

Friendship House Healing Model

The Friendship House Association of American Indians (Friendship House or FH) is a nonprofit, community-based organization located in San Francisco and was established in 1963 to serve American Indians who were relocated from their reservations to the San Francisco Bay Area. The FH 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, and traditions.

Traditional Practices Sustainability Objective: By emphasizing indigenous knowledge and mentorship, this framework 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 services. Ten years later, the number of FH traditional healers, practitioners, and counselors increased to 27 Subject Matter Experts (SMEs).

Friendship House CDEP Study

The Friendship House Healing Model and Community Defined Evidence Practice (CDEP) Study utilizes a non-experimental study design, measuring variables as they naturally occur through FH programs and studied through the lens of tribal and intertribal healing practices to answer the following: *Does the integration of AI/AN healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical emotional), social and economic engagement, home stability, and cultural connectedness?* The traditional practices for FH CDEP examination during the 3-year study period included Traditional Counsel (Group and Individual), Sweat Lodge, Talking Circle, Drum Circle, Walking the Red Road Medicine Way, and Cultural Gatherings.

Key Takeaway & Next Steps

Future CDEP studies are needed:

- To further understand the significance, depth, and complexity of AI/AN cultural practices and how these continue to influence healing, wellness and resilience for AI/ANs across the lifespan.
- To further identify Return On Investment savings for taxpayer costs and to examine what is changed when the burden of living with undertreated/untreated mental health and substance use disorders is reduced.

Land Acknowledgement



The Friendship House Healing Center stands on the ancestral homeland of the Ramaytush Ohlone, the original inhabitants of the San Francisco peninsula. We pay our respect to the ancestors, elders and relatives of the Ramaytush Community.

Friendship House Healing Model and CDEP Visual



Friendship House Traditional Practices by Participant Count (October 1, 2022 - September 30, 2025)

77% (424/551) of residential clients participated in at least one FH ceremonial practice. 27 Traditional Healers, Counselors, Practitioners, and Helpers led FH Traditional Healing Practices. Participant counts by ceremonial activities:

- 424 (unduplicated) residents participated in Talking Circle (119 sessions total)
For Scalability Objective: 22 Youth/Young Adults participated in Talking Circle through the FH Youth Program (FHYP)
- 154 (unduplicated) residents participated in Drum Circle (44 sessions)
- 247 (unduplicated) residents participated in Sweat Lodge Ceremony (78 sessions)
For Scalability Objective: 24 Youth/Young Adults participated in Sweat Lodge through FHYP
- 353 (unduplicated) residents participated in Walking the Red Road Medicine Way (69 sessions)
- 33 (unduplicated) residents participated in 38 Traditional Healer - Individual Counseling sessions
- 383 (unduplicated) residents participated in 89 Traditional Healer - Group sessions
- 4,038 participant encounters were tracked across 54 cultural gatherings and outreach events

Population Outcomes - Friendship House Residential Clients

In assessing outcomes for clients of the Friendship House Residential Substance Abuse Treatment Program, baseline (n=551) and 6-months post enrollment data (n=273) was collected using the Government Performance Results Act (GPRA) tool. To further analyze GPRA Measures, a paired t-test analysis was conducted. 273 participants were matched between the pre- and post-test measures. Selected pre/post-test items included Abstinence, Mental Health, Risky Behavior, Justice Involvement, Employment and Education, and Housing Stability. **All measures showed significant change from baseline to follow-up, with some measures (risky behavior, mental health, employment, education, and housing stability) reflecting significant change across all associated analyses.**

For overall service satisfaction, **96% of residents rated Friendship House services as "good to excellent"** and 4% rated FH services as "adequate".

From baseline to 6-month follow-up:

- Abstinence increased** from 18% to **83%** ($p < 0.001$)
- Depression decreased** from 62% to **33%** ($p < 0.001$)
- Anxiety decreased** from 73% to **47%** ($p < 0.001$)
- Injection Drug Use decreased** from 5% to **0.4%** ($p < 0.001$)
- Arrest-Free Records increased** from 93% to **99%** ($p < 0.001$)
- Education/Job Placement increased** from 10% to **58%** ($p < 0.001$)
- Stable Housing increased** from 65% to **96%** ($p < 0.001$)

Stakeholder Feedback - Youth and Young Adults

To assess resilience, protective factors, and cultural connections, **78 individuals completed the FH Youth and Young Adults Survey.** In general, survey respondents indicated strong cultural identity, cultural connections, personal resourcefulness and resilience. Positive cultural identity and strong cultural connections are noted as consistent protective factors for Friendship House youth and young adult participants, as reported in annual evaluation reports and studies since 2018.

91% of youth & young adult survey participants feel a strong connection to their Tribe.

89% reported that their family members participated in ceremony activities with them.

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 community if given the opportunity.

Stakeholder Feedback - Community Members

To 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 the most (13 choices): Number One Selection - Cost of Living Expenses (52%).

Greatest Needs for the Bay Area AI/AN community:

- Number One Selection – Dental Health Services (53%)**
- Issues that Affect Your Household the Most:**
- Number One Selection – Cost of Living Expenses (52%)**

About Study Participants

Adult residents of the FH substance abuse treatment program included 551 residential clients. For race, 78% were AI/ANs (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.**

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, 18% were 15-17, 28% were 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations: **Most of the respondents were affiliated with (AI/AN) tribes (77%).** A smaller percentage reported cultural affiliation as White, Black/African American, Chinese, Hispanic, German, Mexican, and Irish.

Community Member Survey Participants (n=299). For Race (n=260): **58% of survey respondents were AI/AN,** 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.**



This work was made possible in part by funds received from CA Dept of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10531.

REZolution Indian Health Council, Inc.

Presenters

Justin Rodriguez (he/him), Project Coordinator
Larisa Yarbe (she/her), Community Engagement Representative
Lisa Brucks (she/her) MPH, Project Director



PURPOSE AND IMPLEMENTATION

REZolution's purpose is promoting healthy self-expression through tribal culture and the arts as a personal, group, and community coping skill as well as encouraging the utilization of behavioral health services.

REZolution goals include:

1. Increasing the number of visits to therapeutic services available through IHC's Behavioral Health Department
2. Encouraging personal growth and wellness and destigmatizing counseling services
3. Creating Showcase Performance Events with youth planners and community
4. Creating Art Based Activities with local youth promoting self-expression

- Implemented through working with tribal afterschool programs to design youth recruitment strategies and logistics
- Incorporating cultural knowledge was achieved by reaching out to community members about sharing tribal practices
- Cultural activities at events included bird singers, storytelling, drumming, and gourd painting

Groups Served

- **Youth Planning Cohorts:** Native American youth ages 14-24 years old from each of the 9 IHC serving Tribal reservations
- **Audience at Showcase Events:** All ages could attend Showcase Events, Workshops, Community Art Activities, and Events

