

A photograph of a man in a bright green sweater lifting a young child in a blue jacket. The child is smiling and looking towards the camera. The background is a bright, outdoor setting, possibly a beach or park.

Collaborative Effort to Identify Culturally Relevant and Effective Substance Use Prevention Programs for Tribal Communities

August 28, 2019
National Prevention Network

Who are we?



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Today's Journey

- ▶ Introductions
- ▶ Warm-up Activity
- ▶ Prevention Research Context
- ▶ WA State Context
- ▶ WA State Project
 - ▶ Process & Results
- ▶ Q&A and Next Steps



Our Guiding Questions

- ▶ Which substance use disorder prevention programs have evidence of effectiveness with tribal communities?
- ▶ How do we balance research evidence, cultural relevance, and community needs for selecting substance use prevention programs?
- ▶ How can a collaborative approach be used to identify effective substance use prevention programs for tribal communities?

Warm-up Activity

First, reflect on the following question on your own. Then, turn to your neighbor, introduce yourself, and share.

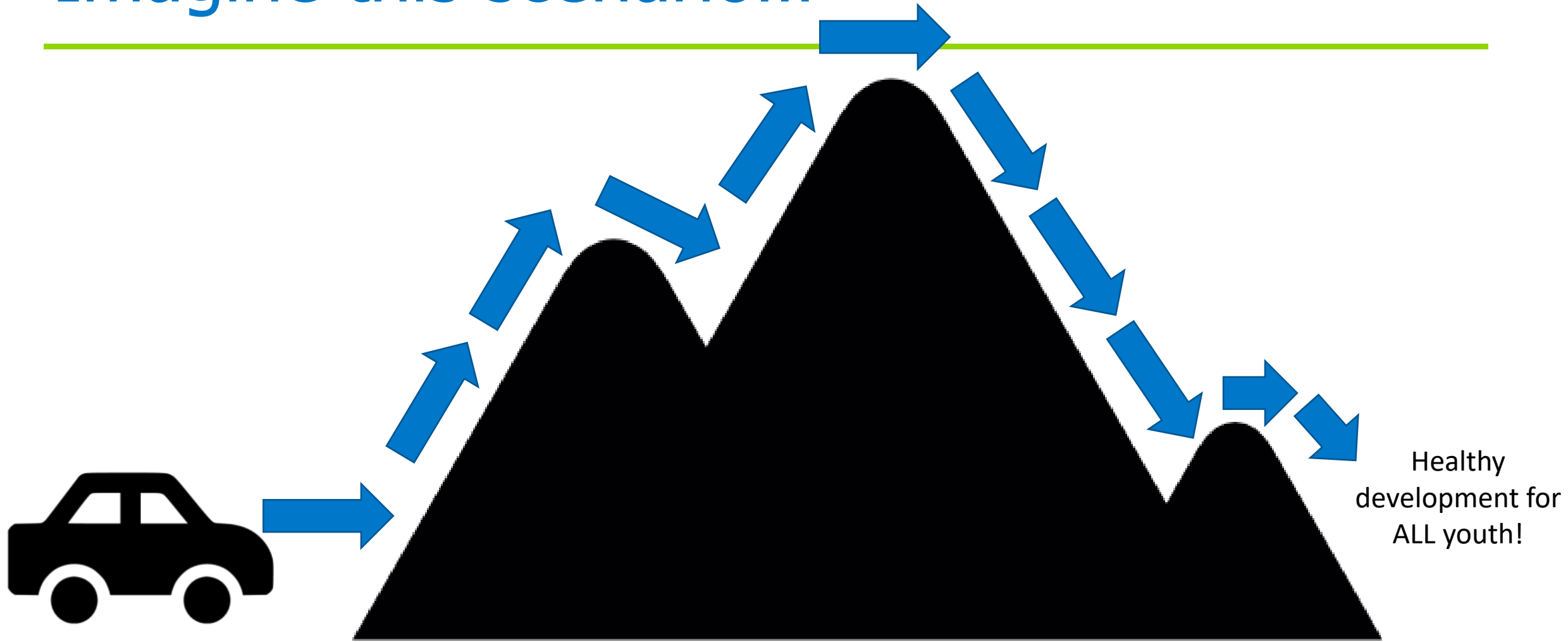
In your experience, what are some challenges when trying to select and/or adapt a substance use prevention program to implement with Native youth and families?



Prevention Research Context



Imagine this scenario...



Healthy
development for
ALL youth!

50 years ago, we had good intentions, but untested ideas.

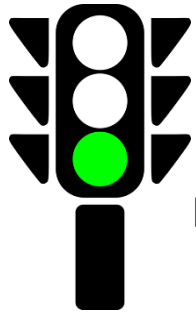


1970's:
Scared Straight &
Just Say "No"



Healthy
development for
ALL youth!

The *science* of prevention resulted in...



1990's:
Risk & Protective
Factor Paradigm Shift

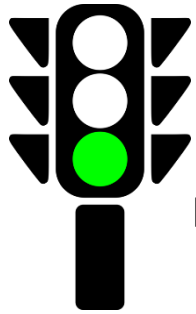


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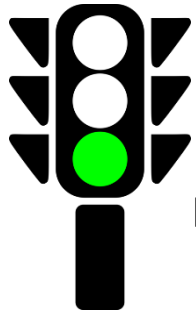
2000's:
80+ effective policies
& programs



1970's:
Scared Straight &
Just Say "No"

Healthy
development for
ALL youth!

Prevention has come a long way!



