling violent behavior, 6%; and attempted suicide, 5%.

ARREST HISTORY

9% of residential clients reported that they were arrested one-to-three times in the past 30-days.

22% were currently awaiting charges, trial, or sentencing.

33% of residents were on probation, 2% were on parole, and 1% of residents were on intensive pretrial supervision.

17% were participating in a drug court program or were in a deferred prosecution agreement.

FAMILY HISTORY

8% of residents were married, 59% were single, 5% divorced, 6% separated, 3% were widowed, and 19% were in a relationship.

62% of residents reported having children.

13% of residents reported that their child/children were removed from their care. Of those, a total of 68 children (under the age of 18) were removed due to a court's intervention.

INCOME & EMPLOYMENT

7% of residential clients were employed full time. 2% were employed part time. 84% of residential clients were unemployed. 2% were retired. 3% were disabled.

86% reported an annual income of less than \$10,000. 11% reported an annual income greater than \$10,000 but less than \$50,000.

86% of residential clients reported that did not have enough money to cover their living expenses.

EDUCATION COMPLETION

22% of residential clients had not completed high school.

37% completed high school or the GED equivalent.

4% completed a vocational/technical program after high school graduation.

26% completed some college, 5% graduated with a 4-year bachelor's degree. 1% were enrolled or completed a graduate degree program.

Length of Stay

For FFYs 2022-2025 (n=551), Length of Stay was examined for the residential clients who were discharged from the residential substance abuse treatment program.

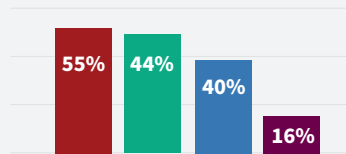
Characteristics for those with 0-14 days program stay (n=72): 43% were between the ages of 25-34 and 29% were 35-44 years of age. 63% were male. 29% were Hispanic. For Drug of Choice: Alcohol, 58%; Heroin, 7%; Methamphetamine, 50%; Cannabis, 50%; Fentanyl, 20%; Cocaine, 10%; and Crack, 5%.

Characteristics for those with 0-29 days program stay (n=125): 40% were between the ages of 25-34 and 29% were 35-44 years of age. 61% were male. 27% were Hispanic. For Drug of Choice: Alcohol, 55%; Heroin, 7%; Methamphetamine, 53%; Cannabis, 48%; Fentanyl, 19%; Cocaine, 11%; and Crack, 5%.

Characteristics for those with 0-59 days program stay (n=273): 37% were between the ages of 25-34 and 25% were 35-44 years of age and 16% were 45-54 years of age. 55% were male. 28% were Hispanic. For Drug of Choice: Alcohol, 52%; Heroin, 4%; Methamphetamine, 41%; Cannabis, 43%; Fentanyl, 16%; Cocaine, 7%; Crack, 3%; and Percocet, 2%.

Characteristics for those with 0-90 days program stay (n=364): 36% were between the ages of 25-34 and 27% were 35-44 years of age and 15% were 45-54 years of age. 55% were male. 25% were Hispanic. For Drug of Choice: Alcohol, 55%; Heroin, 4%; Methamphetamine, 40%; Cannabis, 44%; Fentanyl, 16%; Cocaine, 8%; Crack, 3%; and Percocet, 2%.

Drug of Choice, Less than 90 Days Program Stay (n=364)



■ Alcohol = 55% residents w/ less than 90 days
■ Cannabis = 40% < than 90 days days
■ Methamphetamine = 40% < than 90 days
■ Fentanyl = 16% residents w/ less than 90 days

121 Tribal Affiliations, Resident, Youth/Young Adults & Community Member Participants (FFYs 2023-2025)

ALABAMA AND COUSHATTA TRIBES, TX
ALEUT CORPORATION, AK
APACHE TRIBE, OK
ARAPAHO TRIBE, WIND RIVER RES, WY
ASSINIBOINE/SIOUX TRBS, FT PECK, MT
ATHABASCAN (DEN'A), AK
BEAR RIVER RANCHERIA, CA
BERRY CREEK RANCHERIA MAIDU INDIANS, CA
BIG PINE BAND PAIUTE SHOSHONE, CA
BIG SANDY RANCHERIA MONO INDIANS, CA
BIG VALLEY RANCHERIA POMO & PIT RIVER, CA
BISHOP PAIUTE TRIBE, CA
BLACKFEET TRIBE, MT
BRISTOL BAY NATIVE CORPORATION, AK
CALIFORNIA VALLEY MIWOK, CA
CEDARVILLE RANCH NORTHERN PAIUTE INDIANS, CA
CHEMEHUEVI TRIBE, CHEMEHUEVI RES, CA
CHEROKEE NATION, OK
CHEYENNE RIVER SIOUX TRIBE, SD
CHEYENNE ARAPAHO TRIBES, OK
CHICKASAW NATION, OK
CHIPPEWA CREE INDIANS, ROCKY BOY RES, MT
CHOCTAW NATION, OK
COAST MIWOK, CA
COLD SPRINGS RANCHERIA MONO INDIANS, CA
COVELO INDIAN COMM ROUND VALLEY RES, CA
COYOTE VALLEY BAND POMO IND VALLEY, CA
CROW CREEK SIOUX TRIBE, SD
CROW TRIBE, MT
DRY CREEK RANCHERIA POMO INDIANS, CA
ELEM INDIAN COLONY POMO INDIANS, CA
ENTERPRISE RANCHERIA OF MAIDU INDIANS, CA
FEDERATED INDIANS OF GRATON REANCERIA, CA
FORT MOJAVE INDIAN TRIBE, AZ
GILA RIVER PIMA MARICOPA INDIAN COMMUNITY, AZ
GRINDSTONE IND RANCH WINTUN-WAITAKI, CA
GUIDIVILLE BAND POMO INDIANS, CA
HABEMATOLEL POMO OF UPPER LAKE, CA
HANNAHVILLE IND COMM POTAWATOMIE INDIANS, MI
HOOPA VALLEY TRIBE, CA
HOPI TRIBE, AZ
HOPLAND BAND POMO INDIANS, CA
IONE BAND MIWOK INDIANS
KARUK TRIBE, CA
KASHIA BAND POMO IND STEWARTS PT, CA
KICKAPOO TRIBE, OK
KIOWA TRIBE, OK
KLAMATH INDIAN TRIBE, OR
LAKOTA TRIBE, ND
LUISENO TRIBE, CA
LOWER BRULE SIOUX TRIBE, SD
LYTTON INDIAN COMMUNITY, CA
MANCHESTER BAND POMO MANCHESTER PT, CA
MECHOOPDA IND TRIBE CHICO RANCHERIA, CA
MENOMINEE INDIAN TRIBE, WI
MIWOK TRIBE, CA
MOAPA BAND OF PAIUTE INDIANS, NV
MODOC TRIBE, OK
MOORETOWN RANCHERIA MAIDU INDIANS, CA
MORONGO BAND MISSION INDIANS, CA
NARRAGANSETT INDIAN TRIBE, RI
NEZ PERCE TRIBE, MT
NAVAJO TRIBE, AZ NM AND UT
NOMLAKI TRIBE, CA
NORTHERN CHEYENNE TRIBE, MT
NORTHFORK RANCHERIA MONO INDIANS, CA
ODAWA TRIBE, OGLALA SIOUX TRIBE, SD
OHLONE TRIBE, CA
OMAHA TRIBE, NE
ONEIDA TRIBE OF INDIANS, WI
OTOE MISSOURIA TRIBE, OK
PASQUA YAQUI TRIBE, AZ
PAIUTE SHOSHONE IND BISHOP COMM, CA
PASKENTA BAND NOMLAKI INDIANS, CA
PEORIA TRIBE, OK
PICAYUNE RANCHERIA CHUKCHANSI INDIANS, CA
PIT RIVER INDIAN TRIBE, X-L RANCH, CA
POTAWATOMI TRIBE, OK
PRAIRIE BAND POTAWATOMI, KS
PUEBLO OF ISLETA, NM
PUEBLO OF LAGUNA, NM
PUEBLO OF SAN FELIPE, NM
PUEBLO OF SANTO DOMIN, NM
PYRAMID LAKE PAIUTE TRIBE, NV
QUECHAN TRIBE, CA
QUINAULT TRIBE, WA
REDDING RANCHERIA POMO INDIANS, CA
RENO-SPARKS INDIAN COLONY, PAIUTE, NV
ROBINSON RANCHERIA POMO INDIANS, CA
ROSEBUD SIOUX TRIBE, SD
SAC AND FOX NATION, OK
SALT RIVER PIMA-MARICOPA IND COMM, AZ
SANTA DOMINGO PUEBLO, NM
SANTA YNEZ BAND CHUMASH MISSION INDIANS, CA
SCOTTS VALLEY BAND POMO INDIANS, CA
SEMINOLE NATION, OK
SHINGLE SPRINGS BAND MIWOK INDIANS, CA
SHERWOOD VALLEY POMO INDIANS, CA
SHOSHONE TRIBE WIND RIVER RES, WY
SISSETON WAHPETON OYATE, SD
SMITH RIVER RANCHERIA, CA
SPIRIT LAKE SIOUX TRIBE, ND
SUSANVILLE IND. RANCHERIA, CA
TABLE BLUFF RANCHERIA WIYOT INDIANS, CA
TABLE MOUNTAIN RANCHERIA, CA
THIRTEENTH REGIONAL CORPORATION
TLINGIT & HAIDA INDIANS, AK
TOHONO O'ODHAM TRIBE, AZ
TULE RIVER TRIBE, CA
TUOLUMNE BAND OF ME-WUK INDIANS, CA
TURTLE MOUNTAIN BAND CHIPPEWA, ND
UTU UTU GWAITI PAIUTE TRIBE, CA
WAILAKI TRIBE, CA
WAPPO TRIBE, CA
WASHOE TRIBE, CA
WHITE MOUNTAIN APACHE, AZ
WILTON RANCHERIA
YUKI TRIBE, CA
YAQUI TRIBE, AZ
YUOK TRIBE HOOPA VALLEY RES, CA
ZUNI TRIBE, NM

Local Evaluation Tools and Questions

The FH CDEP Study includes two process, one formative, and nine outcome evaluation questions and integrates data collection and management of several tools, including the Center for Substance Abuse Treatment Government Performance and Results (CSAT GPRA) Tool (completed at baseline and 6-month follow-up), the Psychology Applied Research Center (PARC) Core Measures Tool (completed at baseline and 6-month follow-up), the FH Resident Satisfaction Survey, the FH Youth and Young Adult Survey, the FH Community Needs and Interests Survey, and the FH Post-Ceremony Survey. FH CDEP Study tools:

CSAT GPRA Client Outcomes Measure

The CSAT GPRA Client Outcomes Measure uses client-level interview questions and is administered at intake and six months after the client's date of entry to measure substance use, risky behavior, mental health, criminal activity, employment/education and stability in housing indicators as follows:

- Substance Use Outcomes: GPRA Tool, Part B questions collect past 30-day information on the type and frequency of alcohol use, the type and frequency of drug use, route(s) of administration, and injection methods if injected drugs were used.
- Mental Health Outcomes: GPRA Tool, Part F questions collect past 30-day information on overall health, medical treatment, depression, anxiety, hallucinations, comprehension, memory, violent behavior, suicide, psychopharmacology information; and the client's rating of how much he or she has been bothered by psychological or emotional problems during the past 30-days.
- Criminal Involvement: GPRA Tool, Part E questions collect information on past 30-day arrests, jail/prison time, past 30-day crime frequency, awaiting charges/trial/sentencing and if the client is currently on parole/probation
- Employment/Education: GPRA Tool, Part D questions collect past 30-day information on current enrollment in school/job training program information; highest level of education achieved; current employment; and income data.
- Risky Behavior Outcomes: GPRA Tool, Part F questions collect past 30-day information on injection drug use in the past 30 days, unprotected sexual contact, unprotected sexual contact with an injection drug using partner and unprotected sexual contact with a partner "high on some substance".
- Stability in Housing: GPRA Tool, Part C questions collect past 30-day information on where client has been living, level of satisfaction and stress related to living situation.

Core Measures Tool

In order to assist in determining effectiveness of CRDP Phase 2, a Core Measures pre-and post-test measure was developed through PARC. The Pre-test items are designed to capture information related to psychological distress and functioning and include questions from the California Health Interview Survey (CHIS, questions #34-39 and #41-44). CHIS is the nation's largest state health survey and a critical source of data on California's various racial and ethnic groups.

Questions assess the level of psychological distress prior to first contact with the CDEP; total number of individuals served by CDEPs who had psychological distress prior to first contact with the CDEP; improvement in psychological distress for participants from pre to post; absence of psychological distress for CDEP participants from pre to post; functional impairment in performance at work, ability to do household chores, social life, and personal relationships; and social isolation. Protective Factors are designed to capture the extent to which CDEP participants' cultural connectedness, wellness, and community connectedness was strengthened.

Core Measures pre-post questions:

1. About how often in the past 30 days did you feel connected to your culture?
2. About how often in the past 30 days did you feel balanced in mind, body, spirit and soul?
3. About how often in the past 30 days did you feel nervous?
4. What Would You Say That in General Your Health is?
5. Your Culture Gives You Strength at Present.
6. About How Often During the Last 30 Days did you Feel Restless or Fidgety?
7. About How Often During the Last 30 Days did you Feel so Depressed That Nothing Could Cheer You Up?
8. Your Culture Helps You to Feel Good About Who You Are at Present?
9. About How Often in the Past 30 Days did you Feel That Everything Was an Effort?
10. Your Culture is Important to You At Present.
11. About How Often During the Last 30 Days did you Feel Worthless?
12. You Feel Connected to the Spiritual/Religious Traditions of the Culture You Were Raised In, At Present.
13. About How Often in the Past 30 Days did you Feel Marginalized or Excluded from Society?
14. About How Often in the Past 30 Days did you Feel Hopeless?
15. About How Often in the Past 30 Days did you Feel Isolated and Alienated From Society?

Resident Satisfaction Survey

Residential clients of the Friendship House Substance Abuse Treatment Program are asked to complete satisfaction surveys at discharge from the treatment program. The Friendship House Client Satisfaction Survey is an in-house developed survey that assesses satisfaction/experience while in Friendship House Residential Treatment Program. Measure Type: Quantitative/Qualitative. Survey questions are organized by four categories: General experience, cultural experience, service experience and service satisfaction.

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

To provide guidance to programs and services of The Village (breaking ground in 2026), five questions are included to receive information regarding clients' program and service needs. Open-ended questions are included for information about least and most helpful program services and activities, and to receive additional comments from residential clients.

FHYP Participant Survey

Every year, Friendship House conducts program and 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 and young adults

are assessed, using cultural connectedness, risk and resiliency related questions. Cultural identity is assessed through questions related to connection to Native community or tribe, participation in cultural ceremonies, participation with family or someone close in ceremonies, and plans to participate in future ceremonies. Alcohol, Tobacco and Substance Misuse is assessed through questions related to attitudes and behavior regarding use and misuse. Open-ended questions are included to help understand the needs, interests and concerns of our youth and young adult stakeholders.

Community Needs & Interests

To support community based participatory research (CBPR), Friendship House conducts consumer and stakeholder surveys at community events, gatherings and celebrations throughout the year. Community survey collects information on demographics, where respondents go for medical services, about their current living situation, and most important needs and issues for the AI/AN community. Open-ended questions are included to help understand the needs, interests, and concerns of our community stakeholders.

FH Post Ceremony Survey

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

Evaluation Questions

In general, the evaluation focus is to examine the effectiveness of traditional healing methods on the residential substance abuse treatment population of American Indians adults: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical, and emotional), social and economic engagement and cultural connectedness? The traditional healing methods for FH CDEP examination during the 3-year study period (October 1, 2022, through September 30, 2025) include Talking Circle, Sweat Lodge, Drum

Circle, Traditional Healer Ceremony (Individual/Group), and Walking the Red Road. Community gatherings that engage youth of the FH Youth Program and the AI/AN community were studied to a lesser degree.

Fidelity and adherence to the original aims of the 3-year study was tracked through total quality management tools, implementation tracking tools (GPRA Client Outcome Measures, PARC Core Measures, FH Resident Satisfaction Survey, Youth Drug/Alcohol Use and Cultural Connectedness Survey, FH Community Needs Survey and FH Traditional Healer Post-Ceremony Survey) and other mechanisms to assure that essential program elements were conducted in accordance with program design. No changes to study design or study questions were made throughout the 3-year study period.

The FH CDEP examination includes two process evaluation questions, eight outcome evaluation and one formative evaluation question, as follows:

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

Process Question #2: How many and how often did residents, youth participants and community members join in each of the seven program components? Tracked: # of clients and consumers reached by each traditional component. Tracking Tools: Tracking and data retrieval through Asset Panda (client coding system); Client/resident participation x traditional component.

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

Outcome Evaluation Question #2: How many residents reported decreased crime and criminal justice involvement? Tracked: # of residents who show reduced criminal involvement from intake to

interval. Measurement Tool: GPRA Part E, Measures for Criminal Involvement.

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

Outcome Evaluation Question #4: How many residents reported stable housing? Tracked: # of residents housed, from intake to 6-month interval. Measurement Tool: GPRA Part C, Measures for Housing Stability.

Outcome Evaluation Question #5: How many residents reported improved mental health outcomes? Tracked: # of residents who show positive mental health outcomes and reduced distress levels from intake to 6-month interval. Measurement Tool: GPRA Part F, Measures for Well Being, and Core Measures.

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

Outcome Evaluation Question #7: How many FH residential clients and youth participants indicated increased cultural connectedness as a result of their participation in the FH programs? Tracked: # of residents and youth participants who felt culturally connected and indicated strength-based attitudes. Measurement Tool: FH Client Satisfaction Survey, FH Youth and Young Adult Survey, and Core Measures

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

Formative Evaluation Question: What are the needs and strengths of the AI/AN community and which activities would you most like to join? Tracked: # of activities to attend; and # of issues that affect the AIAN community). Measurement Tool: FH Community

EVALUATION QUESTIONS

Process Evaluation Questions

1. Who are the client residents and youth and community participants of Friendship House?
2. How many and how often did residents, youth participants, and community members join in each of the seven program components?

Outcome Evaluation Questions

1. How many residents reported increased abstinence from alcohol and drugs?
2. How many residents reported decreased crime and criminal justice involvement?
3. How many residents reported they were working and/or engaged in job/education training?
4. How many residents reported stable housing?
5. How many residents reported improved mental health outcomes?
6. How many residents reported decreased risky behavior (sexual and injection drug use)?
7. How many residents reported increased cultural connections?
8. How satisfied were residents with Friendship House services, including the FH healing ceremonies?

Formative Evaluation Question

1. What are the needs and strengths of the AI/AN community and which activities would you most like to join?

Evaluation Design and Methods

The Friendship House Local Evaluation is part of the California Reducing Disparities Project (CRDP) Phase 2 Extension, Native American Implementation Pilot Project (NA-IPP) which launched in response to a call for national action to reduce mental health disparities among historically underserved populations. For the purposes of evaluating ceremonial aspects of the Friendship House American Indian Traditional Treatment and Recovery Healing Model (Friendship House Model) within the three years of CRDP implementation (2022-2025), this study examines the effectiveness of traditional healing methods used in the residential substance abuse treatment program for American Indian adults. Cultural gatherings that engage the Friendship House Youth Program participants and American Indian community are studied to a lesser degree, to assess interest and participation in AI/AN traditional practices.

Design

The Friendship House Community Defined Evidence Practice is non-experimental, quantitative study design - measuring variables (pre/post comparison measures and rate of change, means, standard deviation, t-scores, effect size, and p values) for GPRA measure; and survey ratings for self-reported resident and youth cultural connectedness, resident satisfaction and community needs and interests as they naturally occur through the programs and services of the organization. The FH CDEP focuses on FH “Healing through Ceremony” practices, specifically Talking Circle, Sweat Lodge, Drum Circle, Traditional Healer (Individual/ Group Counsel), Walking the Red Road, and Cultural Gatherings, for the target population of American Indians. American Indian/Alaska Native (AI/AN) residents of the substance abuse treatment program are studied through the lens of traditional ceremony. Fidelity and adherence are tracked through quality management tools and other mechanisms to assure that elements are conducted in accordance with program design.