EVALUATION DESIGN

- **Design:** Quantitative, Non-Experimental: Pre-Post with Single Group Design
- **Recruitment:** Cohort participants (youth planners) recruited per each tribe; recruited by purposive sampling via the education centers, afterschool programs and through word of mouth
 - Audience participants are recruited by convenience sampling, participants choose to attend and participate. Event shared through media to consortium area and by word of mouth.
- **Data Collection:**
 - Cohort method design by tribe youth planning group
 - Pre-Post surveys with youth planners
 - Audience surveys after showcase events
- **Data Analysis:**
 - Surveys administered online through Qualtrics program via phone or tablet or paper format
 - All cohort data were combined and analyzed
 - All audience survey data were combined and analyzed
- **Flexibility:** Built in with responsiveness to local tribes, each tribe felt ownership of their showcase event and activities were developed based on the voices of the youth and community
- **Survey instruments:**
 - EIS Ethnic Pride and Ethnic Differentiation. A Valk & K Karu, 2001. [Valk A, Karu K. Ethnic attitudes in relation to ethnic pride and ethnic differentiation. J Soc Psychol. 2001 Oct;141(5):583-601. doi: 10.1080/00224540109600573. PMID: 11758037.]
 - Sense of Community Survey (McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. Journal of Community Psychology, 14(1), 6–23. [https://doi.org/10.1002/1520-6629\(198601\)14:1<6::AID-JCOP2290140103>3.0.CO;2-I](https://doi.org/10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I))
 - QPR Evaluation



RESULTS

The vast majority of participants showed:

- Benefit in **reducing stigma** and seeking answers through improvement of mental health with **positive coping skills**
- Cultural teachings are directly connected to mental and spiritual wellbeing
- Newly acquired mental health coping skills and practicing positivity daily with others

Youth participants:

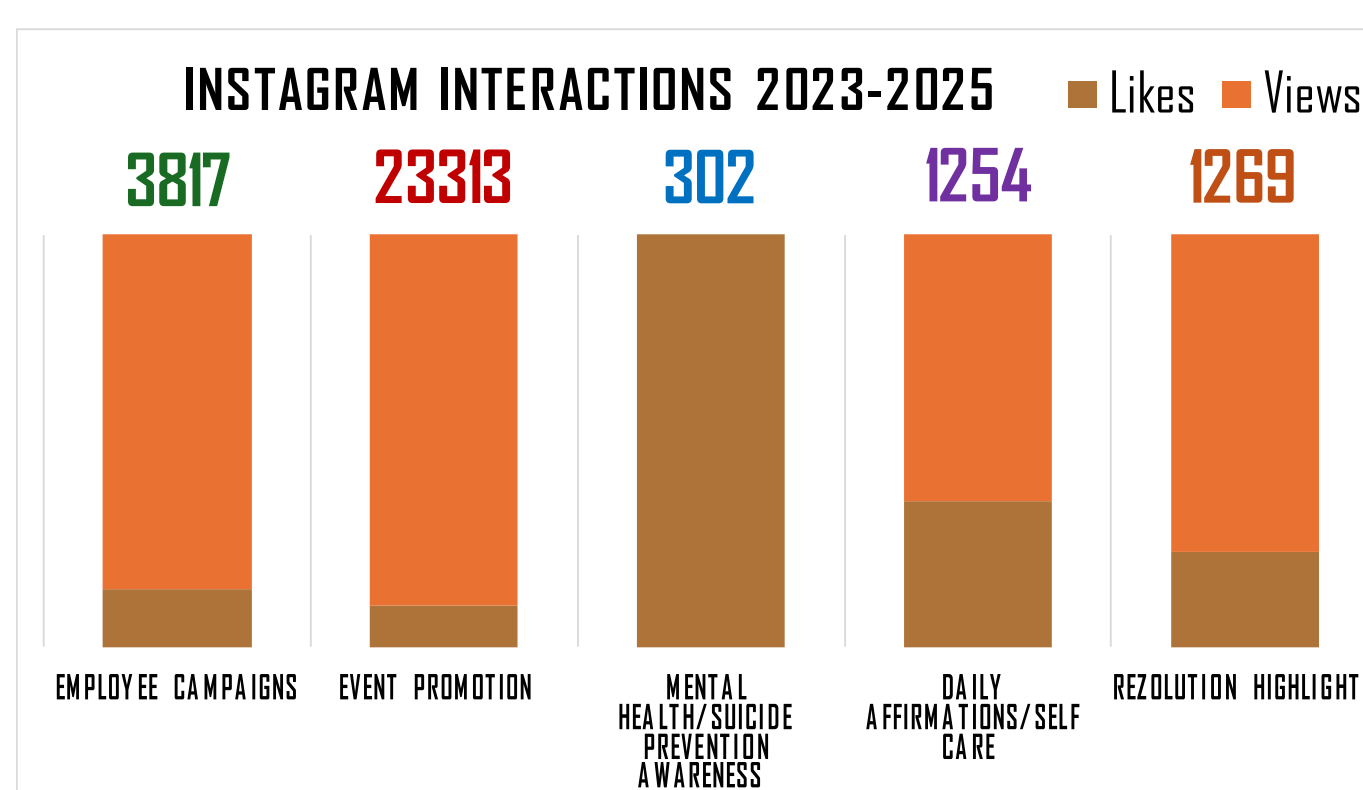
- worked with tribal community to teach, build upon, celebrate, and strengthen cultural and **traditional practices and teachings**
- became more encouraged by the climbing levels of **community support** for their Showcase Events
- were interested, engaged, creative, aware and proud of their **tribal history**

REZolution became synonymous with inspirational and practical behaviors related to improvements in overall mental health.

Events & Projects

Love Your Ancestors Shoe Design
Health Gathering Mural & Walking Sticks
Garden 'Glimmers of Hope' Art Night
Youth Set Design and Acting Workshop