1990's:
Risk & Protective
Factor Paradigm Shift



2000's:
80+ effective policies
& programs

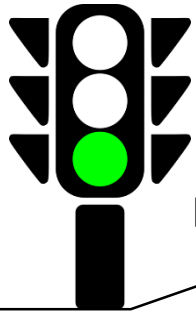


Healthy
development for
ALL youth!



1970's:
Scared Straight &
Just Say "No"

But, we still have work to do.



1990's:
Risk & Protective
Factor Paradigm Shift

Are there unique
risk/protective factors for
tribal youth and families?



1970's:
Scared Straight &
Just Say "No"



2000's:
80+ effective policies
& programs

But, do these work for tribal
youth and families?



Now:
Effective
interventions not
widely used, but
why?

Healthy
development for
ALL youth!

The Evidence-based Policy Approach

- ▶ Direct limited resources to **evidence-based** programs (EBPs).
- ▶ But, why is this problematic for tribal communities?



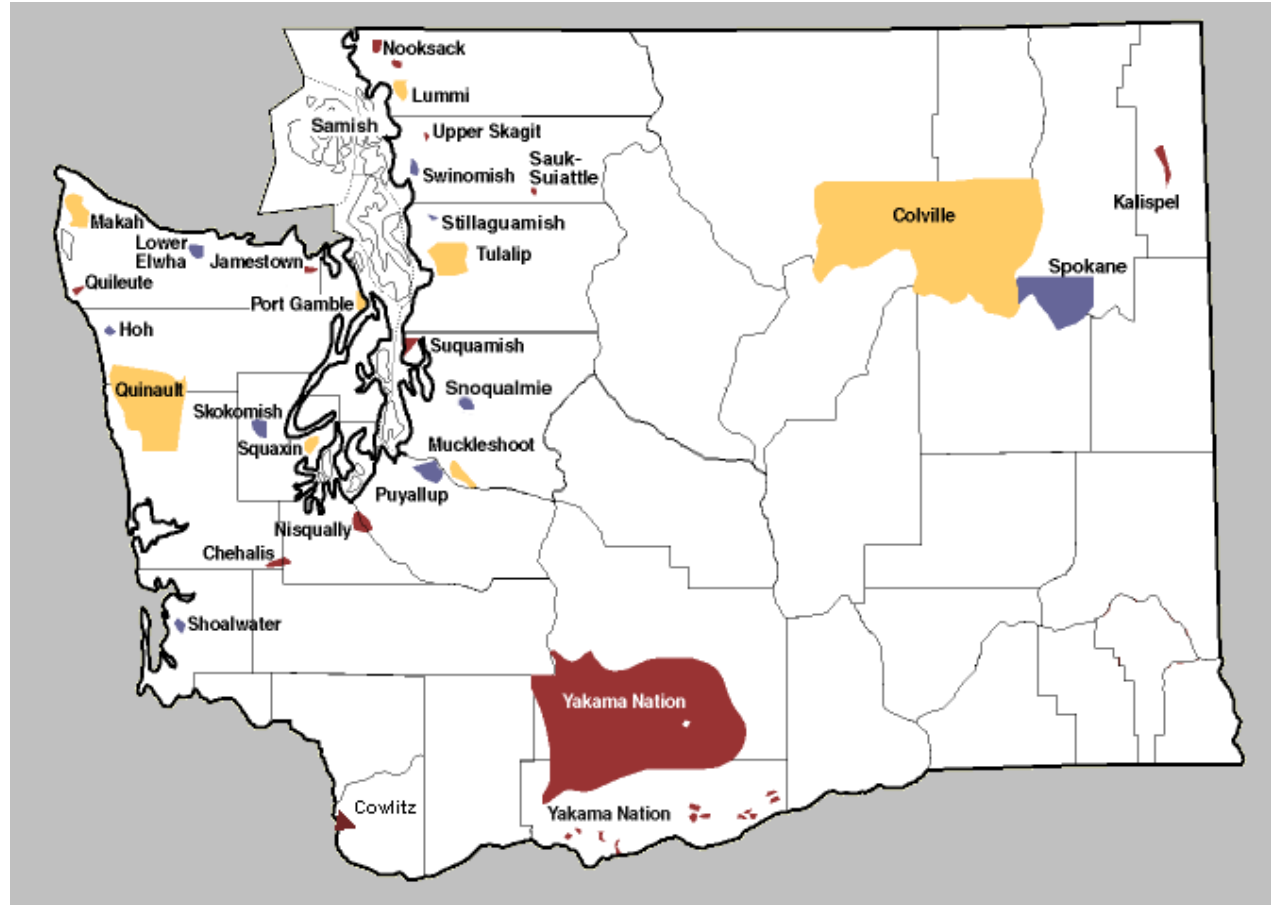
Challenges for Tribal Communities

- ▶ Lack of EBPs that resonate with Tribal communities
- ▶ Tribes are developing innovative strategies, but few are rigorously studied/published in peer-reviewed journals
- ▶ Difficult to replicate EBPs across tribes
- ▶ Some unique risk & protective factors for tribes
- ▶ Current evaluations of EBPs lack Tribal representation
- ▶ Few programs on current EBP lists are focused on tribal communities

Multiple Types of Evidence



The WA State Context



Washington State Tribal and Urban Indian Health Organizations/Programs

- ▶ 29 Federally Recognized Tribes
- ▶ 5 Non-Federally Recognized Tribes
- ▶ 2 Urban Indian Health Programs
- ▶ 5 Urban Indian Health Organizations
- ▶ 3 Tribally Operated Residential Treatment Facilities
- ▶ 3 Tribal Health Boards
- ▶ 3 Indian Health Service Facilities