The CDEP evaluation measures changes in resident wellness (mental, spiritual, physical, and emotional) and asks survey questions related to resident, youth and community engagement (social and/or economic) and cultural connectedness? The level of intervention for residents - those who are “at” to “high-risk” or with early onset of mental illness, exhibited through substance abuse history. Measurement timelines for GPRA and Core Measures tools included Intake (within 2 days of residential enrollment) and one 6-month interval. CDEP Study Instruments for resident completion included the following: PARC Core Measures, CDEP Informed Consent form, GPRA Client Outcomes Tool, and the FH Resident Satisfaction Survey (Resident completes at Discharge). CDEP Study instruments for FH youth participants included the FH Youth and Young Adults Survey. The CDEP Study instrument for community members was the FH Community Needs and Interests Survey. Youth and community surveys were completed at FH and FHYP events, gatherings, and celebrations.

Measurement Tools and Intervals

Residents of the FH substance abuse treatment program completed the CSAT GPRA Client Outcomes Measure at baseline and 6-month follow-up. AI/AN residents of the FH substance abuse treatment program completed the PARC Core Measures at baseline and 6-month follow-up. Residents of the treatment program completed the FH Resident Satisfaction Survey at Discharge. To support CBPR efforts, youth and young adults who were FHYP program participants or community members completed the FH Youth and Young Adult Survey. Community members completed the FH Community Needs and Interests Survey. The FH Post-Ceremony Survey was completed by Traditional Healers and their support staff for advice, insight and resource needs related to upcoming ceremonies through the following questions: Did you have the resources that you needed? Were residents well-prepared for ceremony protocol? Were there any challenges, needs or barriers? What can we do to improve our efforts?

Community Based Participatory Research

Throughout the three-year study period, Community Based Participatory Research (CBPR) strategies were implemented to ensure the inclusion of stakeholders. Stakeholders refer to residential clients, project staff and AI/AN members of the San Francisco Bay Area community and surrounding areas who participate in and have the option of providing feedback regarding the implementation of FH ceremonies. Community engagement strategies included both written materials and online/onsite meetings to identify challenges and successes. CBPR-focused survey tools include the Community Needs and Interests Survey, the Youth and Young Adult Cultural Connections Survey, the FH Resident Satisfaction Survey, and the Post-Ceremony Feedback Survey,

Brief Ceremony Descriptions

The FH Healing Model and CDEP uses best practices in trauma-informed services and substance abuse prevention and treatment and incorporates community defined practices including Talking Circle, Sweat Lodge, Drum Circle, Traditional Healer Counsel (individual/group), Walking the Red Road, and Cultural Gatherings. Brief description of FH ceremonies (refer to pages 19-20 for full descriptions):

Talking Circle. Talking Circle provides a safe place for one to share and speak openly and respectfully to one another. Before their participation, clients learn about the purpose, protocols and instructions related to Talking Circle participation.

Sweat Lodge Ceremony. Through participation in this ceremony, clients learn how to pray, share songs, deepen communal bonds, develop trust, and express themselves emotionally. Sweat Lodge ceremony is separate for men and women and transgender residents choose either male or female for their lodge participation. Eligible residents are those who have completed 30 days of program stay.

Drum Circle. Drumming is the heartbeat of the Red Nation people. It can bring a sense of oneness, connectedness with the earth, and the universe. Traditional drums and drumsticks are made of wood and different animal hides. Both the plants and animals are honored in this way. Drumming and

singing are used in gatherings and sacred ceremonies involving AI/AN people. All residential clients are eligible to participate in onsite and community drum circle sessions.

Traditional Healers (Individual/Group). Traditional Healers are called upon to lead and facilitate group and individual healing ceremonies for interested residents and identify modifications and resources needed for future ceremonies. All clients are invited to attend group sessions and also receive opportunities for individual counseling sessions with Traditional Healers.

Walking the Red Road. Walking the Red Road is a Red Nation Medicine Way approach to healing from substance abuse. The incorporation of Red Road concepts is a critical treatment modality for AI/AN clients as they begin their recovery work to restore balance in their lives.

Cultural gatherings. Cultural gatherings are provided seasonally and engage community members, youth participants and residents of the substance abuse treatment program. Many FH gatherings are based on the GONA approach, focusing on the three principles of Vision, Circles of Relationships and Sense of Hope. Community Holiday Celebrations, Family GONA, Powwows, Stronghold Youth Conference, and Families in Recovery are a few events that provide a space to come together and celebrate AI/AN culture.



Sampling Methods and Size

For the purposes of evaluating ceremonial aspects of the Friendship House Model and CDEP over a three-year period (October 1, 2022 - September 30, 2025), project staff decided to recruit 450 study participants: American Indian adult residents, primarily, aged 18 and older, of any gender identity. The quantity of data for 450 residents over the three-year study was felt to be reasonable and minimal for study participation, based on treatment programs' average rate of 175 residents' annual enrollment in recent years, and based on the sampling methods of previous years' studies. To assess cultural connectedness, participation and interest in Native practices, cultural gatherings that engaged FHYP participants and the American Indian community were studied, to a lesser degree. The study used an alpha level of .05 for all statistical tests.

Planned/Actual Participant Counts, Residential Clients

Intake goals for GPRA Tool participant count (unduplicated/unique) were exceeded: 450 planned/551 actual resident participants completed the PARC Core Measures instrument from October 1, 2022, through September 30, 2025. Intake goal exceeded by 22%. 273/551 total FH Residents completed the GPRA Tool at the six-month follow-up interval, indicating a 50% follow-up rate over the three-year study period (FH follow-up goal is 50% minimum).

Intake goals and follow-up goals for Core Measures participant count (unduplicated/unique) underperformed: 300 planned/114 actual resident participants completed the PARC Core Measures instrument from October 1, 2022, through September 30, 2025. Intake goal underperformed at the 38% level (n=114). Follow-up rate underperformed at the 37% level (n=42). 42/114 total FH Residents completed the Core Measures at the six-month follow-up interval, indicating a 37% follow-up rate over the three-year study period (FH follow-up goal is 50% minimum). Underperformance was noted - barriers were addressed internally and a performance improvement plan was implemented.

Demographics, FH Residential Clients Completing GPRA Tool

(Appendices, Table 2)

From October 1, 2022, through September 30, 2025 (Federal Fiscal Years or FFY 2022-2025), 551 FH adult participants of the residential substance abuse treatment program completed the Substance Abuse and Mental Health Services Administration (SAMHSA) Government Performance and Results Act (GPRA) Client Outcome Measures (GPRA Measures) at baseline. 298 matched pre-and-post GPRA Measures were examined. Demographics of 627 FH adult participants at baseline: For race, 78% were American Indian/Alaska Native (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other, and 3% skipped question or refused to answer. For Ethnicity, 23% were Hispanic/Latino, comprising of participants who identified as Central American, Dominican, Mexican, Puerto Rican, and South American. For gender of residents, 40% of

participants identified as female, 50% identified as male, 1% identified as transgender, 1% identified as other, and 8% don't know, skipped question or refused to answer. For sexual orientation, 86% of participants identified as straight or heterosexual, 6% of participants identified as homosexual (gay or lesbian), 4% identified as bisexual, 2% identified as queer, pansexual and/or questioning, 1% of participants identified as asexual and 1% of the population identified as other. For age range, 9% of residents between the ages of 18 and 24, 35% were 25-34. 30% were 35-44, 16% were 45-54, 8% were 55-64, and 2% were 65 years of age or older.

Demographics, FH Residential Clients Completing Core Measures Tool

(Appendices, Table 3)

From July 1, 2022, through June 30, 2025 (Fiscal Years 2022-2025), 114 FH adult participants of the residential substance abuse treatment program completed the Core Measures survey at baseline. 39 matched pre-and-post Core Measures surveys were

examined. Demographics of 114 FH adult participants at baseline: For race 93% were American Indian, 5% were multi-racial, 2% were Asian, 1% were Black or African American, and 1% indicated that they did not know. For Ethnicity, 4% were Hispanic, comprising of 3 participants who identified as Mexican/Chicano, and 1 participant who identified as other Latino. For gender of residents, 53% of participants identified as female, 46% identified as male, and 2% identified as transgender. For sexual orientation, 85% of participants identified as straight or heterosexual, 5% of participants identified as bisexual or pansexual, 3% of participants identified as gay, and 2% of participants identified as lesbian. Additionally, 2% of participants identified as 'something else,' and 2% of participants indicated no attraction to anyone romantically. For age 34% of participants were between 30 and 39 years of age, 31% were between 18 and 29 years of age, 13% were between 40 and 44 years of age, 12% were between 50 and 64 years of age, 7% were between 45 and 49 years of age, and 1% were 65 years or older. 2% of participants did not indicate an age.

GPRA and Core Measures, Informed Consent and Retention

FH informed and requested participation of each newly enrolled resident at Intake. Measurement timelines included baseline (at Intake) and a six-month interval. All newly enrolled residents of the substance abuse treatment program were asked to voluntarily complete the Core Measures instrument during their screening interview. They were fully informed that their participation was voluntary and had no influence on their residential experience. GPRA Tool completion was required for all residents at Intake; and six-month follow-up is required for residential clients and requested for alumni clients (post-treatment) GPRA findings are integrated into local evaluation reporting on an annual basis.

For study retention purposes, FH participants no longer receiving services at the 6-month interval were offered a \$25 gift card for their completion of the 6-month follow-up tools (Core Measures, GPRA Measures). For sustainability, data collection methods were refined to establish an ongoing information management system related to Friendship House traditional practices.

Data collection procedures:

Informed Consent: In their first session at FH, residents were engaged in an informed consent process, during which details of their participation in the CDEP Study was explained. In addition, the risks were explained and discussed with the residents. Staff informed residents that their participation in the study was voluntary; that they would continue to receive services regardless of whether or not they participated; and that they could skip any questions they did not wish to answer.

Risks: In addition to fully informing residents that their participation was voluntary, they were also informed that they should not feel compelled to answer questions that may be personally distressful. Residents were informed of protocols in place at FH to protect their personal information.

Safeguards: All resident-facing staff are trained on HIPAA Compliance, Agency Confidentiality, Protocols, and Privacy and Security Policies. Clinicians are sensitive to those who are coping with trauma as well as serious health and wellness issues.

Data Storage: Data collection and storage is managed through Accucare, for Core Measures; through SAMHSA SPARS, for GPRA data collection; and through Asset Panda database for ceremony activity/participant counts. These three data systems facilitate intake documentation, data collection and analyses, client outcome reporting and ceremony participation counts/activities.

Data Protection: Data protection protocols are compliant with all confidentiality, contractual obligations, state license and certification standards, CARF accreditation and HIPAA regulations to safeguard protected health information.

Study Participation Benefits: There were no financial or other direct benefits to participants. The Friendship House CDEP Study may benefit the AI/AN community by adding to the knowledge base of indigenous ways of delivering services to Native people.

Measures and Data Collection Instruments

To ensure that CBPR interests were integrated throughout CDEP efforts, project staff of Friendship House helped identify critical data collection questions and helped refine the FH Community Needs and Interests Survey and FH Youth and Young Adult Survey. Community and participant needs and suggestions were provided through interest and satisfaction surveys, and findings were integrated into CDEP planning/implementation activities. FH CDEP Study instruments include the following: Government Performance and Results Act (GPRA) Client Outcome Measures, PARC Core Measures, CDEP Informed Consent, FH Resident Satisfaction Survey, FH Youth and Young Adult Survey, FH Community Needs and Interests Survey and FH Traditional Healer Post-Ceremony Survey (refer to Table 2).

Table 2. Friendship House CDEP Study Instruments

Instrument	Collection Timeline	Protocol
GPRA MEASURES Government Performance and Results Act (GPRA) Client Outcome Measures. Measure Type: Quantitative	Timing of Data Collection: Pre/Post Matched (Program Enrollment and 6-Month Interval).	Paper/pencil data collected through a semi-interview format and administered onsite at FH. Data collection takes about 25 minutes to complete between resident and FH Health Educator. A \$25 gift card is provided to those who complete the GPRA at 6-months post-enrollment.
CRDP CORE MEASURES Core Measures collected specifically for CRDP, statewide evaluation (PARC LMU) and for FH use (IRB approval including exemption status) Measure Type: Quantitative	Timing of Data Collection: Pre/Post Matched (Program Enrollment and 6-Month Interval).	Paper/pencil data collected through a semi-interview format and administered onsite at FH. Data collection takes about 15 minutes to complete between resident and assigned Case Manager. A \$25 gift card is provided to those who complete Core Measures at 6-months post-enrollment.
CDEP INFORMED CONSENT Participation in Community Defined Evidence Practice (CDEP) Study - Form for consent and signatures. Measure Type: Consent Verification	Timing of Data Collection: Pre-CDEP participation (before completing Core Measures instrument).	Protocol: Paper/pencil data and resident signature administered and collected onsite at FH.
FH RESIDENT SATISFACTION SURVEY In-house developed survey to assess satisfaction/experience while in treatment program. Measure Type: Quantitative/Qualitative	Timing of Data Collection: At program discharge.	Protocol: Paper/pencil data collection or online data collection through SurveyMonkey and administered onsite at FH. Data collection takes about 10 minutes to complete by resident.
FH YOUTH AND YOUNG ADULT SURVEY In-house survey to assess youth substance use and cultural connectedness. Measure Type: Quantitative/Qualitative	Timing of Data Collection: At Enrollment and Friendship House Youth Program events.	Protocol: Paper/pencil data collection or online data collection through SurveyMonkey and administered onsite at FHYP site and youth events. Data collection takes about 10 minutes to complete by resident.
FH COMMUNITY NEEDS SURVEY In-house developed survey assesses needs and interests of the AI community of the SF Bay Area. Measure Type: Quantitative/Qualitative	Timing of Data Collection: At FH-hosted events.	Protocol: Paper/pencil data collection or online data collection through SurveyMonkey and administered at FH site and community events. Data collection takes about 10 minutes to complete by community participant.
FH POST-CEREMONY SURVEY In-house survey to assess traditional healer needs for future ceremonies and their perception of participants' readiness and engagement during ceremony activities.	Timing of Data Collection: Post-ceremony for traditional healer/practitioner/counselor-led ceremonies.	Protocol: Paper/pencil data or online data collection through AssetPanda and administered at FH site. Data collection takes about 10 minutes to complete between FH support staff and Traditional Healer or Practitioner.

Fidelity and Flexibility

The FH CDEP is a non-experimental, quantitative study design - measuring variables (pre/post comparison measures and rate of change; and means, standard deviation, t-scores, effect size, p values; and survey ratings as they naturally occur through the programs and services of the organization. The FH CDEP focuses on FH “Healing through Ceremony” practices, specifically Talking Circle, Sweat Lodge, Traditional Healer (Individual and Group Counsel) and Cultural Gatherings, for the target population of AI/AN) adults of the FH residential substance abuse treatment programs are studied through the lens of traditional ceremonies. Fidelity and adherence to the original aims of the 3-year study was tracked through total quality management tools, implementation tracking tools (GPRA Client Outcome Measures, PARC Core Measures, FH Resident Satisfaction Survey, Youth Drug/Alcohol Use and Cultural Connectedness Survey, FH Community Needs Survey and FH Traditional Healer Post-Ceremony Survey) and other mechanisms to assure that essential program elements were conducted in accordance with program design. No changes to study design or study questions were made throughout the 3-year study period.

CDEP Program Differentiation

The seven traditional practices, examined over the three-year study period, experienced small to significant interruptions, were well attended and often requested throughout the three-year study period. Implementation changes, based on survey findings were noted for the Talking Circle ceremony. Based on 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 FFYs 2022 and 2023, implementation changes were made, including bringing on Traditional Counselor, Patricia Shirley, to be the lead facilitator of most FH Talking Circle sessions. Survey findings for the past three years noted that only 1 resident identified Talking Circle as a “least favorite” activity, and 79 residents identified Talking Circle as the “most helpful” activity for their participation in FFYs 2023 - 2025.

Quality of Delivery

Total quality management strategies informed decision-making and CDEP program design by conducting high quality, consumer-driven evaluation activities. Traditional healers, project staff, and community stakeholders were actively engaged in shaping the modifications made to the FH CDEP during this period, thereby shaping local evaluation activities, in general. Feedback was generated through resident and youth satisfaction surveys, community needs and interests surveys, follow-up meetings, and post-ceremony surveys. Information was shared at monthly grant meetings, and quarterly quality assurance meetings.

Apart from CDEP modifications made in response to FH Talking Circle protocols, the Friendship House CDEP was implemented as planned across the three-year study period. Future implementation plans for the FH Healing Model and CDEP include scaling out of the seven practices across our youth, young adult, and community programs, and expanding the number of traditional healers, practitioners and counselors that are available to provide services to Friendship House stakeholders.



Implementation of Data Analysis Plan

The Friendship House Healing Model and Community Defined Evidence Practices (CDEP) uses best practices in trauma-informed services, and incorporates traditional indigenous methods such as Talking Circle, Sweat Lodge, Drum Circle, Traditional Healer Counsel for Individuals/Groups, Walking the Red Road, and Community/Cultural Gatherings. The FH CDEP Study provided an opportunity to study the programs and services of Friendship House through the lens of traditional healing practices. The FH CDEP Study focuses on FH “Healing through Ceremony” practices for the population of AI/ANs and is designed to answer the following research question: Does the integration of American Indian healing practices into service delivery efforts have a positive impact on program recipients’ wellness (mental, spiritual, physical, emotional), social and economic engagement and cultural connectedness?

The CDEP evaluation measured changes in resident wellness and measured resident, youth, and community engagement (social/economic) and cultural connectedness. The level of intervention for residents - those who are “at risk to high-risk” or with early onset of mental illness, exhibited through substance abuse history. A combination of process evaluation measures (participation demographics and counts by ceremony participation), outcomes evaluation measures (pre/post comparison measures and rate satisfaction, cultural connectedness surveys), and formative evaluation measures (community needs and interests) enabled this project to manage, monitor and enhance its activities. The primary source of outcome evaluation data for those receiving services was SAMHSA’s GPRA Client Outcome Measures Tool (SAMHSA CSAT GPRA Tool, 2019). The GPRA tool uses client-level interview questions to measure each participant’s substance use, criminal activity, mental/physical health, education/employment status and social connectedness. A total of 241 residential clients completed the GPRA Measures at pre-test, and 273 participants completed the GPRA Measures at post-test. 241 participants were matched between the pre- and post-test. Secondly, a Core Measures Tool (Adult version), developed through Psychology Applied Research Center (PARC) for the California Reducing Disparities Project (CRDP), was examined to assist in determining the effectiveness of outcome interventions. A total of 114 participants completed the Core Measures pre-test, and 42 participants completed the post-test. 39 participants were matched between the pre- and post-test.

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

The local evaluation engaged in process evaluation to determine if FH ceremonies and gatherings had been implemented as planned. Process evaluation involved tracking the implementation plan, determining how well the project followed that plan and helped to suggest adjustments to the plan where indicated. Process evaluation efforts also tracked other program outputs including number of ceremonies and gatherings held and number of individuals participating in each type of activity. This was accomplished through in-person or online registrations and activity sign-in sheets. Project staff logged and organized these data through AssetPanda, an online data management system used for tracking process data. To obtain intersectional data, data was tracked by race, ethnicity, age, gender, two-spirit, tribal affiliation, etc., through Accucare EHR, SPARS (GPRA data system) and other management information database system used by FH. To support CBPR efforts, Friendship House conducted stakeholder surveys at community events throughout the three-year study period. Community engagement strategies were used to identify needs, challenges and needed changes. Post-ceremony surveys were completed by traditional healers, practitioners, and counselors to assess traditional healer needs for future ceremonies and perception of participants' readiness and engagement during ceremony activities.