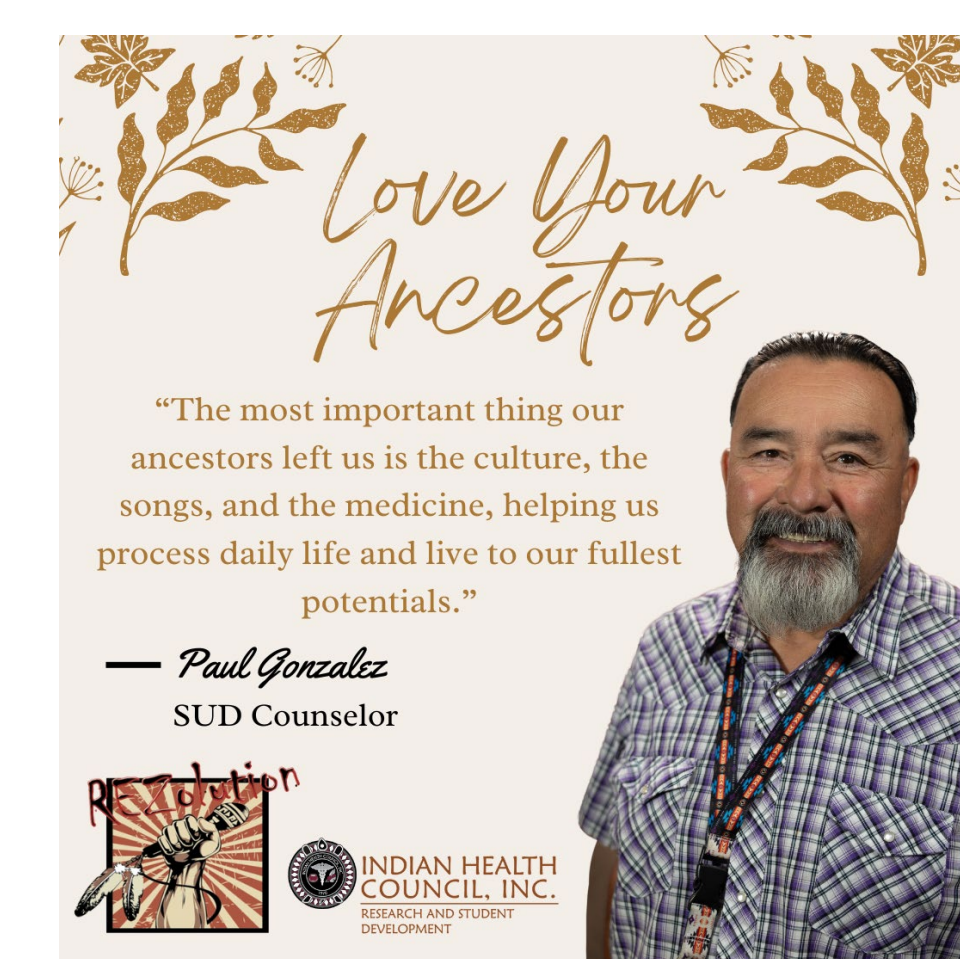
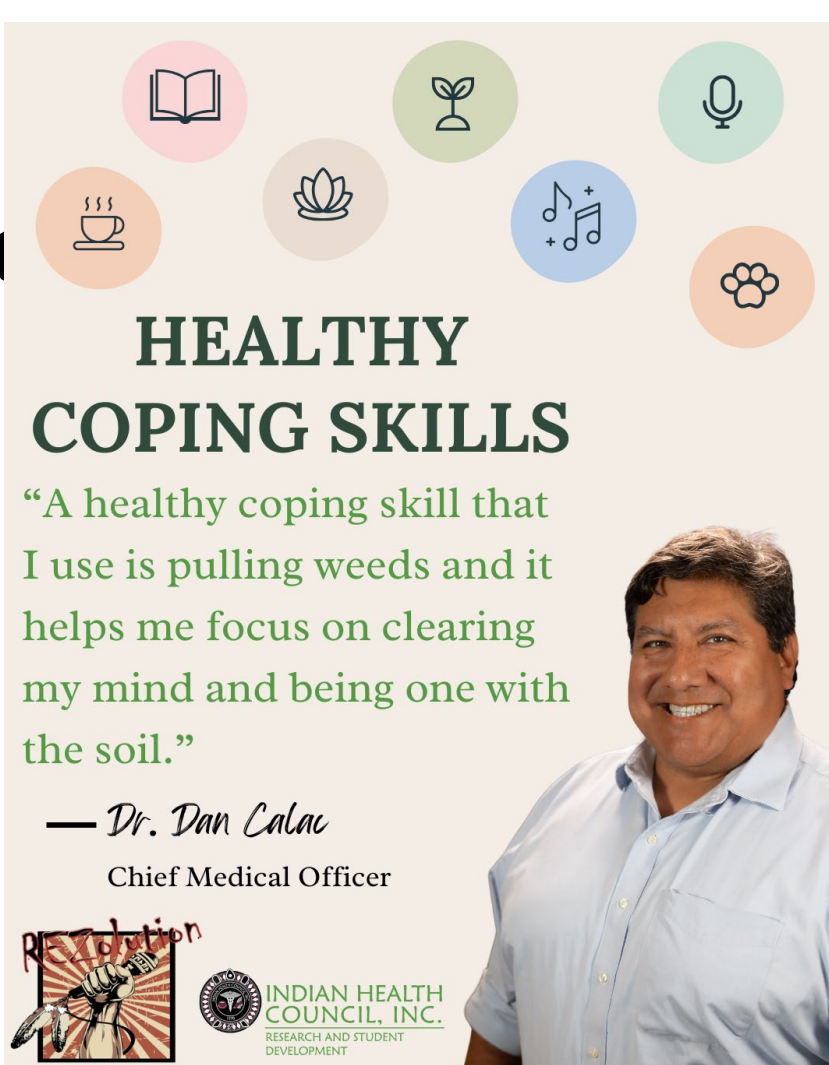
'Tradition in Every Bite' Cookbook
Interactive Bulletin Board
Little Library
Positivity Posters
Academic Tutoring/Support



Total Youth Planners: 34
Total Events/Activities: 6
Participants: 1,050

Media Campaigns

REZolutions
Art is Prevention
Your Life is Sacred
Love Your Ancestors
Sunrise Serenades
Native American Heritage Month

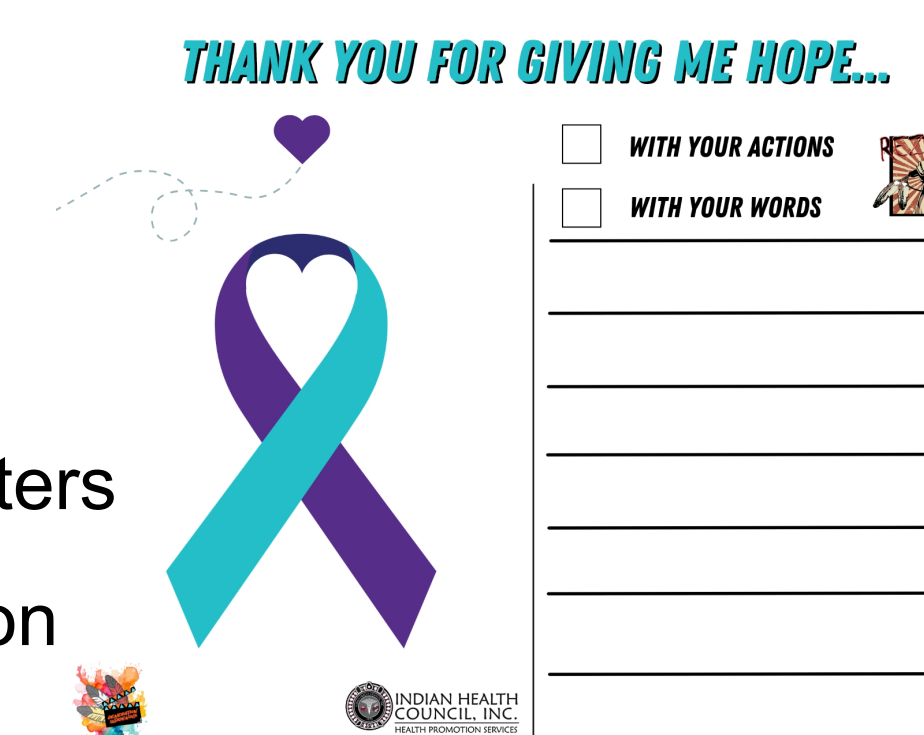


SUSTAINABILITY



- Hope Note was created to help say the positive things before it's too late
- Goal is to keep people alive by showing them the impact they have on our lives

- Allowed youth to become more familiar with expressing their emotions
- REZolution trained Hope Note facilitators for implementation in schools and tribal education centers
- QPR (Question, Persuade, Refer) suicide prevention training for youth was used in conjunction