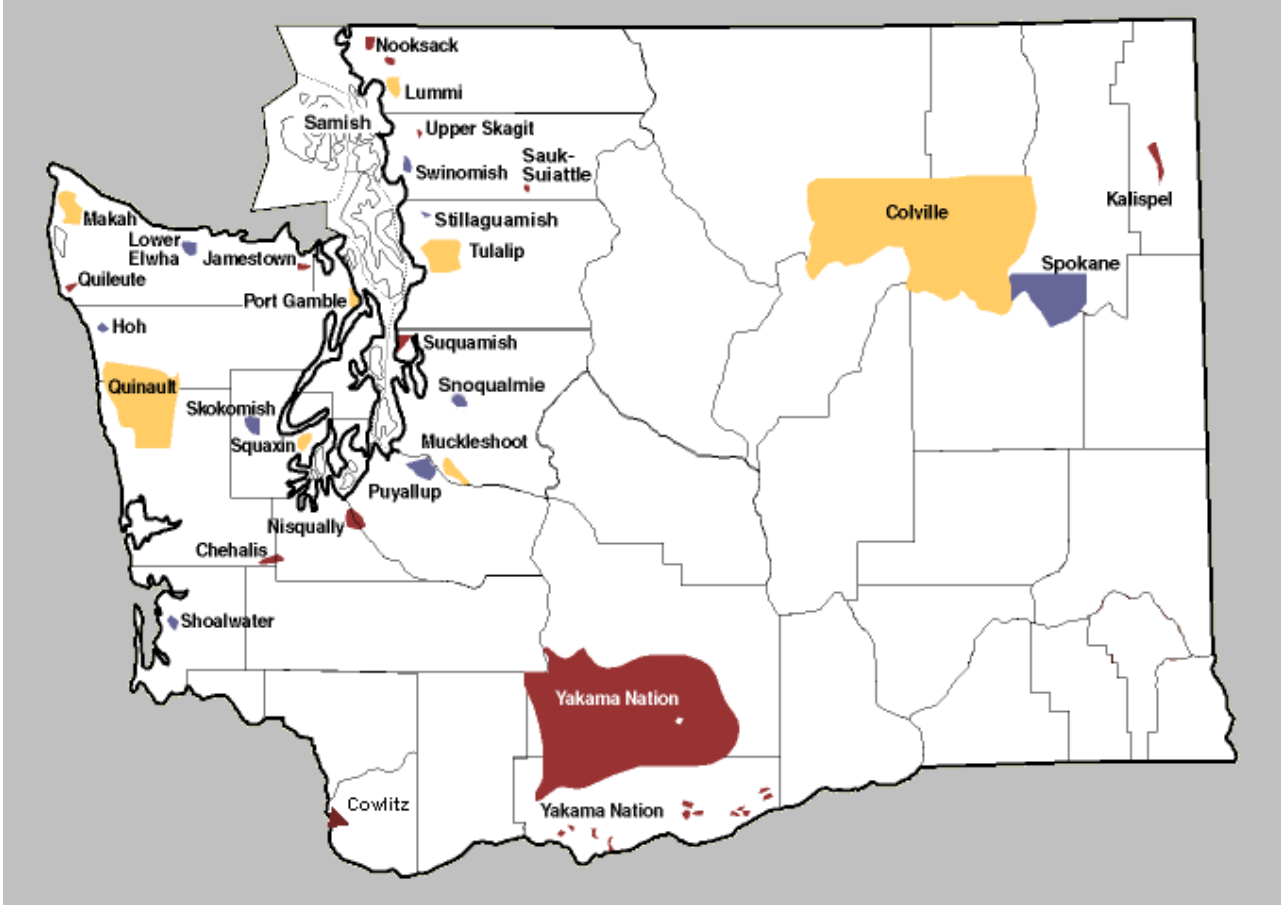
29 Federally Recognized Tribes

Washington ranks 4th in the number of federally recognized Tribes within its borders.

- Only Alaska, California and Oklahoma have more federally recognized Tribes in their borders.
- Compare: Oregon has 9 federally recognized Tribes and Idaho has 5 federally recognized Tribes.



29 Federally Recognized Tribes-Reservation Lands



Government-to-Government Relationship - Federal

- ▶ Executive Order 13175
- ▶ Various agency regulations



Brian Cladoosby, Swinomish Indian Tribal Community Chair, with President Obama

Government to Government Relationships – Washington State

- ▶ Centennial Accord 1989
 - ▶ Millennium Agreement 1999
 - ▶ Revised Code of Washington RCW 43.376
 - ▶ HCA Communication and Consultation Policy
-
- ▶ <https://goia.wa.gov/relations/centennial-accord>

Raise Your Hand

- ▶ Are you familiar with the Washington State Indian Health Improvement Act?
- ▶ Have you done work in your state on culturally appropriate practices for AI/AN youth and families?