Implementation Phases

The Friendship House Community Defined Evidence Practice (FH CDEP) Study is based on the Friendship House Healing Model and resilience and recovery are examined through the lens of tribal and intertribal healing practices, specifically Talking 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. Ceremony implementation by Planned Phase and Implementation Phase:

Pre-implementation changes made: 1) Drum Circle, including identification of tracking/reporting mechanisms was added as a Friendship House CDEP. 2) Walking the Red Road, including identification of tracking/reporting mechanisms was added as a Friendship House CDEP. 3) Talking Circle ceremony, including identification of tracking/reporting mechanisms was scaled out and implemented through the Friendship House Youth Program. 4) Sweat Lodge ceremony, including identification of tracking/reporting mechanisms was scaled out and implemented through the Friendship House Youth Program.

Implementation Phase: Completed, implemented as planned. In FFYs 2022 - 2025: Seven traditional practices were implemented (Talking Circle, Sweat Lodge, Traditional Healer - Individual Counsel, Traditional Healer - Group Counsel, Walking the Red Road, Cultural Gatherings) and documented through regular data tracking procedures. 77% (424/551) of clients participated in at least one FH ceremonial practice. 27 Traditional Healers/Counselors/Practitioners led FH Traditional Healing Practices. Planned participation of residents per six-month cycle over a 3-year period, initiated 10/01/2022, and completed 09/30/2025. Baseline to 6-month matched pre-and post-test counts for GPRA and Core Measures: 1) 42/114 CDEP participants completed the Core Measures instrument at the six-month follow-up interval, indicating a 37% follow-up rate. 2) 551/450 total FH Residents completed the GPRA Tool at the six-month follow-up interval, indicating a 50% follow-up rate.

Implementation Revisions

Based on 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 FFYs 2022 and 2023, implementation changes were made, including bringing on Traditional Counselor, Patricia Shirley, to be the lead facilitator of most FH Talking Circle sessions. Survey findings for the past three years noted that 1 resident identified Talking Circle as a “least favorite” activity and 79 residents identified Talking Circle as the “most helpful” activity for their participation in FFYs 2023 - 2025.

CEREMONY TYPES & COUNTS 2022-2025

424

Residents participated in 119
Talking Circle ceremonies

247

Residents participated
in 78 Sweat Lodge
ceremonies

154

Residents participated in 44
Drum Circle sessions

353

Residents participated in
69 Walking the Red Road
sessions

33

Residents participated in 38
Individual Traditional Healer
Sessions

383

Residents participated in
89 Group Traditional Healer
Sessions

4,038

Participant Encounters were
noted across 54 community
events

Results, Quantitative Data Findings

For the Friendship House Healing Model and CDEP Study, three quantitative examinations were completed and included the findings for Participant Count and Ceremonial Activities, the GPRA Findings and the Core Measures Findings. Demographic data was tracked through the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measures (GPRA Measures) at baseline (refer to page 44 for resident demographics). Study period: October 1, 2022, through September 30, 2025 (Federal Fiscal Years or FFY 2023-2025), 551 FH adult participants.

Ceremonial Activities and Participant Count

For Friendship House ceremonial activities, Traditional Healers, Counselors and Practitioners provided Group and Individual Ceremonies/Counseling, Drum Circle, Talking Circle, and Sweat Lodge Ceremony. Cultural Gatherings engaged larger groups of Native people throughout the San Francisco Bay Area and beyond. In FFYs 2022-2025, 77% (424/551) of clients participated in at least one FH ceremonial practice. 27 Traditional Healers/Counselors/Practitioners led FH Traditional Healing Practices. Participant counts by ceremonial activities (refer to Table 3):

- Talking Circle. Implemented at least twice a month for residents who may participate in sessions lasting 1-2 hours each (scaled out to include FHYP participants in 2024). Total unduplicated resident count, FFYs 2023-2025: 119 TC ceremonies x 424 unduplicated residential clients. 22 youth/young Adult participants through FHYP TC sessions. The average group size: 25 participants.
- Sweat Lodge. Implemented at least twice a month for Residents with sessions lasting up to 3 hours (scaled out to include FHYP participants in 2024). Total unduplicated resident count, FFYs 2023-2025: 78 SL ceremonies x 247 unduplicated residential clients. 24 Youth/Young Adult Participants through FHYP SL ceremony. The average group size: 12 participants.
- Drum Circle. Drop in “Learn the Drum and Songs” Workshops for Residents, taught by Indigenous Drummers. Residents are also invited to participate in AI/AN community Drum Circles and represent the Friendship House Drum for cultural gatherings. Total unduplicated resident count, FFYs 2023-2025: 44 DC sessions x 154 unduplicated residential clients. The average group size: 9 participants.
- Walking the Red Road Way. Implemented at least once a month for residents who may participate in sessions lasting 1-2 hours each. Total unduplicated resident count, FFYs 2023-2025: 69 RR sessions x 353 unduplicated residential clients. The average group size: 30 participants.
- Traditional Healer - Individual Counsel. Traditional Healers, Counselors, and Practitioners lead individual services for interested residents weekly. Total unduplicated resident count, FFYs 2023-2025: 38 TH-I sessions x 33 unduplicated residential clients.
- Traditional Healer - Group Counsel. Traditional Healers lead group ceremony services at least monthly, at FH. Total unduplicated resident count, FFYs 2023-2025: 89 TH-G sessions x 383 unduplicated residential clients. The average group size: 24 participants.
- Community Gatherings. Cultural gatherings, including collaborative events, are provided seasonally and annually and engage community members, youth participants and their families, and program residents of the substance abuse treatment program. Outreach efforts provide opportunities for introducing Friendship House services. Total Participant Encounters including outreach encounters, FFYs 2023-2025: 55 CG events x 4,088 participant encounters.

The Friendship House Healing Model and CDEP quantitative examinations also include three Friendship House surveys. These are reported in the Quantitative/Qualitative Findings section of this report.

Table 3. Friendship House Traditional Components and Participant Counts

Traditional Component	Reporting Period	Count, Total Sessions by Year			Count, Total Participants by Year		
TC	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Talking Circle	10/01/22 - 09/30/25	38	57	24	172	172	151
FFYs 2023 - 2025: 119 Talking Circle ceremonies x 424 unduplicated residential clients.							
SL	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Sweat Lodge	10/01/22 - 09/30/25	38	31	9	106	117	57
FFYs 2023 - 2025: 78 Sweat Lodge ceremonies x 247 unduplicated residential clients.							
DC	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Drum Circle	10/01/22 - 09/30/25	6	13	25	5	68	73
FFYs 2023 - 2025: 44 Drum Circle sessions x 154 unduplicated residential clients.							
RR	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Walking the Red Road Way	10/01/23 - 09/30/25	32	24	13	154	159	83
FFYs 2023 - 2025: 69 Red Road sessions x 353 unduplicated residential clients.							
TH-I	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Traditional Healer - Individual	10/01/23 - 09/30/25	13	21	4	13	21	4
FFYs 2023 - 2025: 38 Traditional Healer - Individual Counsel sessions x 33 unduplicated residential clients.							
TH-G	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Traditional Healer - Group	10/01/23 - 09/30/25	28	40	21	135	163	160
FFYs 2023 - 2025: 89 Traditional Healer - Group Counsel sessions x 383 unduplicated residential clients.							
CG	FFY	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Community Gatherings	10/01/23 - 09/30/25	22	23	9	1,158	1,342	1,538
FFYs 2023 - 2025: 54 Community Gathering x 4,038 participant encounters (including outreach encounters).							



Significant Outcomes, GPRA Measures

From October 1, 2022, through September 30, 2025 (Federal Fiscal Years or FFY 2023-2025), 551 FH adult participants of the residential substance abuse treatment program completed the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measures (GPRA Measures) at baseline. 273 matched pre-and-post GPRA Measures were examined.

Demographics of 551 FH adult participants at baseline: For race, 78% were American Indian/Alaska Native (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other, and 3% skipped question or refused to answer. Please refer to page 32 for full demographics information.

Summary of Findings

In order to assist in determining the effectiveness of outcome interventions, a GPRA Measures pre- and post-test instrument was developed through SAMHSA. A total of 551 participants completed the pre-GPRA Measures, and 273 participants completed the post-GPRA Measures to determine the rate of change across the measure types of abstinence, legal, employment/education, social connectedness, and stability in housing. In general, GPRA Measures data (n=551 Intakes; and 273/551 or 50% follow-up rate) on residential clients at intake and six months later, demonstrated consistently positive outcomes for increases in abstinence and social connectedness as well as decreases in criminal involvement (arrest-free records), and declines in risky behavior. Clients reported significant improvements in employment and education activities and increases in stable housing. Residents also reported they are less bothered by psychological or emotional problems. Client reductions were noted for anxiety, depression, hallucinations, and suicide attempt (Appendices, Table 4). Residential client outcomes closely mirror previous years' findings, collected for FH-SAMHSA grants and CRDP (Lebron, D. Friendship House Annual Evaluation Reporting, FY 2023, FY 2024).

To further analyze GPRA Measures, a paired t-test analysis was conducted. Using participant ID's, a total of 241 participants were matched between the pre- and post-test measures. Selected pre/post-test items were identified for analysis as aligned to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Mental Health, Employment and Education, and Housing Stability. All measures found significant changes between the baseline and follow-up, with some measures including risky behavior, mental health, employment and education, and housing stability finding significant changes in all of its associated analyses.

Risky behavior saw significant reductions participant engagement in unprotected sex, including unprotected sex with a partner that was high or that had injected drug use. Mental health saw significant reductions in participant symptoms of depression, anxiety, hallucination, trouble understanding/concentrating/remembering, trouble behavior controlling violent behavior, and suicide attempts between baseline and follow-up. Employment and education saw significant participant increase in employment rates and/or education/job training rates. Finally, housing saw a significant increase in the number of participants who were housed at the baseline and follow-up.

Substance use measures found significant decreases in participant alcohol, cannabis, and stimulant methamphetamine use. Other substances that yielded no significant rate of change between the baseline and follow-up indicated that participant use was already low at the baseline level, including cocaine (8% at baseline, 1% at follow-up), opioid heroin (5% at baseline, 0% at follow-up), and fentanyl (11% at baseline, 3% at follow-up). Furthermore, oxycontin and other stimulant use remained at 0% for both the baseline and follow-up. Finally, for crime and criminal justice involvement measures, there was a significant decrease in the amount of participant arrests within the past 30 days at the baseline and follow-up (8% at baseline, 2% at follow-up).

Key Findings by Outcome

(Appendices, Table 4)

Residents completed GPRA Measures at Intake (reflecting on their past 30 days) and six months later (reflecting on their past 30 days). Findings are based on 551 GPRA Measures collected at Intake (Residential Treatment Program day 1 of program stay), and 273 follow-ups, collected six months later.

Summary, National Outcome Measures (NOMS)

Data was collected at intake (n=551) and six months later (n=273) for residential clients during FFYs 2023-2025. The six-month follow-up questions are identical to the intake questions. Outcome measures include abstinence, legal, employment/education, social connectedness, and stability in housing (refer to Table 4).

Key Findings: For Drug and Alcohol use, findings indicated significant decreases in drug and alcohol use: At intake, 18% of clients reported that they had been abstinent from drug and alcohol use. After six months, this rate increased to 83%, indicating a 361% rate of change. For Crime and Criminal Justice Involvement, findings indicated increases in crime-free records (no arrests). At intake, 93% of clients reported no past 30-day criminal justice involvement. After six months, this rate increased to 99%, indicating a 6% rate of change. For Employment and Education, findings indicated significant improvements in employment and educational activities. At intake, 10% of clients were engaged in employment and/or education activities. After six months, this rate increased to 58%, indicating a 464% rate of change. For Social Connectedness, findings indicated increases in social connections. At intake, 89% of clients reported engagement in social connectedness activities. After six months, this rate increased to 95%, indicating a 6% rate of change. For Stability in Housing, findings indicated significant improvements in stable housing. At intake, 10% of clients reported they had a permanent place to live. After six months, this had increased to 31%, indicating a 12% rate of change.

Table 4. GPRA NOMS and Drug Use Outcomes

National Outcome Measures (NOMS) and Drug Use Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Abstinence: did not use alcohol or illegal drugs	272	18.0%	83.1%	361.2%
		Alcohol		59.2%	9.9%	-83.2%
		Cocaine		9.2%	0.7%	-92.0%
		Cannabis		41.5%	7.4%	-82.3%
		Opioid		7.0%	0.0%	-100.0%
		Other Stimulants		39.0%	5.5%	-85.8%
		Hallucinogens and Psychedelics		2.2%	0.0%	-100.0%
		Sedative, Hypnotic, or Anxiolytics		1.1%	0.0%	-100.0%
		Other Psychoactive Substances		1.1%	0.0%	-100.0%
		Inhalants		0.7%	0.4%	-50.0%
		Tobacco and Nicotine		62.2%	62.2%	0.0%
		Legal: has no past 30-day arrests	273	92.7%	98.5%	6.3%
		Employment/Education: were currently employed or attending school	273	10.3%	57.9%	464.3%
		Social Connectedness: were socially connected	273	89.0%	94.1%	5.8%
		Stability in Housing: had a permanent place to live in the community	272	27.9%	31.3%	11.8%

Drug Use Outcomes

Data was collected at intake (n=551) 5 and six months later (n=273) during FFYs 2023-2025 g (refer to Table 4). Data was collected using Part B: Drug and Alcohol Use questions on the GPRA Measures instrument and

collects past 30-day information on the type and frequency of alcohol use, the type and frequency of drug use, route(s) of administration, and injection methods if injected drugs were used. Key Findings: Data findings reflected significant decreases in drug and alcohol use as follows: Alcohol use decreased from 60% to 10% (-83% rate of change). Cannabis use decreased from 42% to 7% (-82% rate of change). Opioid use decreased from 7% to 0% (-100% rate of change). Other stimulants use decreased from 39% to 6% (-86% rate of change). Hallucinogens and Psychedelics use decreased from 2% to 0% (-100% rate of change). Other psychoactive substances and sedative, hypnotic, anxiolytics use decreased from 1% to 0% (-100% rate of change). 62% of the residential client reported tobacco and nicotine at Intake and at six-month follow-up (0% rate of change) - Friendship House does not have a nicotine/tobacco misuse program.

Mental Health Outcomes

Data was collected at intake (n=551) 5 and six months later (n=273) during FFYs 2023-2025. Physical and Mental Health data was collected using Part F: Mental Health questions on the GPRA Measures instrument. The health questions collect past 30-day information on depression, anxiety, hallucinations, trouble understanding/concentrating/remembering, trouble controlling violent behavior, and attempted suicide.

Key Findings: Data demonstrated positive gains in physical and mental health (refer to Table 5). From baseline to six-month follow-up: Depression decreased from 63% to 44% (-44% rate of change). Anxiety decreased from 75% to 49% (-35% rate of change). Hallucinations decreased from 11% to 2% (-80% rate of change). Cognitive/memory impairments decreased from 46% to 23% (-50% rate of change). Trouble controlling violent behavior decreased from 6% to 2% (-69% rate of change). Suicide attempt decreased, from 5% to 0% (-9% rate of change). Prescribed medication for psychological/emotional problems decreased from 38% to 35% (-9% rate of change).

Table 5. GPRA Mental Health Outcomes

Mental Health Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Depression	273	63.0%	35.2%	-44.2%
		Anxiety	273	74.7%	48.7%	-34.8%
		Hallucination	273	11.0%	2.2%	-80.0%
		Trouble understanding, concentrating, or remembering	273	45.8%	22.7%	-50.4%
		Trouble controlling violent behavior	273	5.9%	1.8%	-68.8%
		Attempted suicide	273	4.8%	0.4%	-92.3%
		Been prescribed medication for psychological or emotional problems	273	38.1%	34.8%	-8.7%

Risky Behavior Outcomes

Data was collected at intake (n=551) 5 and six months later (n=273) during FFYs 2023-2025. Risky behaviors data was collected using Part F: Risky Behavior questions on the GPRA Measures instrument. The risky behavior questions collect past 30-day information on the type and frequency of risky behavior including injection drug use, unprotected sexual contact with an injection drug user, unprotected sexual contact with an individual high on some substance.

Key Findings: Data demonstrated positive gains in terms of injection drug use and risky behavior indicators (refer to Table 6). Injection drug use decreased from 5% to 0.4% six months later (-93% rate of change). Engaging in unprotected sex decreased from 33% to 21% six months later (-36% rate of change). Engaging in unprotected sex with an injection drug user decreased from 3% to 1% six months later (-63% rate of change). Engaging in unprotected sex with an individual high on some substance decreased from 15% to

Table 6. GPRA Risky Behavior Outcomes

Risky Behavior Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Used Injected Drugs	273	5.1%	0.4%	-92.9%
		Had Unprotected Sex	272	32.7%	21.0%	-36.0%
		Had unprotected sex with an individual who is or was HIV positive or has AIDS	67	0.0%	0.0%	0.0%
		Had unprotected sex with an individual living w/ HIV and not taking HIV medications	272	0.4%	0.4%	0.0%
		Had unprotected sex w/ injection drug user	272	2.9%	1.1%	-62.5%
		Had unprotected sex with an individual high on some substance	272	15.1%	2.6%	-82.9%

Key Findings, Paired T-Test Analysis (Appendices, Table 5)

Using participant ID's, a total of 241 participants were matched between the pre and post-test measures, and a paired t-test analysis was conducted. Selected pre- and post-test items captured information related to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Mental Health, Employment and Education, and Housing Stability.

Outcome 1: Substance Use

Description of Measure: Substance use data was collected at intake and after six months for 241 residential cannabis, and stimulant methamphetamine, which yielded the strongest significance in change ($p < 0.001$). The use of these substances was at just under or over half of all participants at baseline and decreased to 10% or lower at follow-up. While additional findings showed no significant rate of change ($p > 0.05$), these findings indicated that specific substance uses were already at low usage for participants at baseline (refer to Table 7).

Key Findings by Substance: Alcohol use decreased from 60% to 10% ($p < 0.001$). Cocaine use decreased from 8% to 1% ($p = 0.280$). Cannabis use decreased from 42% to 7% ($p < 0.001$). Opioids: Heroin use decreased from 5% to 0% ($p = 0.523$); Fentanyl use decreased from 11% to 3% ($p = 0.123$); and OxyContin use remained at 0% for both baseline and follow-up (at baseline 240 participants recorded no OxyContin use, and one participant refused to answer) ($p = 0.318$). Stimulants: Methamphetamine use decreased from 42% to 6% ($p < 0.001$); and other stimulant use remained at 0% for both baseline and follow-up - at baseline. 240 participants recorded no other stimulant use, and one participant refused to answer ($p = 0.318$).

Table 7. GPRA Substance Use Questions

Measure Substance Use	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
In the past 30 days, the client report using:								
Alcohol	0.573	0.692	241	0.104	0.306	241	0.642	<0.001
Cocaine	0.046	0.526	241	0.008	0.091	241	0.70	0.280
Cannabis	0.394	0.688	241	0.705	0.257	241	0.472	<0.001
Opioid Heroin	0.021	0.540	241	0.000	0.000	241	0.41	0.523
Opioid Fentanyl	0.079	0.553	241	0.025	0.156	241	0.100	0.123
Opioid OxyContin	-0.0290	0.451	241	0.000	0.000	241	-0.064	0.318
Stimulant Methamphetamine	0.386	0.687	241	0.581	0.234	241	0.478	<0.001
Stimulant Other	-0.029	0.451	241	0.000	0.000	241	-0.064	0.318

Outcome 2: Crime and Criminal Justice

Description of Measure: Crime and criminal justice data was collected at intake and after six months of program participation for 273 clients with matching pre/post measures during FFYs 2023-2025 (refer to Table 8). Data was collected using Part E: Crime and Criminal Justice questions on the GPRA Measures instrument. The crime component collected past 30-days information on questions aligned with GPRA NOMS as follows: In the past 30 days, how many times have you been arrested? Are you currently incarcerated? Are you currently awaiting charges, trial, sentencing? Are you currently on parole, probation or intensive pretrial supervision?