KEY TAKEAWAYS

- Our work clearly demonstrates meaningful conversation with youth about mental health
- Youth value celebrating and strengthening cultural practices and teachings
- Youth groups demonstrated that mental and spiritual wellbeing is achieved through coping skills
- Practical implications are that understanding history, culture, and creativity are key motivators for youth
- Indicates the effectiveness of intergenerational connection between Tribal youth and Elders

NEXT STEPS

Recommendations:

- Develop a Youth Advisory Council for a more extensive and meaningful experience
- Intergenerational connection should be incorporated more to increase participation and cultural attainment
- Project should have strong social media footprint involving youth as future leaders
- REZolution is the realized vision of the past IHC CEO and grant writer Romelle Maje McCauley, with the goal to expand skill building opportunities in the next version of REZolution



ACKNOWLEDGEMENTS

IPP Name: Indian Health Council, Inc.
CDEP Name: REZolution
Priority Population: Native American
Local Evaluation Time Period: Sept. 2022 – Oct. 2025

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This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project Phase 2 Extension, Contract # 16 -10532



STRENGTHENING YOUTH AND FAMILIES PROJECT



NEXT STEPS AND KEY TAKEAWAYS

The main limitation is that the Strengthening Youth and Families Project evaluation had a small sample size, which was insufficient to determine statistically significant outcomes. This project did not collect data on the specific reasons underlying participants' responses. However, it is reasonable to consider that given the time period of data collection, broader contextual factors such as the political climate could have influenced participants' sense of cultural pride and identity, as well as their attendance and willingness or ability to participate in the research.

With these findings IHSCCV offers the following recommendations.

- 1 | CDEP activities are needed and wanted by the AIAN community of Santa Clara County and further investment is needed in sustaining these programs.
- 2 | Findings are consistent with messages shared by AIAN communities and highlight the need for continued research into culturally based approaches to mental health prevention and promotion.
- 3 | In the future, IHSCCV will engage with in-person recruitment approaches more strongly and spend more time directly engaged with the community and participants around evaluation.
- 4 | For future evaluation efforts, IHSCCV will develop a qualitative follow-up study to more deeply understand how CDEP activities impact mental health prevention and promotion.



PURPOSE, DESCRIPTION, AND IMPLEMENTATION

The Strengthening Youth and Families Project is a prevention/early intervention program that aims to prevent and/or reduce signs of early onset mental illness for American Indian people in Santa Clara County by increasing knowledge of mental health factors of historical trauma, suicide prevention, stigma and discrimination reduction, and access and linkages to services.

The activities are Traditional Song Class, Traditional Dance Class, San Jose Native Youth Empowerment Group, Cultural Arts Classes, Gathering of Native Americans (GONA), and Mini-Powwows. The population served by these activities was AIAN youth, transitional-aged youth, and adults.

A key strategy for incorporating cultural knowledge into the CDEP was implementation by experienced staff with AIAN cultural backgrounds.

Programs were grounded in the cultural traditions of those delivering the programming and in the core principles of the GONA, an evidence-based, culturally grounded approach that centers AIAN cultural values, traditions, and spiritual practices to address community-identified challenges.

EVALUATION DESIGN AND METHODS

The local evaluation design used for the CDEP work was quantitative. There was no qualitative data collection. The design included a convenience sampling methods inclusive of all participants in CDEP activities. The time period for collecting data presented here is from July 2024 to May 2025.

Quantitative Data was collected through self-administered online surveys using Microsoft Forms. The survey instrument was disseminated by IHSCCV and included both statewide evaluation measures and locally developed evaluation items.

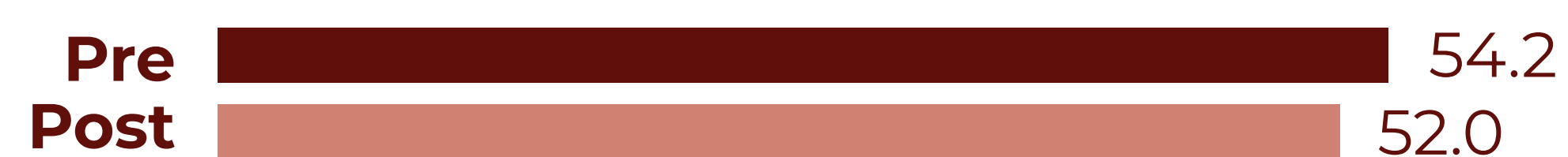
A strategy used to incorporate cultural knowledge involved piloting the survey with AIAN youth to gather their feedback on the appropriateness and relevance of the questions during Phase 2. IHSCCV used this feedback to revise and refine the survey accordingly. Additionally, during the Phase 2 extension, the evaluation team reviewed and updated the survey questions based on their ongoing work with the community and youth.

RESULTS

A subset of 16 respondents completed both intake and follow-up surveys, drawn from the full sample of 31 participants who were assessed over time in mental health, cultural connectedness, substance use, and other key measures. Results are reflective of the 14 participants aged 12 and over unless otherwise noted.

Key highlights of the include:

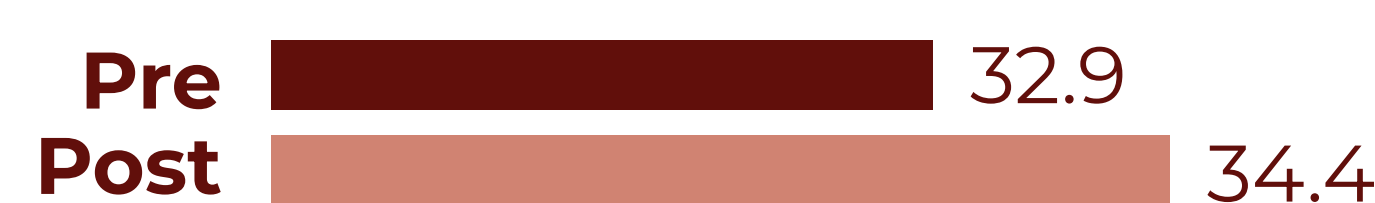
Responses on the Multi-group Ethnic Identity Measure (MEIM) showed strong agreement from baseline to follow-up for all responses options, but follow-up did see slight declines in several response options. These decreases are further supported by the baseline values (mean=54.21, SD=5.16) and follow-up values (mean=52.00, SD=12.75), but these decreases were not statistically significant (p-value=0.56).



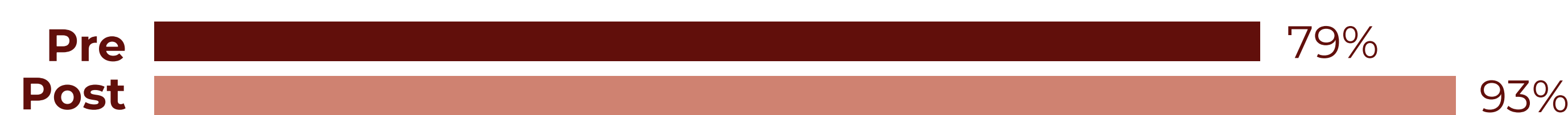
The social connectedness scale measures saw decreases from baseline to follow-up. The baseline average was 25.79 and the follow-up average was 22.64 (p-value=0.19).