Highlights of the Indian Health Improvement Act SB 5415

- ▶ Establishes a reinvestment account to address higher health disparities of AI/AN individuals to any other groups.
- ▶ Acknowledges that health disparities are directly related to historical trauma leading to generations of adverse childhood experiences.
- ▶ <https://aihc-wa.com/>

Behavioral Health Disparities Washington, HYS 2016

Healthy Youth Survey, 2016, 10th Grade Rates

Substance Use/Misuse/Abuse Depression and Suicide by Race, Ethnicity, and Gender HYS 2016	State Rate	AI/AN	Asian	Black	Hispanic	Multi- Race	Native Hawaiian or Other Pacific Islander	Other	White	Female	Male
Alcohol 30 Day Use	20.0%	25.0%	10.0%	18.0%	23.0%	19.0%	22.0%	19.0%	20.0%		
Marijuana 30 Day Use	17.0%	26.0%	7.0%	21.0%	20.0%	18.0%	21.0%	17.0%	15.0%		
E-Cigs 30 Day Use	12.7%	21.3%	5.1%	12.9%	12.4%	12.6%	15.8%	13.6%	12.7%	11.8%	13.6%
Pain Killer 30 Day Use	4.0%	7.5%	2.0%	7.0%	5.0%	4.0%	6.0%	6.0%	4.0%		
Tobacco 30 Day Use (2012-2014 State Tobacco Facts)		36.6%	9.7%	16.7%	13.5%	25.4%	24.4%	20.9%	16.6%		
Rx Misuse 30 Day Use	7.6%	9.1%	4.5%	10.9%	9.1%	7.9%	9.9%	9.4%	6.6%		
Sad/Hopeless in Past 12 Months	35.0%	42.0%	29.0%	32.0%	37.0%	41.0%	38.0%	40.0%	33.0%	44.0%	24.0%
Suicide Ideation	21.0%	27.0%	17.0%	20.0%	19.0%	27.0%	22.0%	23.0%	20.0%	26.0%	14.0%
Suicide Plan	10.0%	21.0%	15.0%	15.0%	16.0%	22.0%	17.0%	19.0%	16.0%	22.0%	12.0%
Suicide Attempt	10.0%	17.0%	8.0%	11.0%	11.0%	12.0%	13.0%	12.0%	9.0%	13.0%	7.0%
Bullied/Harassed/Intimidated Because of Real or Perceived Race/Ethnicity/National Origin	11.7%	15.5%	16.0%	20.0%	14.0%	9.1%	16.0%	19.3%	7.0%	22.0%	

Table Note: Highlighted data indicates health disparities.

Highlights of the Indian Health Improvement Act 5415 Continued

- ▶ Projects that can be supported by the reinvestment account per the Governors Indian Health Advisory Council
 - ▶ Improvement in access to, and utilization of, culturally appropriate primary care, mental health and substance use disorder and recovery services...
 - ▶ Increase access to quality, culturally appropriate, trauma-informed specialty services...
 - ▶ Expansion of suicide prevention services, including culture-based programming, to instill and fortify cultural practices as a protective factor...

Addressing Gaps for AI/AN Communities

- ▶ State allows for Tribes to use funds to tailor and provide innovative, promising and culturally appropriate strategies as allowable by federal grant regulations.
- ▶ As funds are available, HCA supports trainings for Tribal best practices and promising approaches.
- ▶ Tribal Best Practices Literature Review and Resources List.

WA State Tribal Best Practices Project



Project Partners

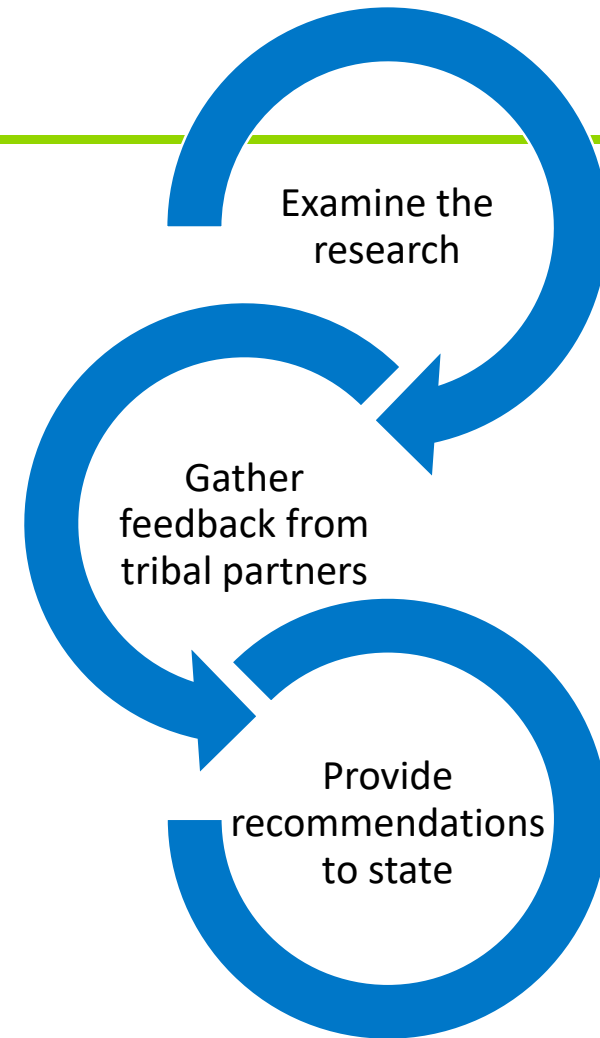


Division of Behavioral Health & Recovery



Project Goal

- ▶ Identify and recommend programs that are shown to be effective in tribal communities for youth substance use prevention and mental health promotion.