Key Findings: Data demonstrated positive gains for arrest-free records during the past 30 days ($p < 0.001$), with 8% of clients having an arrest in the past 30 days at baseline, and 2% at follow-up (refer to Table 8). In addition, there was a reduction in clients awaiting charges, trials, or sentencing with 20% of clients at baseline and 15% at follow-up ($p = 0.024$). However, there was a slight increase in incarcerations from 0.8% to 1%, or more specifically, there were two clients at baseline who were currently incarcerated, and three clients at follow-up. Clients on parole/probation had a slight decrease from 31% to 29% ($p = 0.266$). Findings by crime and criminal justice questions are as follows: Arrest-free records increased from 92% to 98%. ($p < 0.001$). Incarcerations had a slight increase from 0.8% to 1%. ($p = 0.656$). Awaiting charges, trials, or sentencings decreased from 20% to 15% ($p = 0.024$). Paroles and probations decreased from 31% to 29%. ($p = 0.266$).

Table 8. GPRA Crime and Criminal Justice Questions

Measure Crime and Criminal Justice	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
In the past 30 days, how many times have you been arrested?	0.083	0.276	241	0.017	0.128	241	0.225	< 0.001
Are you currently incarcerated?	0.008	0.091	241	0.012	0.111	241	-0.029	0.656
Are you currently awaiting charges, trial, or sentencing?	0.195	0.397	241	0.087	0.739	241	0.146	0.024
Are you currently on parole or probation or intensive pretrial supervision?	3.095	1.358	241	3.167	1.319	241	-0.072	0.266

Outcome 3: Risky Behavior

Description of Measure: Risky behavior data was collected at intake and after six months of program participation for 273 clients with matching pre/post measures during FFYs 2023-2025. Data was collected using Part F: Risky Behavior questions on the GPRA Measures instrument. The risky behavior component collected past 30-day information on questions aligned with GPRA NOMS as follows: In the past 30 days, did you engage in unprotected/condomless sex? Were any of your partners a person who injects drugs? Were any of your partners high on one or more substances?

Key Findings: Data demonstrated positive gains in terms of reduced injection drug use and risky behavior with unprotected/condomless sex, unprotected sex with a partner engaged in injected drug use, and unprotected sex with a partner who was high all yielding significant change between baseline and follow-up (refer to Table 9). Unprotected sex with a partner had the highest percentage at baseline at 34%, which reduced to 23% at follow-up ($p = 0.011$). Engagement in unprotected sex with a partner who was high had the second highest percentage at baseline at 15%, which reduced to 3% at follow-up ($p < 0.001$). Finally, engagement in unprotected sex with a partner who injected drugs had the lowest percentage at baseline at 3%, which decreased to 1% at follow-up ($p < 0.001$). Risky behavior findings, from baseline to six-months follow-up: Injection drug use decreased from 5% to 0.4% six months later (-93% rate of change). Engagement in unprotected/condomless sex decreased from 34% to 23% ($p = 0.011$).

Table 9. GPRA Risky Behavior Questions

Measure Risky Behavior	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
In the past 30 days:								
Did you engage in unprotected/condomless sex?	-0.315	1.197	241	-0.506	0.945	241	0.164	0.011
Were any of your partners a person who injects drugs?	-0.625	0.542	240	-0.754	0.459	240	0.231	< 0.001
Were any of your partners high on one or more substances?	-0.502	0.748	241	-0.739	0.502	241	0.317	< 0.001

Outcome 4: Mental Health

Description of Measure: Mental Health data was collected at intake and after six months of program participation for 273 clients with matching pre/post measures during FFYs 2023-2025 (refer to Table 10). Data was collected using Part F: Mental Health questions on the GPRA Measures instrument. The mental health questions component collected past 30-day information on mental health status, and aligned with GPRA NOMS as follows: depression, anxiety, hallucinations, trouble understanding/concentrating/ remembering, trouble controlling violent behavior, and attempted suicide.

Key Findings: Data demonstrated positive gains in terms of physical and mental health, and yielded significant change in all domains including depression, anxiety, hallucinations, understanding/concentrating/ remembering, violent behavior, and attempted suicide (refer to Table 10). Participants in all these domains showed a significant decrease between the baseline and follow-up, with depression decreasing from 62% to 33% ($p < 0.001$), anxiety decreasing from 73% to 47% ($p < 0.001$), hallucinations decreasing from 12% to 2% ($p < 0.001$), trouble understanding/concentrating/remembering decreasing from 47% to 20% ($p < 0.001$), trouble controlling violent behavior decreased from 6% to 2% ($p = 0.012$), and attempted suicides decreasing from 5% to 0.5% ($p < 0.001$). Mental health findings, from baseline to six-months follow-up: Depression decreased from 62% to 33% ($p < 0.001$). Anxiety decreased from 73% to 47% ($p < 0.001$). Hallucinations decreased from 12% to 2% ($p < 0.001$). Trouble understanding/concentrating/remembering decreased from 47% to 20% ($p < 0.001$). Trouble controlling violent behavior decreased from 6% to 2% ($p = 0.012$). Attempted suicide decreased from 5% to 0.5% ($p < 0.001$).

Table 10. GPRA Mental Health Questions

Measure Mental Health	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
In the past 30 days, the client reported:								
Depression	0.618	0.487	241	0.332	0.472	241	0.505	< 0.001
Anxiety	0.734	0.443	241	0.469	0.500	241	0.452	< 0.001
Hallucination	0.116	0.321	241	0.021	0.143	241	0.136	< 0.001
Trouble understanding, concentrating, or remembering	0.469	0.500	241	0.195	0.397	241	0.493	< 0.001
Trouble controlling violent behavior	0.058	0.234	241	0.017	0.128	241	0.163	0.012
Attempted suicide	0.116	0.321	241	0.0207	0.143	241	0.189	< 0.001

Outcome 5: Employment and Education

Description of Measure: Employment and education data was collected at intake and after six months of program participation for 273 clients with matching pre/post measures during FFYs 2023-2025 (refer to Table 11). Data was collected using Part D: Employment and Education questions on the GPRA Measures

aligned with GPRA NOMS as follows: Are you currently enrolled in school or a job training program? Are you currently employed?

Key Findings: Data analysis showed positive gains in employment and educational activities and yielded significant change in both domains ($p < 0.001$). Employment increased from 9% of participants at baseline to 49% of participants at follow-up (refer to Table 11). Additionally, education and job training activities increased from 6% of participants at baseline to 19% at follow-up. Employment and education findings, from baseline to six-months follow-up: Employment increased from 9% to 49% ($p < 0.001$). Education and/or job training activities increased from 6% to 19% ($p < 0.001$).

Table 11. GPRA Employment and Education Questions

Measure Employment and Education	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
Are you currently enrolled in school or a job training program?	1.079	0.339	241	1.295	0.639	241	-0.320	< 0.001
Are you currently employed?	6.274	1.775	241	2.917	2.17	241	1.368	< 0.001

Outcome 6: Housing Stability

Description of Measure: Housing stability data was collected at intake and after six months of program participation for 273 clients with matching pre/post measures during FFYs 2023-2025 (refer to Table 12). Data was collected using Part C Housing Stability questions on the GPRA Measures instrument. The housing stability questions collected past 30-days information on one question aligned with GPRA NOMS as follows: In the past, where have you been living most of the time?

Key Findings: Data analysis showed significant positive gains for housing stability with 65% of participants indicating that they were housed at baseline, and 96% of participants indicating they were housed at follow-up ($p < 0.001$) (refer to Table 12). Housing stability findings from baseline to six-months follow-up: Housing stability increased from 65% to 96% ($p < 0.001$).

Table 12. GPRA Housing Stability Question

Measure Housing Stability	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
In the past, where have you been living most of the time?	3.452	1.117	241	3.917	0.458	241	-0.402	< 0.001



Significant Outcomes, SWE Core Measures

From July 1, 2022, through June 30, 2025 (Fiscal Years 2022-2025), 114 FH adult participants of the residential substance abuse treatment program completed the Core Measures survey at baseline. 39 matched pre-and-post Core Measures surveys were examined. Demographics of 114 FH adult participants at baseline: For race, 93% were American Indian, 5% were multi-racial, 2% were Asian, 1% were Black or African American, and 1% indicated that they did not know. For Ethnicity, 4% were Hispanic, comprising of 3 participants who identified as Mexican/Chicano, and 1 participant who identified as other Latino. For gender of residents, 53% of participants identified as female, 46% identified as male, and 2% identified as transgender. For sexual orientation, 85% of participants identified as straight or heterosexual, 5% of participants identified as bisexual or pansexual, 3% of participants identified as gay, and 2% of participants identified as lesbian. Additionally, 2% of participants identified as 'something else,' and another 2% of participants indicated no attraction to anyone romantically. For age 34% of participants were between 30 and 39 years of age, 31% were between 18 and 29 years of age, 13% were between 40 and 44 years of age, 12% were between 50 and 64 years of age, 7% were between 45 and 49 years of age, and 1% were 65 years or older. 2% of participants did not indicate an age.

Summary of Findings

(Appendices, Table 6)

In order to assist in determining the effectiveness of outcome interventions, a Core Measures pre- and post-test instrument was developed through Psychology Applied Research Center (PARC) for the California Reducing Disparities Project (CRDP). Questions and coding were used from the Core Measures, Adult Tool. A total of 114 participants completed the pre-test measure, and 42 participants completed the post-test measure. 39 participants were matched between the pre- and post-test. Findings indicated significant change for participant outcomes through the following questions: About how often during the past 30 days did you feel connected to your culture; about how often during the past 30 days did you feel balanced in mind, body, spirit, and soul; about how often during the past 30 days did you feel nervous; how often in the past 30 days did you feel that everything was an effort; and would you say that in general your health is...(excellent, very good, good, fair, poor)?” Following six months of intervention, participants felt more strongly connected to their culture (resulting in a 50% increase from the pre-test to the post-test), and more balanced in mind, body, spirit, and soul (resulting in a 43% increase from the pre-to post-test). Additionally, participants saw a reduction in psychological distress, with a reduction in feelings of nervousness (60% decrease from the pre-test to post-test), and a reduction in feeling that everything was an effort (55% decrease from the pre-to post-test). Participants also saw an increase in general health, with more participants citing that their health in general was excellent/very good/good, reflecting a 17% increase from the pre-test to post-test).

Responses that yielded no significant change between the pre- and post-test for cultural connections were already rated high at baseline, indicating that participants considered cultural connections as a consistent protective factor 30 days or more before program intake. Answers that yielded no significant change between the pre- and post-test related to psychological distress were already rated low at baseline, indicating that specific symptoms of psychological distress were not as prevalent or inhibiting for participants 30 days or more before program intake.

Participant satisfaction questions asked in the post survey to services provided were responded to in a positive manner, across all 11 items of the satisfaction section of the Core Measures tool. In general, participants felt that the services were positive and beneficial for them. The highest rated items included recommending services to a friend or family member, liking the overall services received, and feeling that their identities and cultures were respected by staff members relating to areas of race/ethnicity, gender identity/sexual orientation, religious and cultural beliefs, and cultural remedies and healing practices.

Findings by Outcome

Using participant ID's, a total of 39 participants were matched between the pre- and post-test measures, and a paired t-test analysis was conducted. The pre- and post-test items indicated significant findings for the following areas: Cultural Connection and Sense of Balance, Psychological Distress–Nervousness, and Level of Effort, and Health Related Quality of Life.

Outcome Measure 1: Cultural Connection

Description of Measure: Protective factors data was collected regarding participants' connection to community and culture, as well as participants' sense of belonging within greater society. Questions focused on culture and spirituality as strength-based factors for participants and how important or connected they perceived their culture to be for them, especially in the past 30 days. Outcome Question 1: About how often during the past 30 days did you feel connected to your culture? Key Findings – Cultural Connection: Data analysis showed positive gains for cultural connections. Participants' data showed significant change at pre- and post-test level for the following question: "About how often during the past 30 days did you feel connected to your culture?" At the pre-test/baseline level 32% of matched participants stated that they felt connected to their culture all/most of the time. After six months, 48% of matched participants stated that they felt connected to their culture all/most of the time, indicating a 50% increase from baseline to 6-months later ($p < 0.001$).

Outcome Measure 2: Sense of Balance

Description of Measure: Protective factor data was collected regarding participants' connection to community and culture, as well as participants' sense of belonging within greater society. Protective factor questions included questions regarding participants' feelings of marginalization or isolation from society within the past 30 days. Outcome Question 2: About how often during the past 30 days did you feel balanced in mind, body, spirit, and soul? Key Findings – Sense of Balance: Data analysis showed positive gains for participants' perception of feeling balanced in mind, body, spirit, and soul. Participants' data showed significant change at pre- and post-test level for the following question: "About how often during the past 30 days did you feel balanced in mind, body, spirit, and soul?" At the pre-test/baseline level 30% of matched participants stated that they felt balanced in mind, body, spirit, and soul all/most of the time. After six months, 43% of matched participants stated that they felt balanced in mind, body, spirit, and soul all/most of the time, indicating a 43% increase from baseline to 6-months later ($p = 0.019$).

Outcome Measure 3: Psychological Distress – Nervousness

Description of Measure: Psychological distress data was collected regarding participants' feelings of mental health distress in the past 30 days. Questions focused on symptoms of anxiety and depression, such as participants feeling nervous, hopeless, or fidgety among questions. Outcome 3 Question: About how often during the past 30 days did you feel nervous? Key Findings – Psychological Distress, Nervousness: Data analysis showed reduced feelings of nervousness amongst participants. Participants' data showed significant change at pre- and post-test level for the following question: "About how often during the past 30 days did you feel nervous?" At the pre-test/baseline level 25% of matched participants stated that they felt nervous all/most of the time. After six months, 10% of matched participants stated that they felt nervous all/most of the time, indicating a 60% decrease from baseline to 6-months later ($p < 0.001$).

Outcome Measure 4: Psychological Distress – Level of Effort

Description of Measure: Psychological distress data was collected regarding participants' feelings of mental health distress in the past 30 days. Questions focused on symptoms of anxiety and depression, such as participants feeling nervous, hopeless, or fidgety among questions. Outcome 4 Question: How often in the past 30 days did you feel that everything was an effort? Key Findings – Psychological Distress, Level of

Effort: Data analysis showed that reduced effort was needed to complete daily activities. Participants' data showed significant change at pre- and post-test level for the following question: "About how often during the past 30 days did you feel that everything was an effort?" At the pre-test/baseline level 22% of matched participants stated that they felt everything was an effort all/most of the time. After six months, 10% of participants stated that they felt everything was an effort all/most of the time, indicating a 55% decrease from baseline to 6-months later ($p = 0.013$).

Outcome Measure 5: Health-Related Quality of Life

Description of Measure: Health-related quality of life data was gathered regarding participants' general health, focusing on physical health, mental health, and any related impairments. Questions focused on participants' frequency of poor physical health within the past 30 days, including physical injury, illness, and debilitating mental health such as stress or depression that impeded self-care or regular activities.

Outcome Question 5: Would you say that in general your health is...(excellent, very good, good, fair, poor)?"

Key Findings – General Health in the Past 30 Days: Data analysis showed positive gains for participants' perception of general health. Participant data showed significant change at pre- and post-test level for the following question: "Would you say that in general your health is...(excellent, very good, good, fair, poor)?"

At the pre-test/baseline level 41% of matched participants stated their general health was excellent/very good/good. After six months, 48% of matched participants stated that they felt their general health was excellent/very good/good, indicating a 17% increase from baseline to 6-months later ($p = 0.009$).

Additional Outcome Measures

Responses that yielded no significant change between the pre- and post-test for cultural connections were already rated high at baseline, indicating that participants considered cultural connections as a consistent protective factor 30 days or more before program intake. Questions relating to culture as a protective factor such as culture helping participants to feel good about who they are, culture being important to participants, feeling connecting to the spiritual/religious traditions participants were raised in, and culture giving participants strength were all rated highly, with mean scores falling between 1 and 2, indicating that participants felt that these protective factors were present with them all of the time (score = 1) or most of the time (score = 2). Responses that yielded no significant change between the pre- and post-test related to psychological distress were already rated low at baseline, indicating that specific symptoms of psychological distress were not as prevalent or inhibiting for participants 30 days or more before program intake).

Summary, Participant Satisfaction

42 participants at the post-test level were asked to rate their satisfaction with the services they received at intervention. Participants were provided with an 11-item survey designed to assess overall satisfaction. All 11 items contained 'strongly agree' as its highest rated answer for the following items: I liked the services that I received here (67% strongly agree); I would recommend this agency to a friend or family member (72% strongly agree); services were available at times that were good for me (60% strongly agree); when I first called or came here, it was easy to talk to the staff (52% strongly agree); the staff here respected my race and/or ethnicity (64% strongly agree); staff respected my religious or spiritual beliefs (64% strongly agree); the staff here respect my gender identity and/or sexual orientation (64% strongly agree); staff are willing to be flexible and provide alternative approaches or services to meet my needs (55% strongly agree); the people who work here respect my cultural beliefs, remedies and healing practices (67% strongly agree); I deal more effectively with my daily problems as a direct result of my involvement in the program (54% strongly agree); my symptoms are not bothering me as much as a direct result of my involvement in the program (50% strongly agree).

Results, Qualitative/Quantitative Data Findings

Friendship House collected stakeholder surveys from residential clients, youth and young adult program participants, and community members from October 1, 2022 - September 30, 2025. Measurement tools included the FH Residential Satisfaction Survey, the FH Youth and Young Adult Survey, and the FH Community Needs and Interests Survey. Description of Measures and Participant Demographics:

Friendship House Residential Client Satisfaction Survey

To determine satisfaction with the Residential Substance Abuse Treatment Program and other services provided by Friendship House, residents are asked to complete satisfaction surveys, generally at discharge from the program. The Resident Satisfaction Survey questions focuses on four themes: 1) General Experience, 2) Cultural/Service Experience, 3) Cultural/Service Relevance, and 4) Service Satisfaction. 201 surveys were collected from October 1, 2022 - September 30, 2025.

Demographics of Residential Clients (n=551 residential clients, FFYs 2023-2025): For race, 78% were American Indian/Alaska Native (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other. For Ethnicity, 23% were Hispanic/Latino. For gender of residents, 40% of participants identified as female, 50% identified as male, 1% identified as transgender, For sexual orientation, 78% of participants identified as straight or heterosexual, 5% identified as homosexual (gay or lesbian), 4% identified as bisexual, 2% identified as queer, pansexual and/or questioning. For age range, 9% of residents between the ages of 18 and 24, 35% were 25-34, 30% were 35-44, 16% were 45-54, 8% were 55-64, and 2% were 65 years of age or older.

Friendship House Youth and Young Adults Survey

Cultural identity and connectedness are addressed through ceremonies such as Sweat Lodge and Talking Circle, and activities such as the annual Dancing Feathers Pow Wow, and Stronghold Youth Conference. Youth and young adults are surveyed about their interests and opinions and includes questions about cultural connections and attitudes and behavior related to substance abuse. 78 surveys were collected in FFYs 2023-2025.

Demographics of Youth and Young Adult Participants: For gender: 42% of survey participants identified as female, 52% as male, and 6% declined to state. For age range: 4% of survey respondents were 8-10 years of age. 22% were 11-14 years of age. 18% were 15-17 years of age. 28% were between the ages of 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations: The majority of respondents were affiliated (AI/AN) tribes (77%), and a smaller percentage reported their cultural affiliation as White, Black/African American, Chinese, Latino/Hispanic, German, Mexican, or Irish.

Friendship House Community Needs and Interests Survey

Friendship House conducts consumer and stakeholder surveys at community events, gatherings 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 AI/AN community. From October 1, 2022- September 30, 2025, 299 community members completed the Friendship House Community Needs & Interests Survey.