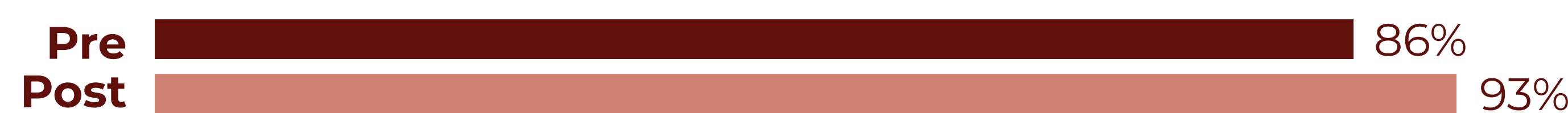
General Self Efficacy saw increases from baseline to follow-up. The mean score of the General Self-Efficacy Scale at baseline was 32.86 and the follow-up mean score was 34.43 (p-value=0.51).



The frequency of reported feelings of hopelessness improved, with a greater proportion of respondents indicating little to no hopelessness at follow-up (93%) compared to baseline (79%).



Feelings of depression were low amongst respondents at baseline and follow-up as 86% of respondents reported little to no feelings of depressions at baseline and 93% reported little to no feelings on the follow-up. These results are positive findings that the mental health of the respondents improved from baseline and follow-up (p-value=0.26).



ACKNOWLEDGEMENTS

This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract # 16-10535.

Michael Andrews, Justina Duran, Michael Duran, Anecita Miller, Neela Samayoa, Mariposa Evaluation Consultants

<https://indianhealthcenter.org>



Gathering of Native Americans (GONA): A Culture-Based Intervention to Improve Mental Health and Well-Being Among Native Youth into Adulthood

Paul Masotti, PhD, Director of Research and Evaluation, Jemzi Ortiz, M.S., Program Manager I, Research and Evaluation; Oakland, CA (unceded Ohlone lands)

“HEALTH IS EMBEDDED IN OUR CULTURE” - JANET KING

Implementation and Population

The Gathering of Native Americans (GONA) is a community-defined, culturally grounded intervention designed to strengthen cultural connection.

- Developed by Indigenous people for Indigenous people
- **Manualized four day, overnight, community-based intervention**
- Conceptualizes the community as the “patient,” where community healing promotes the wellness of individuals and their families
- **Functions as both a community needs assessment and a community intervention**
- Adapted to SF Urban Indian community and maintained fidelity
- **Population included youth ages 12-17 who self-identified as Native American**
- Facilitated by trained community members
 - Many former Youth GONA participants
- **Implemented in partnership with local cultural and spiritual leaders**
- Participants were referred through community networks
 - Primarily from the San Francisco Bay Area
 - **Represented diverse tribal affiliations (10+) multiracial identities**

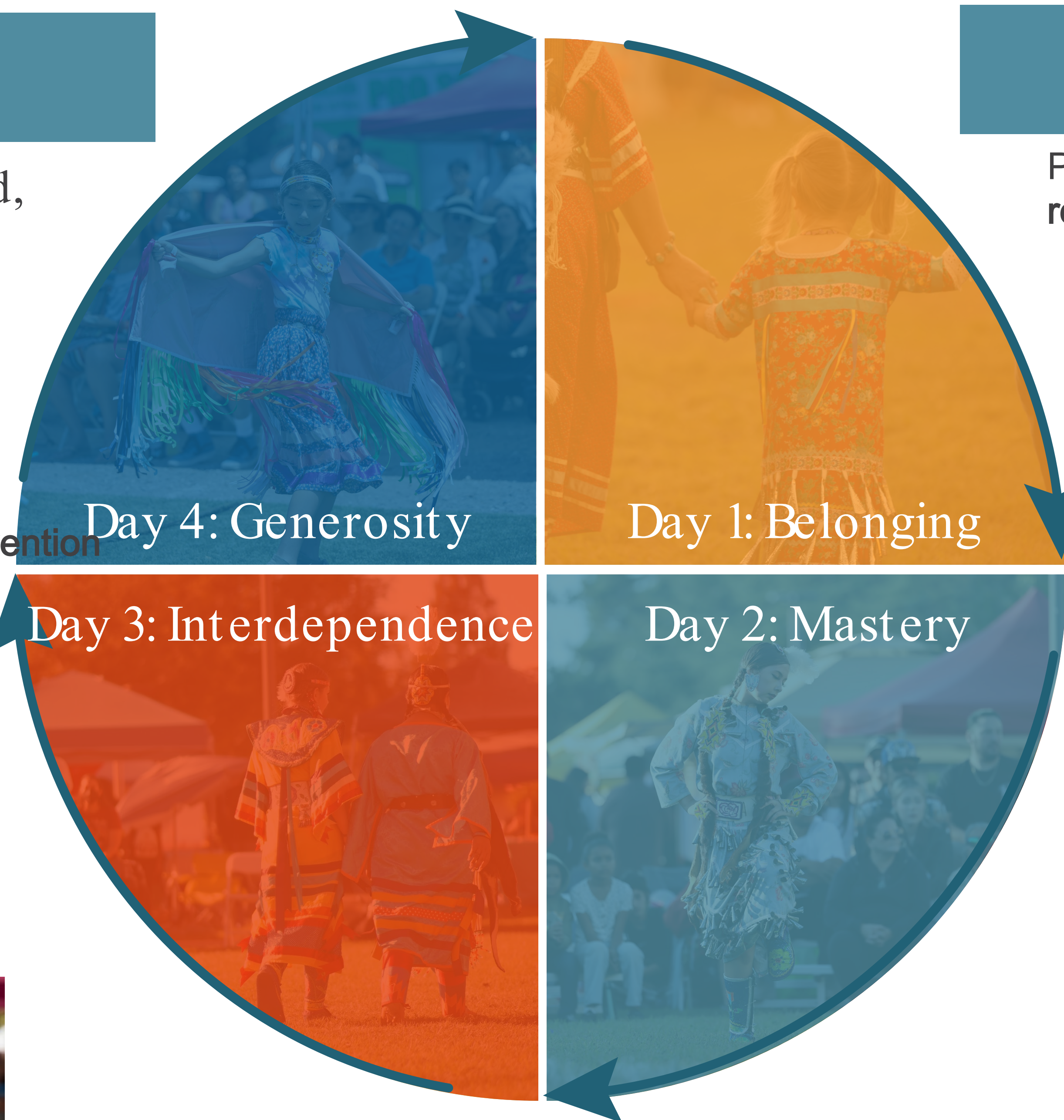


Figure 1. The GONA is a manualized curriculum that provides a framework for communities to address and heal from historical and intergenerational trauma, grief, and loss, organized around four main themes.

Results

Participants consistently reported positive experiences, strong feelings of belonging, and a desire to remain engaged with GONA and their peers.

- GONA participation was associated with significant increases in cultural connectedness immediately post-intervention and sustained at six months.
- Youth demonstrated improved mental health, hope, empowerment, and community engagement.
- Adult participants who attended a Youth GONA had significantly higher cultural connectedness and life satisfaction up to 10+ years later compared to non-participants.
- A positive dose-response was observed: more GONA participation was associated with higher cultural connectedness scores.
- Cost analyses suggest GONA is **cost-effective** compared to Western behavioral health modalities.