Recommendation Criteria

1. **Strength of evidence** demonstrating a reduction in behavioral health problems and/or effects on related risk and protective factors in Native youth
2. **Alignment with culturally-tailored risk and protective factors** shown to be related to substance use or mental health outcomes among Native youth
3. **Availability** of program implementation materials and support
4. **Program implementation capacity and fit** with tribal communities in WA

Project Phases

WSU identified 12 preliminary programs based on evaluation evidence using CAPT resources

WSU presented programs to tribal representatives & gathered feedback

Based on feedback, developed list of additional individuals and programs to consult

Finalized list to include 16 recommended programs

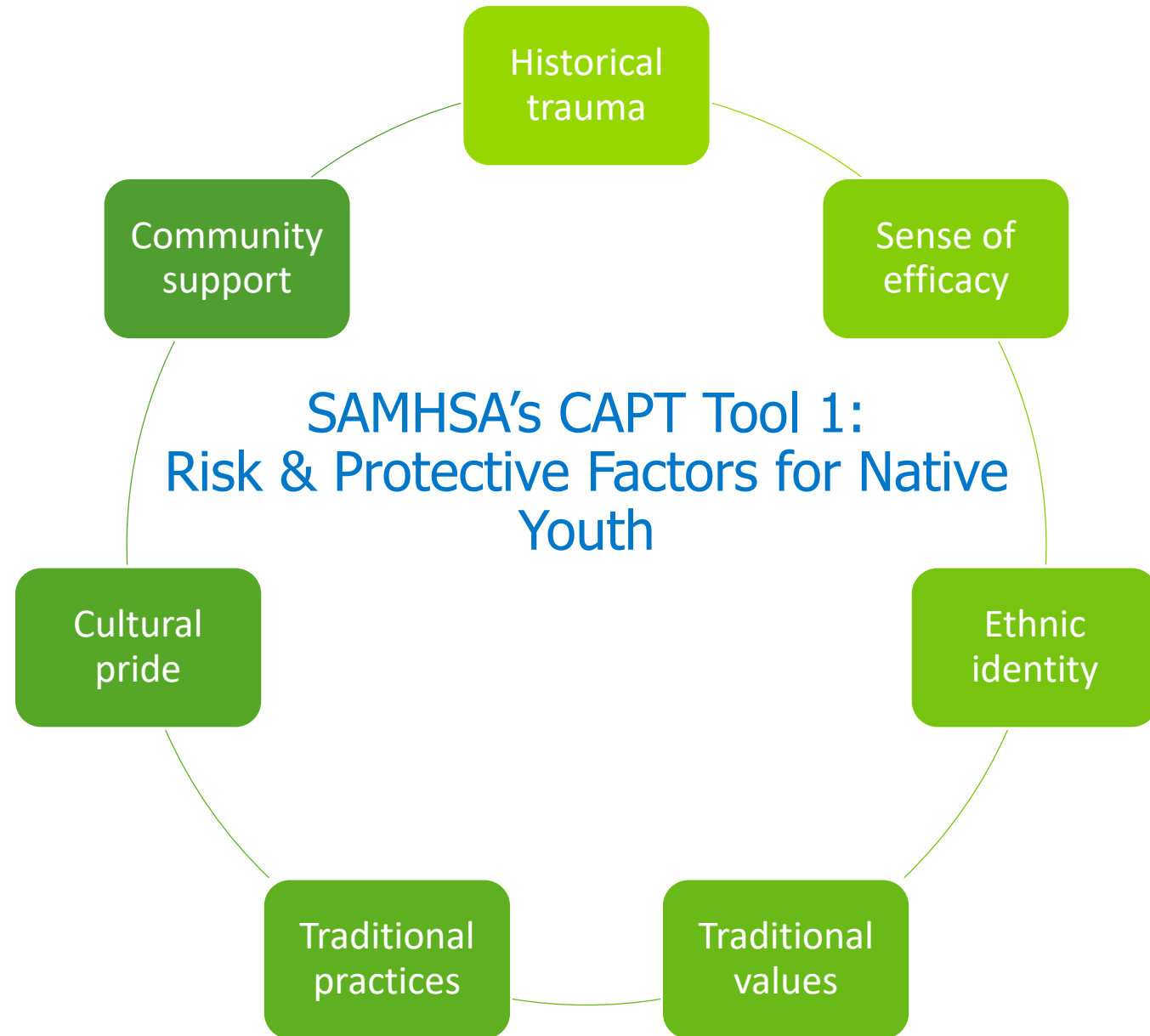
Phase 1: Preliminary Programs

Focused on criteria 1, 2, and 3

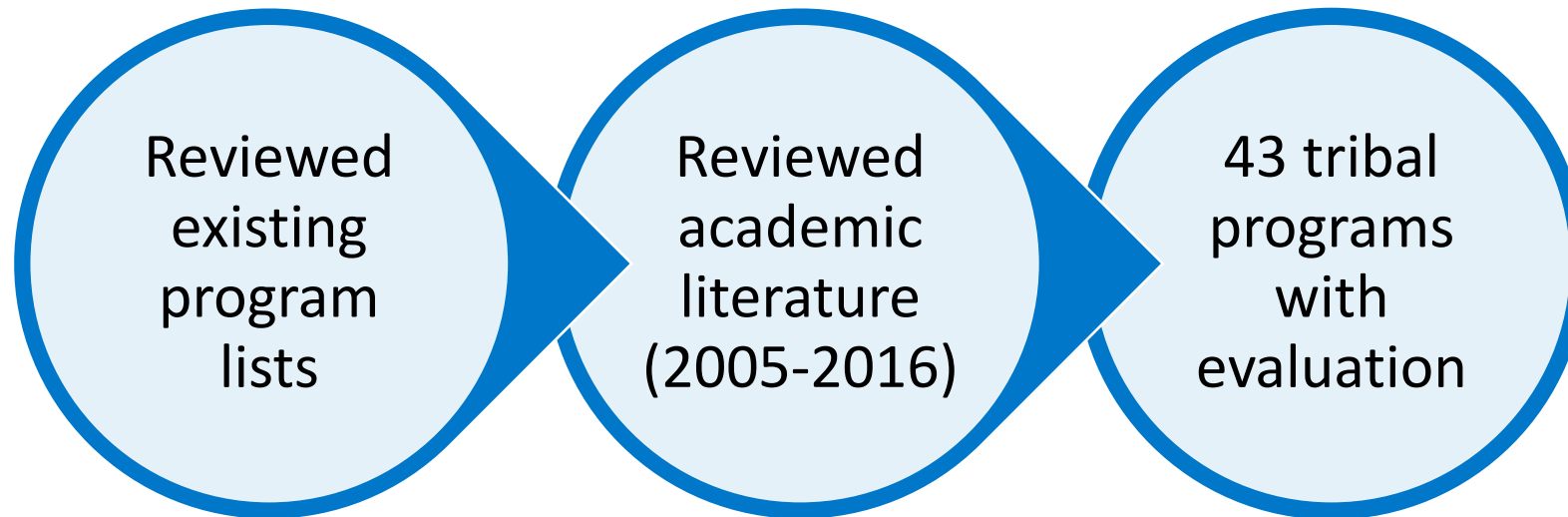
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2. Alignment with culturally-tailored risk and protective factors shown to be related to substance use or mental health outcomes among Native youth
3. Availability of program implementation materials and support

Tools that Guided Our Work

- ▶ Developed by SAMHSA's Center for the Application of Prevention Technologies (CAPT)
- ▶ Cultural Approaches to Prevention
 - ▶ Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations
 - ▶ Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations



SAMHSA's CAPT Tool 2: Culturally-Informed Programs for Native Youth



WA State Preliminary List of Programs

In our initial review, we identified **12 programs** that:

- ✓ Have been implemented with tribal groups,
- ✓ Incorporate tribal practices or traditions,
- ✓ Have at least some research evidence of improving outcomes for tribal youth, AND
- ✓ Have implementation resources available.

WA State Preliminary List of Programs

Stronger research evidence



Weaker research evidence

Group 1

- American Indian Life Skills Development
- Bicultural Competence Skills Approach
- Families & Schools Together for American Indian Children
- Family Spirit

Group 2

- Project Venture
- Protecting You/Protecting Me for American Indian Children