Demographics of Community Members. For Race (n=260): 58% were American Indian, 11% were White, 5% were Black or African American, 5% were Asian, 19% were multiracial and 3% of the population was Native Hawaiian/Other Pacific Islander or Biracial. For Ethnicity: For Ethnicity, 27% were Hispanic/ Latino. For Gender (n=299): 38% were male, 59% were female, 2% were transgender, and 1% declined to state. For Age Range (n=297): 3% were under age 18; 10% were 18-24; 12% were 25-30; 18% were 31-39; 17% were 40-49; 19% were 50-59, and 21% were 60 years of age or older. 34% of community members reported San Francisco as the city where they lived.

Friendship House Residential Client Satisfaction Survey

(Appendices, Table 7)

Community Based Participatory Research (CBPR) strategies were implemented throughout the 3-year study period to ensure the inclusion of stakeholder guidance. Stakeholders refer to residential clients, project staff and AI/AN members of the local Bay Area community. Of 551 residential clients in the treatment program in FFYs 2023-2025, 36% (201/551) completed the Residential Client Satisfaction Survey. Overall, the substance abuse treatment program is well received by residential clients. For general experience, the average percentage was 88%. For service experience, the average percentage was 79% in part, this lower percentage may be attributed to GED/education, and job-related questions, both rated under 60% and reported as “not applicable” for 35% of survey respondents. For cultural relevance, the average percentage was 83%. For overall service satisfaction, 96% of residents rated Friendship House services as “good to excellent” and 4% rated FH services as “adequate”. For least helpful activities, Morning Clearing, Health Education classes and Big Book group were mentioned often as least favorite activities. Other "least favorite" activities included art therapy, lockdown, double-scrub, zoom meetings, client policy meetings, AA meetings, and Gripes and Strokes sessions. There were many activities identified as most helpful. Talking Circle (identified by 79 individuals), FH Groups (identified by 43 individuals), Sweat Lodge ceremony (identified by 26 individuals), AA/NA meetings (identified by 23 individuals), Walking the Red Road groups (identified by 17 individuals), one-on-one time with counselors, including traditional counselors (identified by 15 individuals), and traditional healer ceremony (identified by 10 individuals).

To provide guidance to programs and services of The Village (breaking ground in 2026), 61 residential clients responded to the following five questions. Do you feel that having access to a space to connect with nature would support you in recovery? 74% responded yes. Would you be interested in an internship or job opportunities related to tending to land, farming and harvesting traditional medicines? 52% responded yes. Would you like to learn more about traditional medicines and ceremonies and how they can support you in recovery? 73% responded yes. How would you rank the importance of traditional medicine on your journey of sobriety? 77% ranked traditional medicine as important to very important and 23% had no opinion.

Friendship House Youth and Young Adult Survey

Individuals who completed the FH Youth and Young Adults Survey indicated strong cultural identity and cultural connections and personal resourcefulness and resilience. Cultural connections were a strong protective factor for survey respondents. 91% of youth respondents reported that they feel a strong connection to their Tribe. 92% had participated in one or more cultural ceremonies or activities and 95% plan on attending a cultural ceremony or activity in the future. 89% reported that their family members participated in ceremony activities with them.

Resilience was another strong protective factor for survey respondents. The majority of respondents (95%) felt that alcohol use and drug use are bad ideas/great health risks; and understood that sacred tobacco is used for prayer, ceremonies, and medicinal purposes (94%). In addition, 91% or more of the youth and young adult survey respondents understand their moods and feelings, feel that there are many things that they do well, have high goals for themselves including going to college, and feel they can be a leader in their respective communities if given the opportunity. 93% of survey respondents reported that they know where to go for help with a problem.

Friendship House Community Needs and Interests Survey

To support CBPR efforts, community members (n=222) rated the greatest needs for our community (13 choices): Number One Choice - Dental Health Services (53%). In addition, community members (n=223) were asked to rate the greatest issues that affect their household (13 choices): Number One Selection - Cost of Living Expenses (52%). 14% of respondents reported they were homeless. 27% of survey respondents reported that while not currently homeless, they were worried about becoming homeless.

Resident Satisfaction Survey Findings

To determine satisfaction with the Friendship House Residential Substance Abuse Treatment Program and other services provided by Friendship House, residents were asked to complete satisfaction surveys, generally at discharge from the program. Of 551 residential clients in the treatment program in FFYs 2023-2025, 36% (201/551) completed the Residential Client Satisfaction Survey.

Overall, the substance abuse treatment program was well received by residential clients. For service experience, the average percentage was 79% in part, this lower percentage may be attributed to GED/education, and job-related questions, both rated under 60% and reported as “not applicable” for 35% of survey respondents. For cultural relevance, the average percentage was 83%. For overall service satisfaction, 96% of residents rated Friendship House services as “good to excellent” and 4% rated FH services as “adequate”. Survey questions focused on four themes: 1) General Experience, 2) Service Experience, 3) Cultural Relevance, and 4) Service Satisfaction:

- **General Experience.** For general experience, the average percentage, based on 8 questions was 88%. 93% of residents reported that the Friendship House Intake process was easy to complete. 87% reported that they were involved in the development of their treatment plan. 86% felt comfortable with their counselor. 88% of residents felt that staff took the necessary time to listen to and understand their needs. 88% felt that they got the help that needed. 85% agreed they would recommend FH to a friend or relative in need of similar help.
- **Service Experience.** For service experience, the average percentage, based on 10 questions was 79%. In part, this lower percentage may be attributed to GED/education, and job-related questions, both rated under 60% and reported as “not applicable” for 35% of survey respondents. 87% agreed that the program setting was comfortable. 91% agreed that the program environment was clean. 87% reported that they were provided with assistance for reading and filling out forms and documents as needed. 86% felt that referrals were provided to help with their wellness/medical needs. 73% of residential clients reported that they received a Discharge Plan.
- **Cultural Relevance.** For cultural relevance, the average percentage, based on 13 questions was 83%. 83% of residential clients felt their cultural needs were understood. 87% felt their cultural beliefs were respected. 89% or more residents reported that they learned new information/values related to American Indian culture. 87% reported that appropriate cultural information was included in the treatment services to support their recovery. 74% 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, Men/Women Wellness classes, Living in Balance classes, and Food is Medicine classes. 86% felt that FH helped them to make a connection to the American Indian Community.
- **Service Satisfaction.** 96% of residential clients rated Friendship House services as “good to excellent” and 4% rated FH services as “adequate”.

What activities did you find MOST HELPFUL?

There were many activities identified as most helpful. Talking Circle (identified by 79 individuals), FH Groups (identified by 43 individuals), Sweat Lodge ceremony (identified by 26 individuals), AA/NA meetings (identified by 23 individuals), Walking the Red Road groups (identified by 17 individuals), one-on-one time with counselor, including traditional counselor (identified by 15 individuals), and traditional healer ceremony (identified by 10 individuals). Other “most helpful” activities included Health Education classes, Big Book sessions, Anger Management sessions, Drum classes, Inner Child, Beading class, and Exercise/Walks. A few comments from residential clients: The sweats and the counselor sessions, the outings - all of these taught/reintroduced ways to bond with others and take a serious look at myself. Sweat Lodge helped my prayer, meditation, purification and dialogue with creator.

What Residential Clients Say About Friendship House Services:



What activities did you find LEAST HELPFUL?

For least helpful activities, Morning Clearing, Health Education classes and Big Book group were mentioned most often as least favorite activities. Other least favorite activities included art therapy, lockdown, double-scrub, zoom meetings, client policy meetings, AA meetings, Gripes and Strokes, and Living in Balance sessions. A few comments from residential clients: There are so many readings during the morning clearing, I think the message gets lost. The house “freeze” did not help. Anger Management groups - it was difficult to stay focused. The zoom meetings were not helpful because they were disconnected, and it was hard to participate in them with children. Discharge process was sudden and unfair. I feel as though groups do not allow clients to express how they are feeling or what they are going through which I think is important for having lightness in the house. Watching videos in class is not helpful.

Implementation Changes

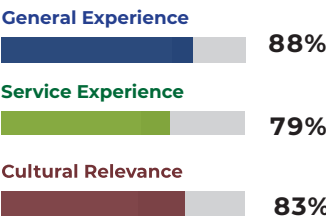
Implementation changes, based on survey findings were noted for the Talking Circle ceremony. Based on findings for two years in a row, that “Talking Circle” was often selected by residents as a “least favorite” program activity, the FH Quality Assurance Committee recommended revisions to Talking Circle protocols, with a focus on implementing a more traditional format. In FFYs 2022 and 2023, implementation changes were made, including bringing on Traditional Counselor, Patricia Shirley, to be the lead facilitator of most FH Talking Circle sessions. Survey findings for the past three years noted that only 1 resident identified Talking Circle as a “least favorite” activity, and 79 residents identified Talking Circle as the “most helpful” activity for their participation in FFYs 2023 - 2025.

Average Percentage:

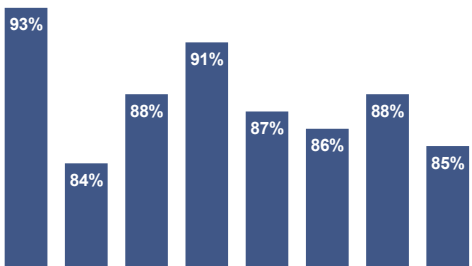
GENERAL EXPERIENCE: The average percentage, based on 8 question/percentage entries: 88%

SERVICE EXPERIENCE: The average percentage, based on 10 question/percentage entries: 79%

CULTURAL RELEVANCE: The average percentage, based on 13 question/percentage entries: 83%

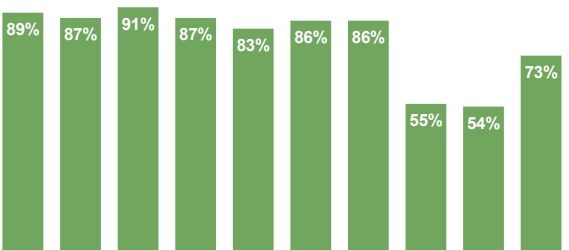


General Experience



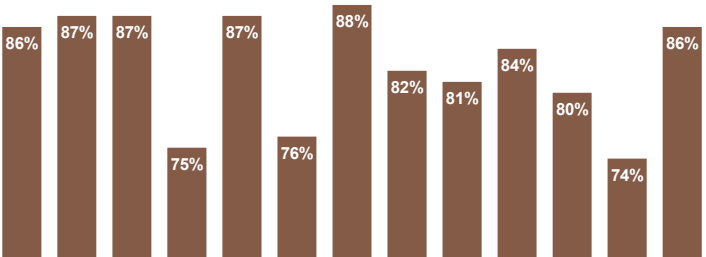
I felt that the Friendship House Intake process was easy to complete.	93% Agree
The Intake Coordinator returned my call for intake within 24 hours.	84% Agree
I felt that staff members took the time to listen to and understand my needs.	88% Agree
I was informed of client policy, program requirements and resident expectations.	91% Agree
I was involved in developing my treatment plan.	87% Agree
I was comfortable with my counselor.	86% Agree
I felt that I got the help I needed.	88% Agree
I would recommend Friendship House to a friend or relative in need of similar help.	85% Agree

Service Experience



I felt the services I received addressed the help I needed.	89% Agree
The program setting was comfortable.	87% Agree
The program environment was clean.	91% Agree
I was provided with assistance for reading and filling out forms and documents as needed.	87% Agree
My counselor met with me at least once per week during my treatment.	83% Agree
While in treatment, referrals were provided to help me with my medical needs.	86% Agree
While in treatment, referrals were provided to help me with my wellness needs.	86% Agree
The activities related to GED or other education support were helpful for me.	55% Agree
The activities related to finding a job were helpful to me.	54% Agree
I received a Discharge Plan.	73% Agree

Cultural Relevance:



I felt my cultural needs were understood.	86% Agree
I felt that my cultural beliefs were respected.	87% Agree
I learned new information about American Indian culture.	87% Agree
I learned new values related to American Indian culture.	75% Agree
I felt that appropriate cultural information was included in treatment services to support my recovery.	87% Agree
I can apply new skills related to what was taught through Sweat Lodge Ceremony.	76% Agree
I can apply new skills related to what was taught through Talking Circle.	88% Agree
I can apply new skills related to what was taught through Traditional Healer Ceremony.	82% Agree
I can apply new skills related to what was taught through Red Road to Recovery classes.	81% Agree
I can apply new skills related to what was taught through Men or Women Wellness classes.	84% Agree
I can apply new skills related to what was taught through Living in Balance classes.	80% Agree
I can apply new skills related to what was taught through Food is Medicine education and practice.	74% Agree
I feel that my involvement with Friendship House has helped me make a connection to the American Indian community.	86% Agree

Post Ceremony Survey Findings (Qualitative only)

The Friendship House Post-Ceremony survey assesses traditional healers, practitioners and counselors' needs for future ceremonies and their perception of participants' readiness and engagement during ceremony activities. Surveys are completed post-ceremony. In FFYs 2023-2025, 27 Traditional Healers, Practitioners, and Counselors provided traditional services in FFYs 2023-2025. Feedback was provided on a number of topics with the primary topic related to residential clients' understanding of ceremony protocols and ensuring that their time during ceremony is uninterrupted. For needs and resources, fire for the Sweat Lodge and prayer ties were often requested.

Post-ceremony surveys were completed by ceremony healers, practitioners, and counselors to answer the question, "What are the needs for future ceremony?" Recent Responses:

- Continue to monitor group dynamics closely and intervene early when conflicts arise.
- Provide additional resources and counseling for participants with histories of domestic violence or heightened emotional distress.
- Reinforce the importance of safety and trust within the recovery environment.
- Encourage continued honesty and openness in communication, particularly in family relationships.
- Provide additional support for clients preparing to transition out of the program.
- Incorporate more culturally relevant ceremonies to strengthen community bonds and healing.
- Continue to offer workshops that focus on spiritual healing and empowerment.
- Provide ongoing support for participants dealing with past trauma and feelings of shame.
- Encourage further group discussions and activities that promote cultural expression and spiritual restoration.
- Continue to encourage open discussion about personal changes and their importance.
- Provide additional support and encouragement for male clients who struggle with sharing in large groups.
- Monitor progress of the female clients aiming to regain custody of their children and offer additional resources.
- Continue incorporating traditional healing practices and community involvement in future sessions.
- Support clients transitioning out of the program with additional spiritual and emotional resources.
- Monitor participants' spiritual well-being and provide opportunities for continued growth.
- Continue to incorporate culturally relevant practices, such as smudging and traditional songs.
- Provide additional opportunities for participants to express emotions related to family & addiction.
- Speak with clients every month and let them know how to conduct themselves during ceremony.
- Do not schedule outside appointments for clients on days when traditional sessions are going on.
- Make sure the relatives understand how important it is to not break the circle.
- Prepare ahead for sweat lodge next month.

Recent group ceremony topics included Calling Back My Spirit, Next Gen Red Road to Recovery, What is Your Sacred Place, Powwow Protocols, Preparing for the Holidays - Emotional Feelings and Triggers, Connecting the Sweat Lodge Ceremony and Talking Circle to the Season of Spring Symbolizing New Growth and New Beginnings, Building Medicine Wheels with Flowers, A Ceremonial Way of Life Beyond Treatment, Traditional Give Away, Blessing of the Lodge Baby, Hands-On Traditional Craftworks, Morning Circle Smudging at the Lodge, and the Four Seasons of Recovery.

Youth and Young Adult Survey Findings

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 and young adults are assessed, using cultural connectedness, risk and resiliency related questions. In FFYs 2023-2025, Friendship House collected 76 youth and young adult surveys at program gatherings. About the 76 survey respondents: For where they lived: 57% of survey participants reported San Francisco as the city where they lived. Other cities included Daly City, Fairfield, Fremont, Fresno, Hoopa, Oakland, Palo Alto, Palo Cedro, Redding, Sacramento, San Lorenzo, San Leandro, Stockton, Tiburon, and Washington D.C. For gender: 42% of survey participants identified as female, and 52% as male. 6% declined to state. For age range: 4% of survey respondents were 8-10 years of age. 22% were 11-14 years of age. 18% were 15-17 years of age. 28% were between the ages of 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations, most respondents were affiliated (AI/AN) tribes (77%), and a smaller percentage reported their cultural affiliation as White, Black/ African American, Chinese, Latino/Hispanic, German, Mexican, or Irish. Tribal affiliations included Apache, Bishop Paiute, Cheyenne River Sioux, Haida, Hupa, Karuk, Lakota, Luiseno, Miwok, Morongo, Navajo, Nez Perce, Nomlaki, Northern Cheyenne, Oglala Sioux, Owens Valley Paiute, Pit River, Pomo, Purépecha, Santa Domingo Pueblo, Tepehuan, Tlingit, Tohono O'odham, Wappo, Yuki, and Yurok.

Summary of Findings

Individuals who completed the FH Youth and Young Adults Survey indicated strong cultural identity and cultural connections and personal resourcefulness and resilience. Cultural connections were a strong protective factor for survey respondents. 91% of youth respondents reported that they feel a strong connection to their Tribe. 92% had participated in one or more cultural ceremonies or activities and 95% plan on attending a cultural ceremony or activity in the future. 89% reported that their family members participated in ceremony activities with them.

Table 13. Findings, Friendship House Youth and Young Adult Survey, FFYs 2022 - 2025 (n=76)

Friendship House Youth and Young Adults Survey Findings (n=76)		
Measure Type: How Think and How I Feel	Strongly Agree/ Agree	Disagree/ Strongly Disagree
1. I understand my moods and feelings.	99%	1%
2. There are many things that I do well.	91%	9%
3. I have high goals for myself.	95%	5%
4. I believe I can be a leader in my community if given the opportunity.	92%	8%
5. Going to college is one of my goals.	88%	12%
6. I think deciding to drink alcohol is a bad idea/a great health risk.	95%	5%
7. I think deciding to use illegal drugs is a bad idea/a great health risk.	95%	5%
8. Sacred tobacco is used for prayer, ceremonies, and medicinal purposes.	94%	6%
Measure Type: My Supports & Connections	Strongly Agree/ Agree	Disagree/ Strongly Disagree
9. I know where to go for help with a problem.	93%	7%
10. I feel a strong connection to my tribe or culture.	91%	9%
11. I have participated in cultural ceremonies.	92%	8%
12. I plan on attending a cultural ceremony or activity in the future.	95%	5%
13. I have someone in my family who participates in cultural ceremonies with me.	89%	11%

Resilience was another strong protective factor for survey respondents. The majority of respondents (95%) felt that alcohol use and drug use are bad ideas/great health risks; and understood that sacred tobacco is used for prayer, ceremonies, and medicinal purposes (94%). In addition, 91% or more youth and young adult survey respondents understand their moods and feelings, feel that there are many things that they do well, have high goals for themselves including going to college, and feel they can be a leader in their respective communities if given the opportunity. 93% of survey respondents reported that they know where to go for help with a problem.

Findings by indicator:

- **DRUG, ALCOHOL AND TOBACCO USE:** 95% of youth and young adult survey respondents felt that deciding to drink alcohol and deciding to use illegal drugs are bad ideas/great health risks. 96% agree that sacred tobacco is used for prayer, ceremonies, and medicinal purposes.
- **RESILIENCE:** 91% or more youth and young adult survey respondents understand their moods and feelings, feel that there are many things that they do well, have high goals for themselves including going to college, and feel they can be a leader in their respective communities if given the opportunity. 93% of survey respondents reported that they know where to go for help with a problem.
- **AMERICAN INDIAN CULTURE/IDENTITY:** 91% of youth respondents reported that they feel a strong connection/attachment to their Tribe.
- **CEREMONY PARTICIPATION:** 92% of survey participants have participated in one or more traditional/cultural ceremonies or activities. 95% of youth respondents plan on attending a cultural ceremony or activity in the future. 89% reported that their family members participated in ceremony activities with them.

When asked what types of events and activities they would like to see provided, participant responses included: More cultural activities, more powwows, more field trips for the clients, Asian cultures, successful stories from successful people of users, more TAY events, more teen nights, Field Trip to Six Flags, more Workshops (2 participants), Ice Skating (2 participants), Pine Needle Works. Bracelet Making (2), Narcan Training (2). Pop-ups, Stanford fairs, more cultural classes, BBQs, community dinners, 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.