Outcomes of Adults (Age 18-30) Who Participated in Youth GONA (Age 12-18) Compared to Adults Who Did Not

Outcome	Difference between GONA Group (N=38) and Non-GONA (N=50) Group	p-value
Cultural Connectedness (CCS-CA)	+12.2 points	0.0002***
Life Changers Score	+4.7 points	0.0003***
Days Limited by Health	-5.4 days	0.021*
Life Satisfaction	+2.0 points	0.027*
Good Physical Health Days	-0.2 days	0.829
Good Mental Health Days	+0.8 days	0.624
Urgent Care Visits	-22.7%	0.527
ED Visits	-20.9%	0.512

* p < 0.05 ** p < 0.01 *** p < 0.001

Table 1. Adults who participated in a Youth GONA demonstrated significantly higher cultural connectedness, empowerment, life satisfaction, and fewer days of health-related limitations up to 10+ years later.



Evaluation Design and Methods

Study 1– Youth Prospective Study (Ages 12-17)
Mixed-methods longitudinal evaluation with data collected at baseline, post-GONA, and six-month follow-up. Measures included the Cultural Connectedness Scale (Short), Herth Hope Index, and Life Changers Instrument, along with qualitative feedback. NAHC developed and validated the Cultural Connectedness Scale (CCS-CA) a measurement tool created by, with and for Indigenous people.

Study 2– Youth GONA 2023 Cost Analysis
Prospective cost analysis conducted from the payer perspective to estimate total cost, cost per participant, and cost per participant per day. Sensitivity analyses were performed to evaluate costs under different variables.

Study 3–Retrospective Study of Adults (Ages 18-28) Who Participated in GONA as Youth (Ages 12-17)
Comparison of adults who participated in a GONA as a youth aged 12-17 (N=38) to a non-GONA control group (N=50) to assess long-term impacts on cultural connectedness, well-being, and healthcare utilization

Take Away Messages and Recommendations

GONA participation strengthens connection to culture for Native youth immediately and 10 years after into early adulthood. Evidence is clear that connection to culture is a protective factor and is a powerful Social Determinant of Health. Connection to culture is an important intervention objective and can be measured with the validated/ published Cultural Connectedness Scale-CA.

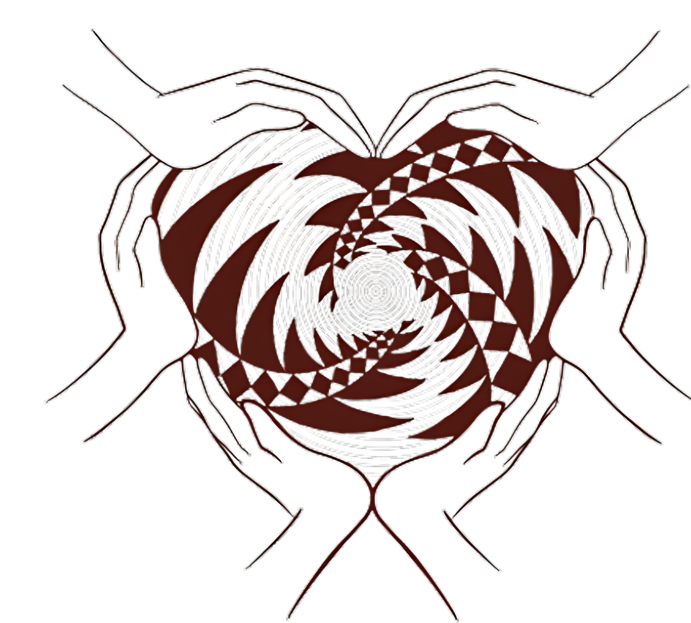
Community-defined, culture-based interventions and measurements, like GONA and the CCSCA, can address health inequities and complement healthcare systems. Community Defined Evidence Practices (CDEPs) like GONA can deliver and sustain individual, family, community, and system change.

Integrating CDEPs into health systems offers a promising pathway for sustainable, cost effective, and culturally inclusive care.



This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10533 A2. This project was supported through the California Reducing Disparities Project (CRDP) Phase 2 Extension. Local evaluation time was from 2022-2026. We would like to thank our intertribal Community Advisory Board, Culture is Prevention Project team members, Dr. Angela Snowshoe, Janice Linton, and the many community and staff members who have contributed to this work over the years. Special acknowledgement to Dr. Ana Johnson and research team at Queen's University for their evaluation support.

Sonoma County Indian Health Project, Inc: The Aunties & Uncles Program



This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10760

LOCATION

Sonoma County, California

WHO WE SERVE

- Native American Youth 14 - 24 Years Old
- Families
- Manchester/Point Arena Rancheria
- Kashia Band of Pomo Indians of Stewarts Point Rancheria
- Cloverdale Rancheria of Pomo Indians
- Dry Creek Rancheria
- Graton Rancheria
- Lytton Rancheria

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SOCIAL MEDIA



Sonoma County Indian Health Project, Inc.

ABOUT OUR PROGRAM

Aunties and Uncles Program (AUP) is an innovative, strengths-based program that centers culture as a protective factor in intergenerational, youth-focused behavioral health interventions. To normalize behavioral health challenges and reduce stigma, we engage youth and their families in cultural activities combined with behavioral health education, community resources, and self-care practices. These strategies include:

- Talking Circles (Youth/Adult/Elder)
- G.O.N.A (Gathering of Native Americans)
- Family Fun Nights (Bingo Night, Game Night, Paint Night, Etc.)
- Cultural Workshops (Beading, Clapper Sticks, Medicine Bag, Regalia, Etc.)
- Native Graduation
- Back-to-school Giveaway
- Memorial Gathering
- Veterans Celebration
- Native Clubs
- Native Youth Internship Program

AUP works in partnership with the six consortium tribes in Sonoma County. The community-based prevention approach requires nurturing of cultural and community relationships with a decentralized approach which enhances sustainability and representation of tribal leadership.



EVALUATION DESIGN & METHODS – 2018-2021 and 2023 - 2025

- The AUP evaluation focused on community-wide prevention and early intervention strategies for mental health and wellness with an emphasis on the Native Youth Internship.
- AUP program staff and the community-based Eagle Council guided the evaluation design, implementation and preliminary analysis of the data to assure cultural relevancy and competency.
- The mixed-methods evaluation design measured program process, community and individual impact outcomes.
- Qualitative data was collected through staff reported observations, key informant interviews, and focus groups to determine value, benefit and impact.
- Quantitative data included community participation rates for each event to demonstrate reach and exposure and pre/post-surveys to illustrate change in risk and protective factors for mental health.

RESULTS



650
COMMUNITY MEMBERS
SERVED PER YEAR

- Community building among Natives promotes belonging, supports resilience.
- Community events are inclusive and intergenerational
- Elders acknowledged and honored, children given space to play, youth engaged in a non-judgmental and safe space.
- Coming together allowed opportunities to meet new community members: youth met Native peers, elders and mentors allowing the exchange of knowledge to support family health and culture.