- Healing of the Canoe Project

Group 3

- Reward & Reminder Program
- Connect Program
- FACE (Family and Child Education) Program
- Gathering of Native Americans
- Model Adolescent Suicide Prevention Program

Phase 2: Tribal Feedback

- ▶ 3-hour, simultaneous in-person and online meeting with tribal representatives
- ▶ Provided overview of 12 preliminary programs
- ▶ Group discussion: program strengths & challenges

Tribe Representation	
Chehalis	2
Colville	1
Kalispel	2
Lummi	2
Nisqually	4
Quinault	1
Sauk-Suiattle	1
Spokane	1
Swinomish	2
Tulalip	1
Yakima Nation	2
None specified	3
Total	22

Phase 2: Tribal Feedback

- ▶ Importance of programs addressing intergenerational trauma
- ▶ Challenges of implementing school-based curricula
- ▶ Desire for more information on how to integrate culturally relevant content
- ▶ Importance of leveraging resources and collaborating across tribes and multiple community organizations
- ▶ Desire for more information on implementation resources/skills
- ▶ Implementation barriers: collaboration with schools, lack of awareness of prevention, funding limitations

Phase 3: Follow-up with Other Tribal Partners & Programs

Partners	Organization	Program
Monica Oxford	University of Washington	Promoting First Relationships
Dennis Donovan & Lisa Rey Thomas	University of Washington	Healing of the Canoe
Nancy Fiander, Dennis Embry & Claire Richardson	White Swan & Paxis Institute	Indigenous/First Nations PAX Good Behavior Game
Dedra Buchwald	Washington State University Partnerships for Native Health	N/A
Kevin Haggerty	University of Washington, Communities that Care	Native FACETS, Red Cliff Wellness
Kayla Wells-Moses	Washington State University	Positive Indian Parenting

Phase 4: Final Recommendations

Final recommendations include **16 programs** that:

- ✓ Were developed to address relevant substance use/mental health outcomes in Native populations;
- ✓ Incorporate cultural elements, traditions or practices;
- ✓ Aim to improve 1 or more tribal-specific risk and/or protective factors;
- ✓ Have at least some evidence from experimental, quasi-experimental, or pre-post evaluation suggesting program is effective with Native populations; and
- ✓ Have implementation materials available.