FFY 2022-23:

“The COVID Pandemic has made me feel...”

Isolated/lonely (2). More closed off. Depressed. Not so great/bad (2). Irritated. Scared. Stressed. I don't know how it made me feel. Alone and scared. Difficult. Optimistic.

Who did you turn to most often for support during COVID?

Friends (2). Family (2). Mom (3). Brother. Cousin. Culture. Doctor. The internet. Reading. I stayed away from people.



Community Needs & Interests Survey Findings

Friendship House conducts consumer and stakeholder surveys at community events, gatherings 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 AI/AN community. From October 1, 2022- September 30, 2025, 299 community members completed the Friendship House Community Needs & Interests Survey. About the survey respondents:

- For Race (n=260): 58% were American Indian, 11% were White, 5% were Black or African American, 5% were Asian, 19% were multiracial and 3% of the population was Native Hawaiian/ Other Pacific Islander or Biracial.
- For Ethnicity: For Ethnicity, 27% were Hispanic/ Latino.
- For Gender (n=299): 38% were male, 59% were female, 2% were transgender, and 1% declined to state.
- For Age Range (n=297): 3% were under age 18; 10% were 18-24; 12% were 25-30; 18% were 31-39; 17% were 40-49; 19% were 50-59, and 21% were 60 years of age or older.
- For Tribal Affiliation (n=152): Survey respondents reported the following tribe/tribal band affiliations: Aleut, Apache, Apache Mescalero, Athabascan, Bear River Rancheria, Blackfeet, Cherokee, Cheyenne Pomo Sioux, Cheyenne River Sioux, Chickasaw, Chippewa, Choctaw, Coast Miwok, Cree, Creek, Dine (Navajo), Eastern Band Cherokee, Hida-Tlingit, Hopi, Kickapoo, Kiowa, Lakota, Maidu, Miwok, Modoc, Mono, Muscogee, Nez Perce, Nomlaki/ Wailaki, Northern Arapaho, Odawa, Oglala Lakota, Ohlone, Omaha, Paiute, Pascual Yaqui, Pit River, Pomo, Potawatomi, Sac and Fox, Santa Domingo Pueblo, Seminole, Sherwood Valley Pomo Indians, Southern Pomo, The Klamath Tribes, Tuolumne Me-Wuk, Washo, Western Shoshone, White Mountain Apache, Wailaki, and Yaqui tribe.
- For where they lived (n=305): 45% of survey participants reported San Francisco as the city where they lived, followed by Sacramento, 10%, and Oakland, 5% Other cities included Antioch, Atwater, Auburn, Berkeley, Campbell, Castro Valley, Daly City, Fairfield, Fremont, Fresno, Hayward, Hoopa, Humboldt, Modesto, Napa, Newark, Oroville, Palo Alto, Richmond, Sacramento, San Lorenzo, Salinas, San Jose, San Leandro, Santa Rosa, Seattle, Sunnyvale, Stockton, Ukiah, Vallejo, and Yuba City.
- Stable Housing (n=99): When survey respondents were asked about homelessness, 86% reported that they were living in a stable housing situation. 14% of respondents reported they were homeless. 45% reported that they were not currently homeless but had been in the past. 27% of survey respondents reported that they were worried about becoming homeless.
- Food, Housing, Money, Childcare and Healthcare were mentioned most often post-pandemic and currently.

What were the greatest needs of you & 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.

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. Understanding how to support our community. Love and understanding. Rent, gas, bills, food. Stability. Staying clean. Affordable housing, equitable employment. Pay. Spirituality. Recession to end. Legal help. Finances. Work life balance, cultural activities for young children. Support for family members in active addiction. Housing, medical transportation to dental doctor. Time together. Reunification. Employment. Routine and purpose. Anxiety. Mental health. Clorox wipes, cleaning supplies, water. Anxiety. Down Time. Staying sober, staying strong. Childcare and affordable/low-income housing. Leaky roof and no heat. Financial and emotional support. Pushed out, becoming homeless. Health services access. Stable income. Emergency allocation from CalFresh ended. Healthcare stability. Food and medical. Navajo community connections. Storm damage, tree down, hole in roof.

FFY 2022-23: "The COVID Pandemic has made me feel...."

Sad (3 mentions). Isolated (3 mentions). Scared (3 mentions). Vulnerable (3 mentions). Overwhelmed (3 mentions). Anxious (5 mentions). Depressed (7 mentions). Alone (5 mentions). Uneasy. Traumatized. Angry. Stressed. Lost. Paranoid. Worried. Tired of inoculations. Disheartened. Scared for the future. Pissed off because so many lives were taken. Saddened by losses.

FFY 2022-23: What are the greatest needs of you and your family now?

Understanding how to support our community. Food (6 mentions). Housing (7 mentions). Money (4 mentions). Love and understanding. Rent, gas, bills, food. Stability. Staying clean. Affordable housing, equitable employment. Pay. Spirituality. Recession to end. Legal help. Finances. Work life balance, cultural activities for young children. Support for family members in active addiction. Housing, medical transportation to dental doctor. Time together. Reunification. Employment. Routine and purpose. Anxiety. Mental health. Clorox wipes, cleaning supplies, water. Anxiety. Down Time. Staying sober, staying strong. Childcare and affordable/low-income housing. Leaky roof and no heat. Financial and emotional. Pushed out, becoming homeless. Health services access. Stable income. Emergency allocation from CalFresh ended. Healthcare stability. Food and medical. Navajo community connections.



Community Member Ratings for Needs and Household Issues

Table 14. Rating of Community Needs, FFYs 2022 - 2025 (n=222)

How would you rate the following NEEDS FOR OUR COMMUNITY (n=222)	
Participant Choice for SERIOUS OR MODERATE NEED	By COUNT
Dental Health Services	116
Help with Securing Stable Housing	114
Mental Health Services	114
Medical Health Services	112
Social Services and Activities for Elders	112
Traditional Medicine and Healer Services	112
Access to Land for Ceremony, Healing, and Community	110
Intertribal Community Gatherings	110
Job Training and Placement Services	107
American Indian Cultural Center	104
Diabetes Education & Testing Services	101
Suicide Prevention Services	97
Vaccine Testing and Vaccinations	92
Other: Education Resources, Navajo Language Classes, Birthing Center/Midwifery/Doula Services, Drug and Alcohol Rehabilitation, and Help with College Applications.	7

Table 15. Rating of Household Issues, FFYs 2022 - 2025 (n=223)

How would you rate the following ISSUES FOR YOUR HOUSEHOLD? (n=223)	
Participant Choice for SERIOUS OR MODERATE NEED	By COUNT
Cost of Living Expenses	115
Affordable, Healthy Foods	86
Anxiety	84
Depression	78
Availability of Jobs	71
Mental Health Issues	70
Trauma	70
Racism/Discrimination	52
Diabetes	50
Lack of Tribal Resources	50
Drug Abuse	41
Alcohol Abuse	37
HIV/AIDS	22
Other: Discrimination. Safe places to hang out with friends.	2

T5P How would you rate the following NEEDS FOR OUR COMMUNITY? (n=222)

- 1** DENTAL HEALTH SERVICES (52%)
- 2** HELP WITH SECURING STABLE HOUSING (52%)
- 3** MENTAL HEALTH SERVICES (52%)
- 4** MEDICAL HEALTH SERVICES (52%)
- 5** SOCIAL SERVICES/ACTIVITIES FOR ELDERS. TRADITIONAL HEALER SERVICES (50%)

Community members (n=222) rated the greatest needs for our community (13 choices): **Number One Choice - Dental Health Services.**

T5P How would you rate the following ISSUES FOR YOUR HOUSEHOLD? (n=223)

- 1** COST OF LIVING EXPENSES (52%)
- 2** AFFORDABLE, HEALTHY FOODS (36%)
- 3** ANXIETY (38%)
- 4** DEPRESSION (35%)
- 5** AVAILABILITY OF JOBS (32%)

Community members (n=223) rated the greatest issues that affect their household (13 choices): **Number One Choice - Cost of Living Expenses.**

Synthesis of Findings

The FH CDEP Study is based on the FH Model and resilience and recovery are examined through the lens of tribal and intertribal healing practices, specifically Talking Circles, Traditional Healer Ceremony and Sweat Lodge Ceremony. Cultural gatherings that engage the FH Youth Program and American Indian community are studied to a lesser degree. A combination of process evaluation measures (participation demographics and counts by ceremony participation) formative (needs/interests surveys) and outcomes evaluation measures (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) 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).

Findings

For GPRA Measures, a paired t-test analysis was conducted. Using participant ID's, a total of 241 participants were matched between the pre- and post-test measures. Selected pre/post-test items were identified for analysis as aligned to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Mental Health, Employment and Education, and Housing Stability. All measures found significant changes between the baseline and follow-up, with some measures including risky behavior, mental health, employment and education, and housing stability finding significant changes in all of its associated analyses.

Data demonstrated significant positive gains in abstinence from drug and alcohol use especially alcohol, cannabis, and stimulant methamphetamine, which yielded the strongest significance in change ($p < 0.001$). The use of these substances was at just under or over half of all participants at baseline and decreased to 10% or lower at follow-up. Additionally, substance use measures found significant decreases in participant alcohol, cannabis, and stimulant methamphetamine use. Risky behavior saw significant reductions participant engagement in unprotected sex, including unprotected sex with a partner that was high or that had injected drug use. GPRA data for employment and education indicated a significant participant increase in employment rates and/or education/job training rates. Finally, housing saw a significant increase in the number of participants who were housed at the baseline and follow-up.

Mental health saw significant reductions in participant symptoms of depression, anxiety, hallucination, trouble understanding/concentrating/remembering, trouble behavior controlling violent behavior, and suicide attempts between baseline and follow-up. Data from the Core Measures indicated that participants felt more balanced in mind, body, spirit, and soul (43% increase from the pre-to post-test). Additionally, participants saw a reduction in psychological distress, with a reduction in feelings of nervousness (60% decrease from the pre-test to post-test), and a reduction in feeling that everything was an effort (55% decrease from the pre-to post-test). Participants also saw an increase in general health, with more participants citing that their health in general was excellent/very good/good, reflecting a 17% increase from the pre-test to post-test).

For cultural connections, participants felt more strongly connected to their culture (50% increase from the pre-test to the post-test). 86% of residential clients who completed the FH Client Satisfaction Survey felt that FH helped them to make a connection to the American Indian Community.

Participant satisfaction questions asked in the post survey to services provided were responded to in a positive manner, across all 11 items of the satisfaction section of the Core Measures tool. In general, participants felt that the services were positive and beneficial for them. Residential clients who completed the FH Client Satisfaction Survey indicated satisfaction with services. For overall service satisfaction, 96% of residents rated FH services as "good to excellent" and 4% rated FH services as "adequate."

Presentation of Findings by Evaluation Questions

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

Summary of Findings by Process/Outcome/Formative Questions

Process Evaluation Question #1: Who were the client residents and youth and community participants of Friendship House programs? From October 1, 2022 - September 30, 2025, FH adult participants of the residential substance abuse treatment included 551 residential clients. For race, 78% were American Indian/Alaska Native (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other, and 3% skipped question or refused to answer. For Ethnicity, 23% were Hispanic/Latino, comprising of participants who identified as Central American, Dominican, Mexican, Puerto Rican, and South American. For gender of residents, 40% of participants identified as female, 50% identified as male, 1% identified as transgender, 1% identified as other, and 8% don't know, skipped question or refused to answer. For sexual orientation, 78% of participants identified as straight or heterosexual, 5% of participants identified as homosexual (gay or lesbian), 4% identified as bisexual, 2% identified as queer, pansexual and/or questioning, 1% of participants identified as asexual and 1% of the population identified as other. For age range, 9% of residents between the ages of 18 and 24, 35% were 25-34, 30% were 35-44, 16% were 45-54, 8% were 55-64, and 2% were 65 years of age or older. Demographics of Youth and Young Adult Survey Participants (n=78): For gender: 42% of survey participants identified as female, 52% as male, and 6% declined to state. For age range: 4% of survey respondents were 8-10 years of age, 22% were 11-14 years of age, 18% were 15-17 years of age, 28% were between the ages of 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations: The majority of respondents were affiliated (AI/AN) tribes (77%), and a smaller percentage reported their cultural affiliation as White, Black/African American, Chinese, Latino/Hispanic, German, Mexican, or Irish. Demographics of Community Members (n=299). For Race (n=260): 58% were American Indian, 11% were White, 5% were Black or African American, 5% were Asian, 19% were multiracial and 3% of the population was Native Hawaiian/Other Pacific Islander or Biracial. For Ethnicity: For Ethnicity, 27% were Hispanic/ Latino. For Gender (n=299): 38% were male, 59% were female, 2% were transgender, and 1% declined to state. For Age Range (n=297): 3% were under age 18; 10% were 18-24; 12% were 25-30; 18% were 31-39; 17% were 40-49; 19% were 50-59, and 21% were 60 years of age or older. 34% of community members reported San Francisco as the city where they lived (Appendices, Tables 2 and 3).

Process Evaluation Question #2: How many and how often did residents, youth participants and community members join in each of the seven traditional services components: Talking Circle, Sweat Lodge and Traditional Healer Ceremonies? From October 1, 2022 - September 30, 2025, 424 (unduplicated) residents participated in Talking Circle (119 sessions total). 247 (unduplicated) residents participated in Sweat Lodge Ceremony (78 sessions total). 154 (unduplicated) residents participated in Drum Circle (44 sessions total). 353 (unduplicated) residents participated in Walking the Red Road sessions (69 sessions total). 383 (unduplicated) residents participated in 89 Traditional Healer Group sessions. 33 (unduplicated) residents participated in 38 Individual Counseling sessions. For cultural gatherings, 4,038 participant encounters were tracked across in 54 FH-hosted/co-hosted gatherings and outreach events (Appendices, Table 1).

Outcome Evaluation Question #1: How many residents reported increased abstinence from alcohol and drug use? GPR data, collected from October 1, 2022, - September 30, 2025 on clients at intake and six months later, indicated significant decreases in drug and alcohol use: At intake, 18% of clients reported that they had been abstinent from drug and alcohol use. After six months, this rate increased to 83%, indicating a 361%

rate of change. Data demonstrated significant positive gains in abstinence from drug and alcohol use especially alcohol, cannabis, and stimulant methamphetamine, which yielded the strongest significance in change ($p < 0.001$). The use of these substances was at just under or over half of all participants at baseline and decreased to 10% or lower at follow-up. While additional findings showed no significant rate of change ($p > 0.05$), these findings indicated that specific substance uses were already at low usage for participants at baseline (Appendices, Table 4 and Table 5).

Outcome Evaluation Question #2: How many residents reported decreased criminal involvement? GPRA data, collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, demonstrated significant positive gains for arrest-free records during the past 30 days ($p < 0.001$), with 8% of clients having an arrest in the past 30 days at baseline, and 2% at follow-up. In addition, there was a reduction in clients awaiting charges, trials, or sentencing with 20% of clients at baseline and 15% at follow-up ($p = 0.024$). Clients on parole/probation had a slight decrease from 31% to 29% ($p = 0.266$) (Appendices, Table 4 and Table 5).

Outcome Evaluation Question #3: How many residents were working or engaged in job/education training? GPRA data, collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, demonstrated significant positive gains in employment and educational activities and yielded significant change in both domains ($p < 0.001$). Employment and education findings, from baseline to six-months follow-up: Employment increased from 9% to 49% ($p < 0.001$). Education and/or job training activities increased from 6% to 19% ($p < 0.001$) (Appendices, Table 4 and Table 5).

Outcome Evaluation Question #4: How many residents reported stable housing? GPRA data, collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, indicated significant positive gains for housing stability with 65% of participants indicating that they were housed at baseline, and 96% of participants indicating they were housed at follow-up ($p < 0.001$). Housing stability increased from 65% to 96% ($p < 0.001$) (Appendices, Table 4 and Table 5).

Outcome Question #5: How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional)? GPRA data collected from October 1, 2022 - September 30, 2025, on clients at intake and six months later, data demonstrated significant positive gains in terms of mental health, and yielded significant change in all domains including depression, anxiety, hallucinations, understanding/concentrating/remembering, violent behavior, and attempted suicide. Participants in all these domains showed a significant decrease between the baseline and follow-up, with depression decreasing from 62% to 33% ($p < 0.001$), anxiety decreasing from 73% to 47% ($p < 0.01$), hallucinations decreasing from 12% to 2% ($p < 0.001$), trouble understanding/concentrating/remembering decreasing from 47% to 20% ($p < 0.001$), trouble controlling violent behavior decreased from 6% to 2% ($p = 0.012$), and attempted suicides decreasing from 5% to 0.5% ($p < 0.001$). Core Measures data analysis indicated reduced feelings of nervousness amongst participants. At the pre-test/baseline level 25% of matched participants stated that they felt nervous all/most of the time. After six months, 10% of matched participants stated that they felt nervous all/most of the time, indicating a 60% decrease from baseline to 6-months later ($p < 0.001$). In addition, Core Measures data analysis showed positive gains for participants' perception of feeling balanced in mind, body, spirit, and soul. At the pre-test/baseline level 30% of matched participants stated that they felt balanced in mind, body, spirit, and soul all/most of the time. After six months, 43% of matched participants stated that they felt balanced in mind, body, spirit, and soul all/most of the time, indicating a 43% increase from baseline to 6-months later ($p = 0.019$). Core Measures data analysis indicated that reduced effort was needed to complete daily activities. At the pre-test/baseline level 22% of matched participants stated that they felt everything was an effort all/most of the time. After six months, 10% of participants stated that they felt everything was an effort all/most of the time, indicating a 55% decrease from baseline to 6-months later ($p = 0.013$). Last, data analysis showed

positive gains for participants' perception of general health. At the pre-test/baseline level 41% of matched participants stated that they felt their general health was excellent/very good/good. After six months, 48% of matched participants stated that they felt their general health was excellent/very good/good, indicating a 17% increase from baseline to 6-months later ($p = 0.009$)(Appendices, Tables 4 and 5).

Outcome Evaluation Question #6: How many residents reported decreased risky behavior (sexual and injection drug use)? GPRA data, collected from October 1, 2022 - September 30, 2025 on clients at intake and six months later demonstrated significant positive gains in terms of reduced injection drug use and risky behavior with unprotected/condomless sex, unprotected sex with a partner engaged in injected drug use, and unprotected sex with a partner who was high all yielding significant change between baseline and follow-up. Unprotected sex with a partner had the highest percentage at baseline at 34%, which reduced to 23% at follow-up ($p = 0.011$). Engagement in unprotected sex with a partner who was high had the second highest percentage at baseline at 15%, which reduced to 3% at follow-up ($p < 0.001$)(Appendices, Tables 4 and 5).

Outcome Evaluation Question #7: How many Friendship House client residents reported increased cultural connections? Client satisfaction data collected from October 1, 2022 - September 30, 2025, on clients at discharge demonstrated positive gains in terms of cultural gains. 86% of residential clients who completed the FH Client Satisfaction Survey felt that FH helped them to make a connection to the American Indian Community. In addition, Core Measures data showed significant change at pre- and post-test level for the following question: "About how often during the past 30 days did you feel connected to your culture?" At the pre-test/baseline level 32% of matched participants stated that they felt connected to their culture all/most of the time. After six months, 48% of matched participants stated that they felt connected to their culture all/most of the time, indicating a 50% increase from baseline to 6-months later ($p < 0.001$) (Appendices, Table 6 and Table 7).

Outcome Evaluation Question #8: How satisfied were residents with Friendship House Services, including FH healing ceremonies? Client satisfaction data, collected from October 1, 2022 - September 30, 2025, on clients at discharge indicated that residential clients were satisfied with Friendship House services. For general experience, the average percentage was 88%. For service experience, the average percentage was 79% in part, this lower percentage may be attributed to GED/education, and job-related questions, both rated under 60% and reported as "not applicable" for 35% of survey respondents. For cultural relevance, the average percentage was 83%. For overall service satisfaction, 96% of residents rated Friendship House services as "good to excellent" and 4% rated FH services as "adequate" (Appendices, Table 7).