“ Affirmed, welcomed, related, confident, hopeful... ”

“ We felt we belonged... ”

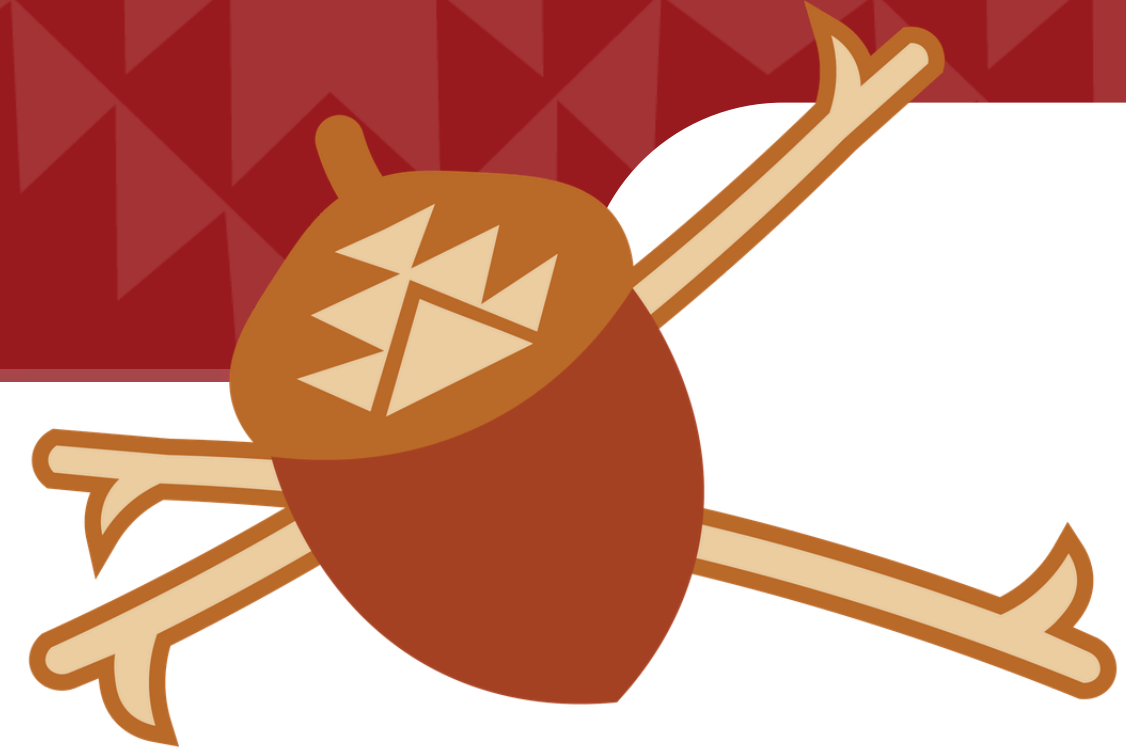
NEXT STEPS

Continuing Intergenerational events and activities honoring the culture by including the whole family. Family is the foundation for community. The benefits of community building were supported by the evaluation findings.



A.C.O.R.N Youth Wellness Program

Two Feathers Native American Family Services



CDEP Purpose, Description, and Implementation

The Two Feathers Native American Family Services Stick Game & Flower Dance project is an early intervention and prevention program designed to reduce mental health disparities among Native American youth by reconnecting young people to ancestral cultural practices that promote wellness, resilience, and community belonging. This culturally defined evidence practice (CDEP) strengthens youth mental health by fostering hope for the future; mitigating historical loss and grief; improving family relationships; and reinforcing individual, familial, and community connections. Through culturally grounded mentorship, intergenerational engagement, and ceremonial practice, the project supports mental, physical, spiritual, and emotional well-being.

Make it Stronger

A five-session series focused on physical wellness, cultural teachings, food sovereignty, language, and identity. This program integrates Stick Game and Flower Dance values into fitness and personal development activities.

Stick Game Programming

Youth receive mentorship on Stick Game protocol, cultural expectations, physical conditioning, and intertribal tournament readiness. Phase 2 added structured mentorship lines, more collaborative practices, and expanded regional tournaments.

Flower Dance Programming

Youth receive mentorship on Stick Game protocol, cultural expectations, physical conditioning, and intertribal tournament readiness. Phase 2 added structured mentorship lines, more collaborative practices, and expanded regional tournaments.

Authors

Dr. Virgil Moorehead Jr.



ACORN Participant 2019



Same Participant 2025

Next Steps and Key Takeaways

Culturally grounded interventions are not optional – they are essential to addressing the mental health disparities experienced by Native youth in Humboldt and Del Norte Counties.

Key Next Steps:

1. Sustain and expand funding to ensure long-term, year-round access to culturally based programming, especially for youth facing geographic or systemic barriers.
2. Formalize youth leadership pathways by creating structured roles such as youth ambassadors, peer mentors, and co-facilitators to strengthen long-term community capacity.
3. Invest in cultural material sovereignty and land-based learning by supporting gathering supplies, regalia-making, transportation, and access to cultural sites – core components tied to engagement and wellness outcomes.
4. Strengthen evaluation efforts through mixed-methods data collection, culturally grounded outcome measures, and youth involvement in evaluation to further validate and grow the evidence base for community-defined practices.



Evaluation Design and Methods

The Cultural Programming team worked collaboratively with the Internal Evaluator to design a culturally responsive evaluation plan, review findings, and develop interpretations and recommendations. Through this collaborative process, a mixed-methods evaluation design was selected. This design allowed the evaluation to document program reach through quantitative measures while also centering youth voice and individual stories through qualitative methods.

Quantitative Evaluation

Quantitative data were collected to describe program participation and demographic characteristics. Sign-in sheets were used at each program event and included youth age, gender, home location, guardian contact information, and transportation needs.

Qualitative Evaluation

Qualitative methods were used to explore youth experiences, cultural connection, and perceived program impact. Qualitative data were collected through focus groups and individual interviews using semi-structured discussion guides designed to promote consistency while allowing participants to share experiences in their own words.

Results

Evaluation findings from the ACORN Youth Wellness Program demonstrate strong evidence that culturally grounded programming positively impacts Native youth's sense of hope, belonging, cultural identity, and emotional wellness. Across all program components youth consistently reported meaningful increases in cultural connection, supportive relationships, leadership development, and engagement in community practices.

Acknowledgements

Two Feathers extends our deepest gratitude to the many hands and hearts who made this project possible. Throughout both phases of this work, our communities showed up in powerful and meaningful ways. We are especially grateful to our Community Advisory Committee, Cultural Consultants, dedicated staff – past and present – and the community leaders, Elders, and mentors who helped shape and uplift this program. This project reflects what is possible when we lead with collective care, shared vision, and an unwavering commitment to our youth and families.

UAII'S DRUM, DANCE, AND REGALIA PROGRAM



Overview

The Drum, Dance & Regalia Program is a community defined prevention and early intervention program for urban American Indian/Alaska Native (AI/AN) individuals in Los Angeles County. The program consists of 2-hour learning workshops held once per week and facilitated by AI/AN community leaders. The CRDP Phase II extension allowed for modifications to the program including the program length and adjustments to the evaluation design.

The hypotheses of the study remained the same. After participation in the program, participants were expected to:

1. Increase Cultural Identity
2. Improve Mental Health
3. Decrease Substance Use
4. Improve Coping Skills

Objectives

1. Finalize a Native American Cultural Revitalization Program.
2. Evaluate program effectiveness in increasing cultural identity, improving mental health, decreasing substance use, and improving coping skills.
3. Contribute to California's statewide investigation on the effectiveness of cultural interventions.