Phase 4: Final Recommendations

Strongest Available Evidence

Tier 1

- At least 1 randomized control trial or quasi-experimental evaluation study that showed Native youth who received the program exhibited more positive outcomes (i.e., statistically significant differences in substance use/mental health outcomes or related risk/protective factors) in comparison to those Native youth who did not receive the program.
- “Research-based” programs

Limited Available Evidence

Tier 2

- At least 1 pre-post evaluation study that showed Native youth (or communities) in the program exhibited statistically significant improvement on at least one of the targeted substance use/mental health outcomes or related risk/protective factors from before to after participation in the program.
- “Promising” programs

WA State Final List of Programs

Strongest Available Evidence

Tier 1: Research-based

- American Indian Life Skills Development
- Bicultural Competence Skills Approach
- Families & Schools Together for American Indian Children
- Family Spirit
- Healing of the Canoe
- Cherokee Talking Circle
- Red Cliff Wellness School Curriculum
- Native FACETS
- Project Venture

Limited Available Evidence

Tier 2: Promising

- Our Life
- Protecting You/Protecting Me for American Indian Children
- Reward and Reminder Program
- Connect Program
- FACE (Family and Child Education Program)
- Gathering of Native Americans
- Model Adolescent Suicide Prevention Program

American Indian Life Skills Development

- ▶ Focus: Suicide Prevention
- ▶ Setting: School
- ▶ Ages: 14-19 years old
- ▶ Adapted from Zuni Life Skills Development program

Risk Factors	Protective Factors
✓ Hopelessness*	✓ Suicide intervention skills* ✓ Problem solving* ✓ Traditional values ✓ Cultural pride ✓ Spirituality
Outcomes	
✓ Reduced suicide-related behaviors	

*Supported by research evidence

Curriculum was originally developed in collaboration with Zuni Pueblo and Cherokee Nations. It integrates general Native American beliefs and topics into a life skills program and recommends places where individual tribal beliefs, practices, and language can be added for customization.

American Indian Life Skills Development

What are the components?

- ▶ 60 sessions delivered by teachers & tribal leaders
- ▶ Delivered during school day 2-3 days per week over 20-30 weeks

What do participants learn?

- ▶ Topics include:
 - ▶ Building self-esteem
 - ▶ Identifying emotions & stress
 - ▶ Communication & problem solving
 - ▶ Reducing self-destructive behavior
 - ▶ Suicide intervention training
 - ▶ Setting personal & community goals

More information can be found here: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=246>

Bicultural Competence Skills Approach

- ▶ Focus: Substance use prevention
- ▶ Setting: Community
- ▶ Ages: 9-11 years old

Risk Factors	Protective Factors
✓ Positive attitudes toward substance use*	✓ Self control* ✓ Assertiveness* ✓ Traditional values & practices ✓ Cultural pride ✓ Spirituality
Outcomes	
✓ Less smokeless tobacco, alcohol, and marijuana use*	

Curriculum was originally evaluated with American Indian/Native Alaskan youth from reservations in Western and Plains region. It incorporates culturally-relevant examples, and is designed to promote “bicultural fluency” in the two distinct cultures in which youth live.

Bicultural Competence Skills Approach

What are the components?

- ▶ 10-15, 50-minute sessions delivered by Native American counselors
- ▶ Includes Native American values, legends, and stories
- ▶ Community component focuses on increasing substance abuse awareness

What do participants learn?

- ▶ Topics include:
 - ▶ Problem-solving
 - ▶ Communication
 - ▶ Coping skills
 - ▶ Substance use resistance skills

More information can be found here: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=262>

Families and Schools Together (FAST) for American Indian Children

- ▶ Focus: Strengthening family bonds and improving child academic performance and emotional functioning
- ▶ Setting: School and after-school programs
- ▶ Adapted from FAST

Risk Factors	Protective Factors
<ul style="list-style-type: none">✓ Behavior problems*✓ Poor parenting✓ Parent-child conflict	<ul style="list-style-type: none">✓ School engagement*✓ Traditional values & practices✓ Cultural pride
Outcomes	
<ul style="list-style-type: none">✓ Greater academic competence*✓ Less student withdrawal*	

*Supported by research evidence

Curriculum was adapted in collaboration with reservations and tribal communities in northern Wisconsin. It integrates tribal values while maintaining the original FAST program's core components.

Families and Schools Together (FAST) for American Indian Children

What are the components?

- ▶ 8 weekly sessions (and booster sessions over two years)
- ▶ The family meets together to establish cohesiveness
- ▶ Parents and children participate in separate activities to foster connections to peers
- ▶ Parents and children reconvene in one-to-one play time

What do participants learn?

- ▶ Topics include:
 - ▶ Communication Skills
 - ▶ Empathy
 - ▶ Present Parenting

More information can be found here: <http://www.familiesandschools.org>

Family Spirit

- ▶ Focus: Mental health promotion and substance abuse prevention
- ▶ Setting: Home
- ▶ Ages: Teen mothers and their children

Risk Factors	Protective Factors
<ul style="list-style-type: none">✓ Insecure attachment✓ Parental drug/alcohol abuse✓ Family dysfunction	<ul style="list-style-type: none">✓ Secure attachment✓ Traditional values & practices✓ Cultural pride
Outcomes	
<ul style="list-style-type: none">✓ Reduced child internalizing problems*✓ Reduced child externalizing problems*	

*Supported by research evidence

Curriculum was originally developed with Apache and Navajo communities. American Indian paraprofessionals deliver an in-home curriculum directly to expectant and recent mothers.

Family Spirit

What are the components?

- ▶ 63 lessons based on the American Academy of Pediatrics' guide *Caring for Your Baby and Young Child: Birth to Age 5*
- ▶ Employs Native paraprofessionals as home visitors

What do participants learn?