Formative Evaluation Question: What are the needs and strengths of the AI/AN community and which activities would you most like to join? To support CBPR efforts, community members ($n=222$) rated the greatest needs for our community (13 choices): Number One Choice - Dental Health Services (53%). In addition, community members ($n=223$) were asked to rate the greatest issues that affect their household (13 choices): Number One Selection - Cost of Living Expenses (52%). 14% of respondents reported they were homeless. 27% of survey respondents reported that while not currently homeless, they were worried about becoming homeless. Individuals When asked what types of events and activities they would like to see provided, youth and young adult participant responses included more cultural activities, more powwows, more field trips for the clients, , 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.

76 individuals completed the FH Youth and Young Adults Survey. Cultural identity and cultural connections were strong protective factors for survey respondents. 91% of youth respondents reported that they feel a strong connection to their Tribe. 92% had participated in one or more cultural ceremonies or activities and 95% plan on attending a cultural ceremony or activity in the future. 89% reported that their family members participated in ceremony activities with them (refer to pages 62-66).

Meta Data Reporting, GPRA Measures

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

1. How many residents reported increased abstinence? Tracked: # of residents who remain abstinent from alcohol and drugs from intake to 6-month interval.
2. How many residents reported decreased criminal involvement? Tracked: # of residents who show reduced criminal involvement from intake to 6-month interval.
3. How many residents were working or engaged in job/education training? Tracked: # of residents who show positive outcomes for job and/or education/vocation activities - are currently employed or attending school from intake to 6-month interval.
4. How many residents reported improvements in positive life consequences? Tracked: # of residents who show increases in positive choices leading to positive consequences, from intake to 6-month interval. Measurement Tool: GPRA Part E, Measures for Risky Behavior.
5. How many residents reported stable housing? Tracked: # of residents stably housed, from intake to 6-month interval. Measurement Tool: GPRA Part C, Measures for Housing Stability.
6. How many residents reported improved mental health outcomes and how many client residents reported reduced distress (psychological, emotional, depression, anxiety)? Tracked: # of residents who show positive mental health outcomes and reduced distress levels from intake to 6-month interval. Depression decreased from 59% at Intake to 40% at 6-month follow-up. Anxiety decreased from 78% at Intake to 56% at 6-month follow-up.
7. How many residents reported decreased risky behavior (sexual and injection drug use)? Tracked: # of residents who show reductions in risky behavior from intake to 6-month interval.

In general, GPRA Measures data (n=551 Intakes; and 273/551 or 50% follow-up rate) on residential clients at intake and six months later, demonstrated significant improvements for abstinence and social connectedness, mental well-being, and crime-free records. Clients reported significant improvements in employment and education activities, increases in stable housing, and reductions in risky behavior.

To further analyze GPRA Measures, a paired t-test analysis was conducted. Using participant ID's, a total of 241 participants were matched between the pre- and post-test measures. Selected pre/post-test items were identified for analysis as aligned to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Employment and Education, and Housing Stability. All measures found significant changes between the baseline and follow-up, with some measures including risky behavior, mental health, employment and education, and housing stability finding significant changes in all of its associated analyses. Substance use measures found significant decreases in participant alcohol, cannabis, and stimulant methamphetamine use. Other substances that yielded no significant rate of change between the baseline and follow-up indicated that participant use was already low at the baseline level, including cocaine, opioid heroin, and fentanyl. Furthermore, oxycontin and other stimulant use remained at 0% for both the baseline and follow-up. Risky behavior saw significant reductions participant engagement in unprotected sex, including unprotected sex with a partner that was high or that had injected drug use. Mental health saw significant reductions in participant symptoms of depression, anxiety, hallucination, trouble understanding/concentrating/remembering, trouble behavior controlling violent behavior, and suicide attempts between baseline and follow-up. Employment and education saw significant participant increase in employment rates and/or education/job training rates. Housing saw a significant increase in the number of participants who were housed at the baseline and follow-up. Finally, for crime and criminal justice involvement measures, there was a significant decrease in the amount of participant arrests within the past 30 days at the baseline and follow-up (8% at baseline, 2% at follow-up).

Table 16. Meta Analysis of GPRA Outcomes, FFYs 2022 - 2025 (n=241)

Meta Analysis of GPRA Outcomes								
Cohort and Age Group: 1 Cohort - Adult population, 18 years of age and older who completed pre- and post-GPRA Measures.								
Measure Question	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SDD	Post n	Effect Size (Cohen's d)	Significance
SAMHSA GPRA Part B: Abstinence: did not use alcohol or illegal drugs in the past 30 days.								
Alcohol	0.573	0.692	241	0.104	0.306	241	0.642	<0.001
Heroin	0.046	0.526	241	0.008	0.091	241	0.70	0.280
Cannabis	0.394	0.688	241	0.705	0.257	241	0.472	<0.001
Opioid Heroin	0.021	0.540	241	0.000	0.000	241	0.41	0.523
Opioid Fentanyl	0.079	0.553	241	0.025	0.156	241	0.100	0.123
Opioid OxyContin	-0.0290	0.451	241	0.000	0.000	241	-0.064	0.318
Stimulant Methamphetamine	0.386	0.687	241	0.581	0.234	241	0.478	<0.001
Stimulant Other	-0.029	0.451	241	0.000	0.000	241	-0.064	0.318
SAMHSA GPRA Part E: Crime and Criminal Justice: has no past 30-day arrests.								
In the past 30 days, how many times have you been arrested?	0.083	0.276	241	0.017	0.128	241	0.225	< 0.001
Are you currently awaiting charges, trial, or sentencing?	0.008	0.091	241	0.012	0.111	241	-0.029	0.656
Are you currently on parole or probation or intensive pretrial supervision?	0.195	0.397	241	0.087	0.739	241	0.146	0.024
SAMHSA GPRA Part D: Employment/Education: were currently employed or attending school in past 30 days.								
Are you currently enrolled in school or a job training program?	1.079	0.339	241	1.295	0.639	241	-0.320	< 0.001
Are you currently employed?	6.274	1.775	241	2.917	2.17	241	1.368	< 0.001
SAMHSA GPRA Part F: Mental Health issues are fewer and quality of life is improved in past 30 days.								
How would you rate your quality of life in the past 30 days?	3.004	1.436	241	4.303	0.868	241	-0.788	< 0.001
Experienced serious depression.	0.618	0.487	241	0.332	0.472	241	0.505	< 0.001
Experienced serious anxiety or tension.	0.734	0.443	241	0.469	0.500	241	0.452	< 0.001
Experienced hallucinations.	1.191	5.020	241	0.382	3.333	241	0.136	0.035
Experienced trouble understanding, concentrating, or remembering.	0.469	0.500	241	0.195	0.397	241	0.493	< 0.001
Experienced trouble controlling violent behavior.	0.058	0.234	241	0.017	0.128	241	0.163	0.012
Attempted suicide	0.058	0.297	241	0.004	0.064	241	0.177	0.006
How much have you been bothered by these psychological or emotional problems in the past 30 days?	2.979	1.501	241	2.025	1.313	241	0.534	< 0.001
SAMHSA GPRA Part H: Risky Behavior is reduced in past 30 days.								
Used Injected Drugs	-0.502	0.748	241	-0.739	0.502	241	0.317	< 0.001
Engaged in unprotected/condomless sex with a person who injects drugs	-0.315	1.197	241	-0.506	0.945	241	0.164	0.011
Engaged in unprotected/condomless sex with an individual high on some substance	-0.625	0.542	240	-0.754	0.459	240	0.231	< 0.001
SAMHSA GPRA Part C: Stability in Housing: had a permanent place to live in the community in past 30 days.								
In the past 30 days, where have you been living most of the time?	3.452	1.117	241	3.917	0.458	241	-0.402	< 0.001

Meta Data Reporting, Core Measures

Aggregate quantitative meta-data related to the Friendship House CDEP Study is provided to demonstrate evidence of CDEP effectiveness on positive or negative mental health. Meta-data covers eighteen Core Measures questions, as follows:

1. About how often during the past 30 days did you feel connected to your culture?
2. About how often during the past 30 days did you feel nervous?
3. Would you say that in general your health is...(excellent, very good, good, fair, poor)?
4. About how often during the past 30 days did you feel that everything was an effort?
5. About how often during the past 30 days did you feel balanced in mind, body, spirit, and soul?
6. About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
7. About how often during the past 30 days did you feel worthless?
8. About how often during the past 30 days did you feel restless or fidgety?
9. At present, your culture gives you strength.
10. Now thinking about your mental health, which includes depression, and problems with emotions, for how many days during the past 30 days?
11. At present, you feel connected to the spiritual/religious traditions of the culture you were raised in
12. At present, your culture is important to you
13. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
14. During the past 30 days, for about how many days did poor physical health or mental health keep you from doing your usual activities, such as self-care/recreation, work, or school?
15. About how often in the past 30 days did you feel isolated and alienated from society?
16. At present, your culture helps you to feel good about who you are
17. About how often during the past 30 days did you feel marginalized or excluded from society?
18. About how often during the past 30 days did you feel hopeless?

A total of 114 participants completed the pre-test measure, and 39 participants were matched between the pre- and post-test for t-test analysis. Findings indicated significant change for participant outcomes questions related to connection to culture, feeling balanced in mind, body, spirit, and soul, feeling nervous, feeling everything was an effort, and general health. Following six months of intervention, participants felt more strongly connected to their culture (50% increase from the pre-test to the post-test), and more balanced in mind, body, spirit, and soul (43% increase from the pre-to post-test). Additionally, participants saw a reduction in psychological distress, with a reduction in feelings of nervousness (60% decrease from the pre-test to post-test), and a reduction in feeling that everything was an effort (55% decrease from the pre-to post-test). Participants also saw an increase in general health, with more participants citing that their health in general was excellent/very good/good, reflecting a 17% increase from the pre-test to post-test).

Responses that yielded no significant change between the pre- and post-test for cultural connections which were already rated high at baseline, indicating that participants considered cultural connections as a consistent protective factor 30 days or more before program intake. Answers that yielded no significant change between the pre- and post-test measures related to psychological distress which were already rated low at baseline, indicating that specific symptoms of psychological distress were not as prevalent or inhibiting for participants 30 days or more before program intake.

Participant satisfaction questions asked in the post survey to services provided were responded to in a positive manner, across all 11 items of the satisfaction section of the Core Measures tool. In general, participants felt that the services were positive and beneficial for them. The highest rated items included recommending services to a friend or family member, liking the overall services received, and feeling that their identities and cultures were respected by staff members.

Table 17. Meta Analysis of Core Measures Outcomes, FFYs 2022 - 2025 (n=39)

Meta Analysis of Core Measures Outcomes								
Cohort and Age Group: 1 Cohort - Adult population, 18 years of age and older who completed pre- and post-Core Measures.								
Measure Question	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
About how often during the past 30 days did you feel connected to your culture?	2.41	1.141	39	1.69	0.80	39	0.572	<0.001
About how often during the past 30 days did you feel nervous?	2.59	1.066	39	3.46	1.145	39	-0.838	<0.001
Would you say that in general your health is...(excellent, very good, good, fair, poor)?	3.13	0.665	39	2.71	0.867	39	0.444	0.009
About how often during the past 30 days did you feel that everything was an effort?	3.16	1.385	39	3.73	1.262	39	-0.429	0.013
About how often during the past 30 days did you feel balanced in mind, body, spirit, and soul?	2.46	1.211	39	1.87	0.833	39	0.393	0.019
About how often during the past 30 days did you feel so depressed that nothing could cheer you up?	3.73	1.367	39	4.14	1.110	39	-0.317	0.062
About how often during the past 30 days did you feel worthless?	3.73	1.497	39	4.16	1.118	39	-0.317	0.062
About how often during the past 30 days did you feel restless or fidgety?	3.21	1.298	39	3.53	1.268	39	-0.252	0.129
At present, your culture gives you strength	1.38	0.747	39	1.23	0.485	39	0.244	0.135
Now thinking about your mental health, which includes depression, and problems with emotions, for how many days during the past 30 days was your physical health not good?	273.95	375.345	39	190.24	337.249	39	0.190	0.254
At present, you feel connected to the spiritual/religious traditions of the culture you were raised in	1.77	0.931	39	1.59	0.850	39	0.171	0.292
At present, your culture is important to you.	1.36	0.668	39	1.28	0.510	39	0.133	0.412
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	256.47	365.260	39	287.45	378.921	39	-0.093	0.569
During the past 30 days, for about how many days did poor physical health or mental health keep you from doing your usual activities, such as self-care/ recreation, work, or school?	321.61	387.762	39	281.83	377.552	39	0.095	0.574
About how often in the past 30 days did you feel isolated and alienated from society?	3.36	1.386	39	3.51	1.467	39	-0.88	0.584
At present, your culture helps you to feel good about who you are	1.46	0.756	39	1.23	0.485	39	0.311	0.60
About how often during the past 30 days did you feel marginalized or excluded from society?	3.26	1.352	39	3.36	1.423	39	-0.079	0.623
About how often during the past 30 days did you feel hopeless?	3.43	1.324	39	3.84	1.236	39	-0.307	0.70

Discussion and Conclusion

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

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

Traditional healing practices are the core methods used for helping clients restore or learn more about their AI/AN identity and to connect to their tribe, family, workplace and community in productive and healthy ways. Friendship House provides a number of traditional healing practices on a regular basis, including Talking Circle, Sweat Lodge Ceremony, Traditional Healer Group/Individual sessions, Wiping of the Tears, Red Road to Recovery curriculum, Gathering of Native Americans (GONA), Dance/Drum Circles, etc. All aspects of the FH Healing Model and CDEP are guided by American Indian concepts.

From a cultural lens, do American Indian/Alaska Native (AI/AN) healing practices have a positive impact on resident wellness (mental, spiritual, physical and emotional), social and economic engagement and cultural connectedness? Yes! Selected pre/post-test items were identified for analysis as aligned to the following GPRA Measures: Substance Use, Crime and Criminal Justice Involvement, Risky Behavior, Employment and Education, and Housing Stability. All measures found significant changes between the baseline and follow-up, with some measures including risky behavior, mental health, employment and education, and housing stability finding significant changes in all of its associated analyses. Substance use measures found significant decreases in participant alcohol, cannabis, and stimulant methamphetamine use. Other substances that yielded no significant rate of change between the baseline and follow-up indicated that participant use was already low at the baseline level, including cocaine, opioid heroin, and fentanyl. Furthermore, oxycontin and other stimulant use remained at 0% for both the baseline and follow-up. Risky behavior saw significant reductions participant engagement in unprotected sex, including unprotected sex with a partner that was high or that had injected drug use. Mental health saw significant reductions in participant symptoms of depression, anxiety, hallucination, trouble understanding/concentrating/remembering, trouble behavior controlling violent behavior, and suicide attempts between baseline and follow-up. Employment and education saw significant participant increase in employment rates and/or education/job training rates. Housing saw a significant increase in the number of participants who were housed at the baseline and follow-up. Finally, for crime and criminal justice involvement measures, there was a significant decrease in the amount of participant arrests within the past 30 days at the baseline and follow-up (8% at baseline, 2% at follow-up).

Do residential clients feel more culturally connected as a result of program participation. Yes! Client satisfaction data collected from October 1, 2022 - September 30, 2025, on clients at discharge demonstrated positive gains in terms of cultural gains. 86% of residential clients who completed the FH Client Satisfaction Survey felt that FH helped them to make a connection to the American Indian Community. In addition, Core Measures data showed significant change at pre- and post-test level. At the baseline level, 32% of

matched participants stated that they felt connected to their culture all/most of the time. After six months, 48% of matched participants stated that they felt connected to their culture all/most of the time, indicating a 50% increase from baseline to 6-months later ($p < 0.001$).

Is the integration of these Native and non-Native practices successful in maintaining the interest of youth and community members; and do FH practices support cultural identity and connections for residents and youth and community members of the AI community of the San Francisco Bay Area? Yes! 91% of youth and young adult survey respondents reported that they feel a strong connection to their Tribe. 92% had participated in one or more cultural ceremonies or activities and 95% plan on attending a cultural ceremony or activity in the future. 89% reported that their family members participated in ceremony activities with them. Community members ($n=222$) rated the greatest needs for our community (13 choices): Number One Choice - Dental Health Services (53%). In addition, community members ($n=223$) were asked to rate the greatest issues that affect their household (13 choices): Number One Selection - Cost of Living Expenses (52%). 14% of respondents reported they were homeless. 27% of survey respondents reported that while not currently homeless, they were worried about becoming homeless.

Last, are residential clients satisfied with the services, including the traditional practices, that are provided to them at Friendship House? Yes! For overall service satisfaction, 96% of residents who completed the satisfaction survey form rated Friendship House services as “good to excellent” and 4% rated FH services as “adequate. 74% or more residents reported that they can apply new skills related to what was learned through Talking Circle, Sweat Lodge Ceremony, Traditional Healer Ceremony, and Red Road to Recovery classes. 86% felt that FH helped them to make a connection to the American Indian Community.

Summary

The FH Healing Model and CDEP serves as a powerful framework for resilience, wellness, healing and recovery and is tailored to the

unique needs of the AI/AN population. It is a holistic prevention, intervention and treatment approach that is successful in reducing disparities for AI/ANs by decreasing alcohol and substance disorders, mental health disorders and criminal involvement and risky behavior; and increasing cultural connections (engagement in tribal/ intertribal healing and wellness practices) and productivity in the community (family reunification, job/education retention/stable housing). By emphasizing mentorship and indigenous knowledge, this framework also empowers new leaders and healers and helps sustain tribal and intertribal traditions for generations to come. For example, in 2015, Friendship House established contracts with two traditional healers for individual and group counsel services. Ten years later, the number of FH traditional healers, practitioners and counselors increased to 27 Traditional Practices Subject Matter Experts.

In addition to Medicare and Medicaid reimbursement for traditional healers and natural helpers, funding is greatly needed to help AI/AN programs increase culturally grounded access to care, expand health care infrastructure, and reduce chronic health conditions by strengthening disease prevention programs for AI/AN populations. Every year at Friendship House, 100+ unique tribes/tribal bands are represented through program services. Given this tribal diversity, understanding the complexity of Friendship House 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. Future CDEP implementation and study is needed to understand the significance, complexity, and depth of AI/AN organizational learning and cultural practices and how these continue to influence and shape positive outcomes for AI/ANs across the lifespan, as well as provide substantial savings through reduced taxpayer costs and reduced burden of living with undertreated/untreated mental health and substance use disorders.

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Appendices

Tables 1-7

Appendices Table 1: Traditional Healer/Practitioner/Counselor Services by Participant Counts
(Data Source: AssetPanda database). Oct 1, 2022 - September 30, 2025, n=551 Intakes.