Strategies



Participants:
N = 95: 63% adults (18+), 23% adolescents (11-17), and 14% children (5-11).

Cycle 7 and 8 surveyed children 8 - 11 years old through self report instead of a proxy-guardian for children 5+.

Outcome Measure	Test	Cycle 6						Cycle 7/8							
		Adult		Adolescent		Child	Adult		Adolescent		Child				
		Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post				
Cultural Identity and Spirituality	SCI-2														
	MEIM														
	CCS-CA														
Mental health and wellness	PHQ														
	CES-DC														
	GAD														
	SCARED														
Substance Use	HLS														
	HLAS														
	TFSU														
Coping Skills	CRS SES														
	MDS														
	CAA														
Attendance															
Outlook	HHI														

10 Weeks of Regalia Making



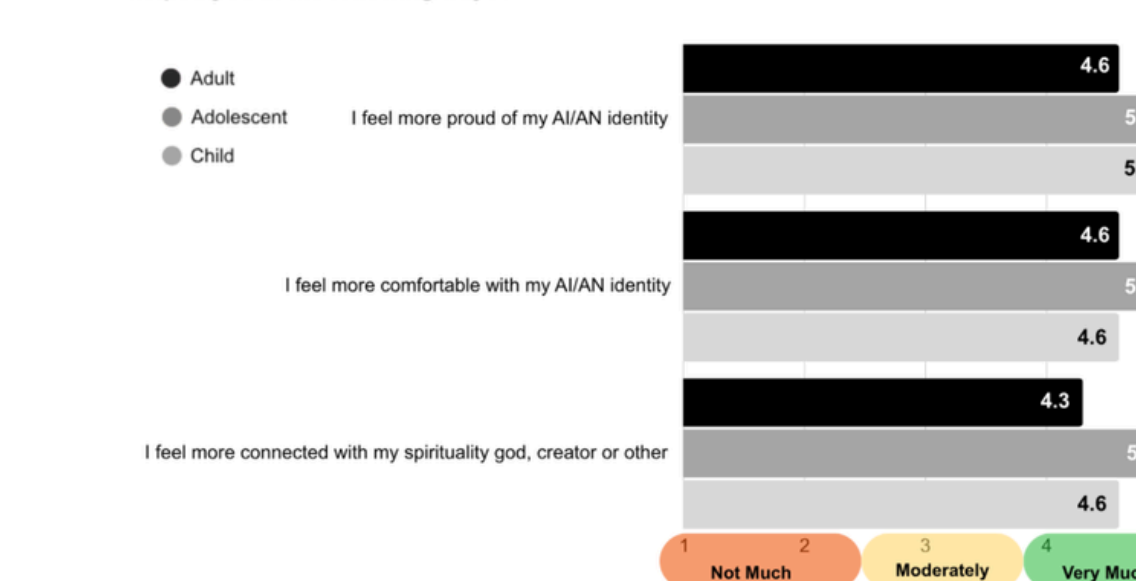
Outcomes

Cultural Identity & Spirituality

- Cycle 8, children showed a significant increase on the Sense of Community Index-2.
- Over 50% of adults in cycles 6 and 8 and adolescents in cycles 7 and 8 showed increased sense of community.

Cultural and Activity Assessment

Since participating in cultural and traditional activities, how much do you think they have helped you in the following ways?



Cycle 6, post 20 survey participants regarded the program "very much" helpful for improving cultural identity and spirituality using the Cultural and Activity Assessment.

Mental Health

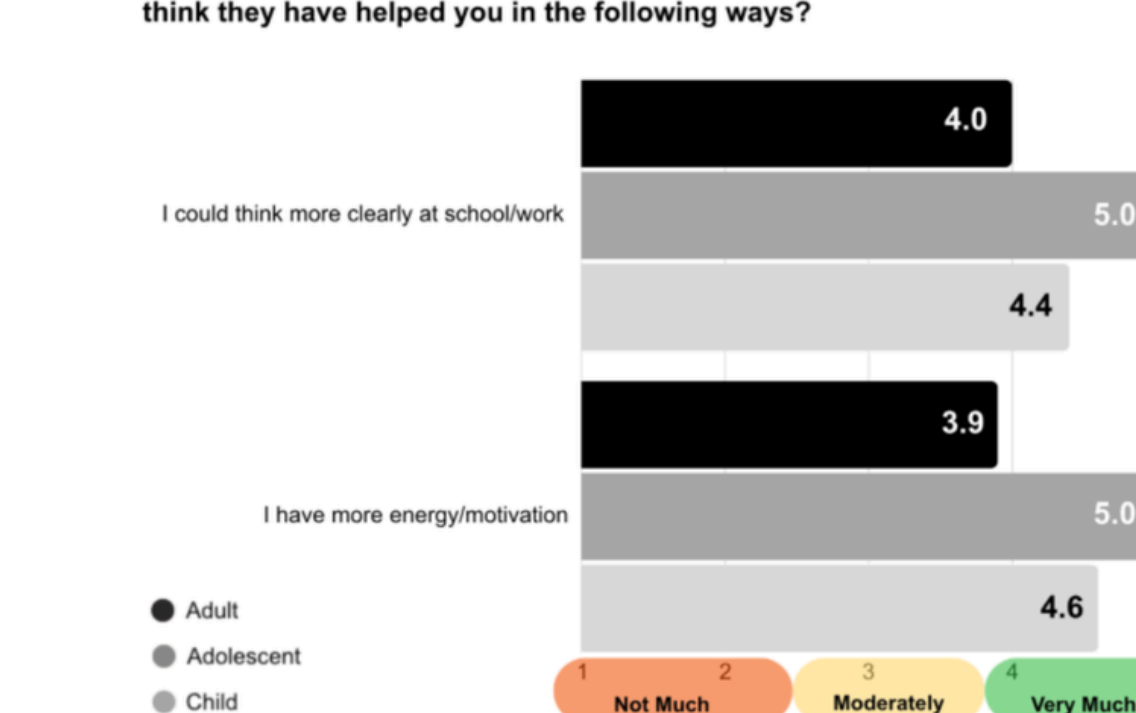
- Adults: Up to 80% improved depression; 57% improved anxiety
- Adolescents: 64% improved depression in Cycle 8; 58% improved anxiety
- Children: 67% improved on depression and anxiety by post-week 10 in Cycle 8

Substance Use

- Adult reductions in non-daily cigarette, daily/binge alcohol, and marijuana use
- Adolescents cycle 6, post 20 survey reported decreased desire to use drugs and alcohol

Coping Skills

Since participating in cultural and traditional activities, how much do you think they have helped you in the following ways?



Cycle 6, post-20 survey participants regarded the program "very much" to "moderately" helpful for thinking more clearly and having more energy/motivation.

Methodological Impact

- Shift from proxy to self-report (Cycles 6 → 7/8) revealed deeper emotional impacts
- Shorter surveys in later cycles improved participation and data quality

Next Steps

- Continue refining culturally responsive evaluation methods
- Disseminate findings across Tribal, state, and academic partners
- Support statewide efforts to expand culturally rooted mental health models
- Sustain programming through CDEP and advocate for reimbursement pathways



Los Angeles CA