Traditional Healer/Practitioner/Counselor Services by Counts by FFYs 2022/23, 2023/24, 2024/25							
Traditional Component	Reporting Period	Count, Total Sessions by Year			Count, Total Participants by Year		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Talking Circle Implemented at least twice a month for residents who may participate in sessions lasting 1-2 hours each (scaled out to include FHYP participants in 2024). Total unduplicated resident count, FFY 2022/23-2024/2025: 128 TC ceremonies x 424 unduplicated residential clients. 22 Youth/Young Adult Participants through FHYP TC sessions.	10/01/22 - 09/30/25	38	57	24	172	172	151
FFYs 2023 - 2025: 119 Talking Circle ceremonies x 424 unduplicated residential clients.							
Sweat Lodge Implemented at least twice a month for Residents with sessions lasting up to 3 hours (scaled out to include FHYP participants in 2024). Total unduplicated resident count, FFY 2022/23-2024/2025: 94 SL ceremonies x 152 unduplicated residential client.and 24 Youth/Young Adult Participants through FHYP SL ceremony.	10/01/22 - 09/30/25	38	31	9	106	117	57
FFYs 2023 - 2025: 78 Sweat Lodge ceremonies x 247 unduplicated residential clients.							
Drum Circle Drop in "Learn the Drum & Songs" Workshops for Residents, taught by Indigenous Drummers. Residents are also invited to participate in AI/AN community Drum Circles and represent the Friendship House Drum for cultural gatherings. Total unduplicated resident count, FFY 2022/23-2024/2025: 90 DC sessions x 94 unduplicated residential clients.	10/01/22 - 09/30/25	6	13	25	5	68	73
FFYs 2023 - 2025: 44 Drum Circle sessions x 154 unduplicated residential clients.							
Walking the Red Road Way Implemented at least once a month for residents who may participate in sessions lasting 1-2 hours each. Total unduplicated resident count, FFY 2022/23-2024/2025: 24 RR sessions x 137 unduplicated residential clients.	10/01/22 - 09/30/25	32	24	13	154	159	83
FFYs 2023 - 2025: 69 Red Road sessions x 353 unduplicated residential clients.							
Traditional Healer - Individual Counsel Traditional Healers, Counselors, and Practitioners lead individual services for interested residents weekly. Total unduplicated resident count, FFY 2022/23-2024/2025: 152 TH-I sessions x 121 unduplicated residential clients.	10/01/22 - 09/30/25	13	21	4	13	21	4
FFYs 2023 - 2025: 152 Traditional Healer - Individual Counsel sessions x 121 unduplicated residential clients.							
Traditional Healer - Group Counsel Traditional Healers lead group ceremony services at least monthly, at FH. Total unduplicated resident count, FFY 2022/23-2024/2025: 24 TH-G sessions x 165 unduplicated residential clients.	10/01/22 - 09/30/25	28	40	21	135	163	160
FFYs 2023 - 2025: 152 Traditional Healer - 89 Group Counsel sessions x 383 unduplicated residential clients.							
Cultural Gatherings Cultural gatherings, including FHYP gatherings, are provided seasonally and annually. Total Participant Encounters: 54 CG x 4,038 participant encounters (residential clients, FHYP participants, and community members).	10/01/22 - 09/30/25	22	23	9	1,158	1,342	1,538
FFYs 2023 - 2025: 152 Traditional Healer - 54 Community Gatherings and Outreach Events x4,038 participant encounters.							

Appendices Table 2: Resident Demographics, FH Residential Substance Abuse Treatment Program (Data Source: GPRA Part A Questions). Oct 1, 2022 - September 30, 2025, n=551 Intakes.

What is your race?

Race	Frequency	Valid Rate
Black or African American	16	2.9 %
Asian	5	0.9 %
Native Hawaiian or Other Pacific Islander	1	0.2 %
Alaska Native	2	0.4 %
White	61	11.2 %
American Indian	345	63.3 %
Other	9	1.7 %
Chinese	1	0.2 %
Filipino	4	0.7 %
Korean	1	0.2 %
REFUSED	4	--
Missing	2	--
Multi-Racial	91	16.7 %
None selected	9	1.7 %
Total	551	100% *

Are you Hispanic, Latino/a, or of Spanish origin?

Hispanic or Latino	Frequency	Valid Rate
Yes	125	22.8 %
No	423	77.2 %
REFUSED	3	--
Total	551	100% *

What do you consider yourself to be?

Gender	Frequency	Valid Rate
Male	275	55.1 %
Female	222	44.5 %
Other	2	0.4 %
Total	499	100% *

What is your sexual identity?

Sexual Identity	Frequency	Valid Rate
Straight Or Heterosexual	382	86.0%
Homosexual (Gay Or Lesbian)	25	6.0%
Bisexual	20	4.1%
Queer, Pansexual, And/OR Questioning	11	2.1%
Asexual	3	0.7%
Other	5	1.1%
Total	446	100% *

What is your race - Multi-Racial breakdown?

Race	Frequency	Valid Rate
Black or African American	21	11.2 %
Asian	2	1.1 %
Native Hawaiian or Other Pacific Islander	1	0.5 %
Alaska Native	3	1.6 %
White	65	34.6 %
American Indian	80	42.6 %
Other	5	2.7 %
Filipino	7	3.7 %
Japanese	1	0.5 %
Korean	1	0.5 %
Other Asian	1	0.5 %
Other Pacific Islander	1	0.5 %
Total	188	100% *

What is your age group?

Age group	Frequency	Valid Rate
18-24	47	8.5 %
25-34	195	35.5 %
35-44	164	29.8 %
45-54	90	16.4 %
55-64	44	8.0 %
65+	10	1.8 %
REFUSED	1	--
Total	551	100% *

What is your relationship status?

Relationship Status	Frequency	Valid Rate
Married	39	8.0%
Single	288	59.1%
Divorced	26	5.3 %
Separated	28	5.7 %
Widowed	12	2.5 %
In a relationship	91	18.7 %
In multiple relationships	3	06 %
Refused	2	--
Total	489	100% *

* Please note that due to rounding and single precision the sum or percentages for each question may not total to 100.

Appendices Table 3: Demographics and Satisfaction, FH Residents who Completed Core Measures. July 1, 2022 - June 30, 2025, n=114 Intakes, 42 Follow-Ups.

Participant Demographics (Pre-Core Measure, n=114)

Race	%=100%	n=114
American Indian or Alaskan Native	92%	105
Black or African American	1%	1
Asian	2%	2
Multi-Racial	5%	6

Ethnicity	%=100%	n=114
Mexican/Chicano	3%	3
Other Latino	1%	1
Not Hispanic/Latino	96%	110

Gender Identity	%=100%	n=114
Male	46%	52
Female	52%	60
Transgender	2%	2

Sexual Identity	%=100%	n=114
Straight	84%	97
Gay	3%	3
Lesbian	2%	2
Bisexual	4%	5
Pansexual	1%	1
No attraction to anyone romantically	2%	2
Not sure of who I am attracted to sexually	1%	1
Something Else	3%	3

Participant Satisfaction (Post Core Measure, n=42)

Clients Liked the Services Received (n=42; %=100%)		
Strongly Agree	67%	28
Agree	28%	12
Neutral	5%	2

Client Would Recommend this Agency to a Friend or Family Member (n=42; %=100%)		
Strongly Agree	72%	30
Agree	26%	11
Neutral	2%	1

Services Available to the Client Were Good for Them (n=42; %=100%)		
Strongly Agree	60%	25
Agree	33%	14
Neutral	5%	2
Disagree	2%	1

It was Easy to Talk to the Staff When Client first Called/ Arrived (n=42; %=100%)		
Strongly Agree	52%	22
Agree	31%	13
Neutral	12%	5
Disagree	5%	2

Staff Respected Client's Race and/or Ethnicity (n=42; %=100%)		
Strongly Agree	64%	27
Agree	29%	12
Neutral	5%	2

Staff Respected Client's Religious or Spiritual Beliefs (n=42; %=100%)		
Strongly Agree	64%	27
Agree	29%	12
Neutral	5%	2
Strongly Disagree	2%	1

Staff Respected Client's Gender Identity and/or Sexual Orientation (n=42; %=100%)		
Strongly Agree	64%	27
Agree	31%	13
Neutral	5%	2

Staff Are Willing to be Flexible and Provide Alternative Approaches or Services to Meet Client's Needs (n=42; %=100%)		
Strongly Agree	55%	23
Agree	33%	14
Neutral	5%	2
Disagree	5%	2
Not Applicable	2%	1

The People Who Work Here Respect Client's Cultural Beliefs, Remedies and Healing Practices (n=42; %=100%)		
Strongly Agree	67%	28
Agree	29%	12
Neutral	2%	1
Missing Answer	2%	1

Clients Deal More Effectively With Daily Problems as a Direct Result of Their Involvement in the Program (n=42; %=100%)		
Strongly Agree	54%	23
Agree	31%	13
Neutral	10%	4
Missing	5%	2

Symptoms/Problems Aren't Bothering Clients as Much as a Direct Result of Their Involvement in the Program (n=42; %=100%)		
Strongly Agree	50%	21
Agree	29%	12
Neutral	9%	4
Disagree	5%	2
Not Applicable	5%	2

Appendices Table 4: Resident Outcomes, FH Residential Substance Abuse Treatment Program
Data Source: GPRA Part B-F Questions
Oct 1, 2022 - September 30, 2025 (n=551 Intakes; and n=273 Follow-ups. 50% Follow-Up Rate)

Table 4. GPRA NOMS and Drug Use Outcomes

National Outcome Measures (NOMS) and Drug Use Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Abstinence: did not use alcohol or illegal drugs	272	18.0%	83.1%	361.2%
		Alcohol		59.2%	9.9%	-83.2%
		Cocaine		9.2%	0.7%	-92.0%
		Cannabis		41.5%	7.4%	-82.3%
		Opioid		7.0%	0.0%	-100.0%
		Other Stimulants		39.0%	5.5%	-85.8%
		Hallucinogens and Psychedelics		2.2%	0.0%	-100.0%
		Sedative, Hypnotic, or Anxiolytics		1.1%	0.0%	-100.0%
		Other Psychoactive Substances		1.1%	0.0%	-100.0%
		Inhalants		0.7%	0.4%	-50.0%
		Tobacco and Nicotine		62.2%	62.2%	0.0%
		Legal: has no past 30-day arrests	273	92.7%	98.5%	6.3%
		Employment/Education: were currently employed or attending school	273	10.3%	57.9%	464.3%
		Social Connectedness: were socially connected	273	89.0%	94.1%	5.8%
		Stability in Housing: had a permanent place to live in the community	272	27.9%	31.3%	11.8%
Mental Health Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Depression	273	63.0%	35.2%	-44.2%
		Anxiety	273	74.7%	48.7%	-34.8%
		Hallucination	273	11.0%	2.2%	-80.0%
		Trouble understanding, concentrating,or remembering	273	45.8%	22.7%	-50.4%
		Trouble controlling violent behavior	273	5.9%	1.8%	-68.8%
		Attempted suicide	273	4.8%	0.4%	-92.3%
		Been prescribed medication for psychological or emotional problems	273	38.1%	34.8%	-8.7%
Risky Behavior Outcomes						
Count of Intakes	Count, Matched 6-Mo. Follow-Up	Measure Type	# Valid Cases	% at Intake	% at 6-Month Follow-Up	Rate of Change
551	273	Used Injected Drugs	273	5.1%	0.4%	-92.9%
		Had Unprotected Sex	272	32.7%	21.0%	-36.0%
		Had unprotected sex with an individual who is or was HIV positive or has AIDS	67	0.0%	0.0%	0.0%
		Had unprotected sex with an individual living w/ HIV and not taking HIV medications	272	0.4%	0.4%	0.0%
		Had unprotected sex with an injection drug user	272	2.9%	1.1%	-62.5%
		Had unprotected sex with an individual high on some substance	272	15.1%	2.6%	-82.9%

Appendices Table 5: GPRA T-Test Analyses of Resident Outcomes, FH Substance Abuse Treatment Program
Data Source: GPRA Part B-F Questions
Oct 1, 2022 - September 30, 2025 (n=551 Intakes; and n=241 Matching Follow-ups. 44% Follow-Up Rate)

Measure Substance Use	Pre Mean Score	Pre Mean SD	Pre n	Post Mean Score	Post Mean SD	Post n	Effect Size (Cohen's d)	Significance
In the past 30 days, the client report using:								
Alcohol	0.573	0.692	241	0.104	0.306	241	0.642	<0.001
Cocaine	0.046	0.526	241	0.008	0.091	241	0.70	0.280
Cannabis	0.394	0.688	241	0.705	0.257	241	0.472	<0.001
Opioid Heroin	0.021	0.540	241	0.000	0.000	241	0.41	0.523
Opioid Fentanyl	0.079	0.553	241	0.025	0.156	241	0.100	0.123
Opioid OxyContin	-0.0290	0.451	241	0.000	0.000	241	-0.064	0.318
Stimulant Methamphetamine	0.386	0.687	241	0.581	0.234	241	0.478	<0.001
Stimulant Other	-0.029	0.451	241	0.000	0.000	241	-0.064	0.318
Measure, Crime and Criminal Justice								
In the past 30 days, how many times have you been arrested?	0.083	0.276	241	0.017	0.128	241	0.225	< 0.001
Are you currently incarcerated?	0.008	0.091	241	0.012	0.111	241	-0.029	0.656
Are you currently awaiting charges, trial, or sentencing?	0.195	0.397	241	0.087	0.739	241	0.146	0.024
Are you currently on parole or probation or intensive pretrial supervision?	3.095	1.358	241	3.167	1.319	241	-0.072	0.266
Measure Risky Behavior								
In the past 30 days:								
Did you engage in unprotected/condomless sex?	-0.315	1.197	241	-0.506	0.945	241	0.164	0.011
Were any of your partners a person who injects drugs?	-0.625	0.542	240	-0.754	0.459	240	0.231	< 0.001
Were any of your partners high on one or more substances?	-0.502	0.748	241	-0.739	0.502	241	0.317	< 0.001
Measure Mental Health								
In the past 30 days, the client reported:								
Depression	0.618	0.487	241	0.332	0.472	241	0.505	< 0.001
Anxiety	0.734	0.443	241	0.469	0.500	241	0.452	< 0.001
Hallucination	0.116	0.321	241	0.021	0.143	241	0.136	< 0.001
Trouble understanding, concentrating, or remembering	0.469	0.500	241	0.195	0.397	241	0.493	< 0.001
Trouble controlling violent behavior	0.058	0.234	241	0.017	0.128	241	0.163	0.012
Attempted suicide	0.116	0.321	241	0.0207	0.143	241	0.189	< 0.001
Measure Employment and Education								
Are you currently enrolled in school or a job training program?	1.079	0.339	241	1.295	0.639	241	-0.320	< 0.001
Are you currently employed?	6.274	1.775	241	2.917	2.17	241	1.368	< 0.001
Measure Housing Stability								
In the past, where have you been living most of the time?	3.452	1.117	241	3.917	0.458	241	-0.402	< 0.001

Appendices Table 6: Core Measures T-Test Analyses of Resident Outcomes, FH Substance Abuse Treatment Program. Data Source: Questions from SWE Core Measures
Oct 1, 2022 - September 30, 2025 (n=113 Intakes; and n=39 Matching Follow-ups. 34% Follow-Up Rate)

Measure	Pre Mean Score	Pre Mean SD	Pre N	Post Mean Score	Post Mean SD	Post N	Effect Size (Cohen's d)	Significance
Cultural Connection								
About how often during the past 30 days did you feel connected to your culture.	2.41	1.141	39	1.69	0.80	39	0.572	<0.001
Sense of Balance								
About how often during the past 30 days did you feel balanced in mind, body, spirit, and soul?	2.46	1.211	39	1.87	0.833	39	0.393	0.019
Nervousness								
About how often during the past 30 days did you feel nervous?	2.59	1.066	39	3.46	1.145	39	-0.838	<0.001
Level of Effort								
About how often during the past 30 days did you feel that everything was an effort?	3.16	1.385	39	3.73	1.262	39	-0.429	0.013
General Health								
Would you say that in general your health is.....(excellent, very good, good, fair, poor)?	3.13	0.665	39	2.71	0.867	39	0.444	0.009

Questionnaire coding based on CDEP Data Dictionary: 1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor.

Appendices Table 7: Findings, FH Resident Satisfaction Survey

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

Study Period: October 1, 2022- September 30, 2025; n=201 Survey Respondents (201/551 or 36% of resident population)

OVERALL SATISFACTION			
Measure Type	Yes	Partially	No
Overall, are you satisfied with the services you received through Friendship House?	85.49%	9.84%	4.66%

SERVICE RATING					
Measure Type	Excellent	Good	Adequate	Not Very Good	Inadequate
How would you rate the services you received through Friendship House?	58.55%	27.46%	10.36%	2.59%	1.04%

GENERAL EXPERIENCE					
Measure Type	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I felt that the Friendship House Intake process was easy to complete.	49.25%	43.28%	3.48%	3.48%	0.50%
The Intake Coordinator returned my call for intake within 24 hours.	39.00%	44.50%	7.50%	5.50%	3.50%
I felt that staff members took the time to listen to and understand my needs.	49.50%	38.00%	7.50%	5.00%	0.00%
I was informed of client policy, program requirements and resident expectations.	52.24%	38.81%	4.48%	2.49%	1.99%
I was involved in developing my treatment plan.	50.75%	35.82%	7.46%	2.99%	2.99%
I was comfortable with my counselor.	59.20%	26.87%	4.98%	5.97%	2.99%
I felt that I got the help I needed.	53.73%	33.83%	3.98%	6.47%	3.38%
I would recommend Friendship House to a friend or relative in need of similar help.	59.20%	25.87%	3.48%	6.47%	4.98%

CBPR Questions - Feedback to The Village (n=61 residential clients)					
Measure Type	Yes	No	Not sure		
Do you feel that having access to a space to connect with nature would support you in recovery?	73.77%	1.64%	24.59%		
Would you be interested in an internship or job opportunities related to tending to land, farming and harvesting traditional medicines?	51.61%	11.29%	37.10%		
Would you like to learn more about traditional medicines and ceremonies and how they can support you in recovery?	73.33%	6.67%	20%.00		
Measure Type	Very Important	Important	A Little Important	Not Important	No Opinion
How would you rank the importance of traditional medicine on your journey of sobriety?	62.30%	14.75%	0.00%	0.00%	22.95%

SERVICE EXPERIENCE

Measure Type	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I felt the services I received addressed the help I needed.	55.72%	33.33%	4.98%	3.98%	1.99%
The program setting was comfortable.	48.76%	38.31%	4.98%	6.97%	1.00%
The program environment was clean.	55.22%	35.32%	3.48%	4.48%	1.49%
I was provided with assistance for reading and filling out forms and documents as needed.	48.76%	38.31%	1.99%	4.48%	6.47%
My counselor met with me at least once per week during my treatment.	55.00%	27.50%	8.00%	4.50%	5.00%
While in treatment, referrals were provided to help me with my medical needs.	51.24%	34.33%	4.98%	3.48%	5.97%
While in the program, referrals were provided to help me with my wellness needs.	48.26%	37.31%	4.98%	4.48%	4.9%
The activities related to GED or other education support were helpful for me.	28.36%	26.37%	5.97%	4.48%	34.83%
The activities related to finding a job were helpful to me.	30.85%	22.89%	7.46%	4.48%	34.83%
I received a Discharge Plan.	41.79%	30.85%	8.96%	6.47%	11.94%

CULTURAL RELEVANCE

Measure Type	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I felt my cultural needs were understood.	55.72%	30.35%	3.48%	7.46%	2.99%
I felt that my cultural beliefs were respected.	57.71%	28.86%	5.47%	6.47%	1.49%
I learned new information about American Indian culture.	54.23%	32.34%	4.98%	5.97%	2.49%
I learned new values related to American Indian culture.	53.73%	33.83%	3.98%	6.47%	1.99%
I felt that appropriate cultural information was included in treatment services to support my recovery.	56.28%	30.65%	5.53%	5.03%	2.51%
I can apply new skills related to what was taught through Sweat Lodge Ceremony.	46.77%	28.86%	7.46%	5.47%	11.44%
I can apply new skills related to what was taught through Talking Circle.	58.21%	29.85%	4.98%	3.48%	3.48%
I can apply new skills related to what was taught through Traditional Healer Ceremony.	54.23%	27.36%	8.46%	3.98%	5.97%
I can apply new skills related to what was taught through Red Road to Recovery classes.	54.50%	26.00%	8.50%	4.50%	6.50%
I can apply new skills related to what was taught through Men/Women Wellness classes.	50.75%	33.33%	3.98%	4.48%	7.46%
I can apply new skills related to what was taught through Living in Balance classes.	45.27%	34.83%	5.97%	5.47%	8.46%
I can apply new skills related to what was taught through Food is Medicine classes.	38.36%	35.62%	2.74%	5.48%	17.81%
I feel that my involvement with Friendship House has helped me make a connection to the American Indian community.	55.28%	30.15%	5.53%	5.03%	4.02%



The Friendship House Association of American Indians

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