- ▶ Topics include:
 - ▶ Prenatal care
 - ▶ Infant care
 - ▶ Child development
 - ▶ Family planning
 - ▶ Healthy living

More information can be found here: <http://caih.jhu.edu/programs/family-spirit>

Healing of the Canoe Project

- ▶ Focus: Teaching Life Skills
- ▶ Setting: Community
- ▶ Ages: High-school students

Risk Factors	Protective Factors
<ul style="list-style-type: none">✓ Favorable attitudes toward drugs✓ Associating with drug-using peers	<ul style="list-style-type: none">✓ Engagement and connection with culture✓ Positive norms✓ Cultural pride
Outcomes	
<ul style="list-style-type: none">✓ Reduced substance use*✓ Increased hope, optimism, and self-efficacy*	

*Supported by research evidence

Curriculum was originally developed with Washington coastal tribes. It integrates regional tribal traditions using the Canoe Journey as a metaphor for navigating turbulence without straying from a healthy path.

Healing of the Canoe Project

What are the components?

- ▶ 8-session, skills-based course that uses aspects of the canoe journey as well as other Native symbols

What do participants learn?

- ▶ Topics include:
 - ▶ Decision-making
 - ▶ Communication
 - ▶ Goal-setting
 - ▶ Information about alcohol and drug use and its consequences

More information can be found here: <http://healingofthecanoe.org>

Cherokee Talking Circle

- ▶ Focus: Substance abuse prevention
- ▶ Setting: School
- ▶ Ages: 13-18 year olds

Risk Factors	Protective Factors
✓ Problem behaviors	✓ Traditional values ✓ Traditional practices ✓ Cultural pride
Outcomes	
✓ Reduced substance use	

Curriculum was originally designed for students who were part of the United Keetoowah Band of Cherokee Indians, the eighth largest tribe in Oklahoma.

Cherokee Talking Circle

What are the components?

- ▶ 10 sessions/talking circles led by counselor or cultural expert
- ▶ Talking circles encourage dialogue, respect, co-creation of learning content and social discourse using a sacred object to signify who has the right to speak

What do participants learn?

- ▶ It emphasizes Keetoowah—Cherokee values, including the value of self-reliance.

More information can be found here: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=363>

Red Cliff Wellness School Curriculum

- ▶ Focus: Substance abuse prevention
- ▶ Setting: School
- ▶ Ages: K – 12th grade

Risk Factors	Protective Factors
✓ Reduced perceptions of substance use risk	✓ Sense of efficacy ✓ Ethnic identity ✓ Traditional values*
Outcomes	
✓ Reduced substance use	

*Supported by research evidence

The school curriculum was created by the First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa. It has been used in schools with a wide range of populations, including some with only a small percentage of non-Native students.

Red Cliff Wellness School Curriculum

What are the components?

- ▶ Manualized curriculum has separate components for grades K-3, 4-6, and 7-12
- ▶ 20-30 developmentally appropriate lessons and activities
- ▶ Small-group discussions (described as "talking circles" in Native American terms) are extensively used

What do participants learn?

- ▶ Topics include:
 - ▶ Sharing
 - ▶ Respect
 - ▶ Kindness
 - ▶ Emotional understanding

More information can be found: <https://lion.militaryfamilies.psu.edu/programs/red-cliff-wellness-school-curriculum>

Native FACETS

- ▶ Focus: Tobacco prevention
- ▶ Setting: Community
- ▶ Ages: 8-13 year olds

Risk Factors	Protective Factors
✓ Favorable attitudes toward drugs	✓ Healthy beliefs ✓ Sense of efficacy ✓ Traditional values ✓ Traditional practices
Outcomes	
✓ Reduced substance use	

In collaboration with 8 Native American Tribes/Nations in the North Eastern States, researchers developed a tobacco use prevention curriculum, a dietary modification curriculum, and a combined tobacco use prevention and dietary modification curriculum.

Native FACETS

What are the components?

- ▶ Native FACETS, stands for Family/Friends, Active healthy choices, Cancer prevention, Eating wisely, Thankfulness, and Survival as a Native American
- ▶ 8 tobacco prevention sessions
- ▶ 7 dietary modification sessions

What do participants learn?

- ▶ Topics include:
 - ▶ Resistance skills
 - ▶ Decision making
 - ▶ Problem solving
 - ▶ Role of media
 - ▶ Traditional beliefs and practices regarding self, family, community

More information can be found: <https://rtips.cancer.gov/rtips/productDownloads.do?programId=118095>

Project Venture

- ▶ Focus: Youth substance abuse reduction
- ▶ Setting: School, reservation, community
- ▶ Ages: 5th – 8th grade students

Risk Factors	Protective Factors
✓ Substance use/abuse*	✓ Life skills ✓ Self-efficacy ✓ Positive self-identity ✓ Cultural pride
Outcomes	
✓ Reduced growth in substance use, especially alcohol*	

*Supported by research evidence

Curriculum was originally developed with tribal communities in New Mexico. This program incorporates traditional American Indian values into experiential learning via classroom and outdoor activities.

Project Venture

What are the components?

- ▶ Project staff lead games and activities in classrooms
- ▶ Experiential activities (e.g., hiking, camping)
- ▶ Extended adventure camps and wilderness treks
- ▶ Community-focused service learning and leadership activities

What do participants learn?

- ▶ Topics include:
 - ▶ Positive self-concept
 - ▶ Community service ethic
 - ▶ Internal locus of control
 - ▶ Decision-making
 - ▶ Problem-solving
 - ▶ Social skills

More information can be found here: <https://nrepp.samhsa.gov/ProgramProfile.aspx?id=177>

Our Life

- ▶ Focus: violence, trauma, and substance abuse
- ▶ Setting: community
- ▶ Ages: children 7-17 years old and their families

Risk Factors	Protective Factors
✓ Historical trauma	✓ Sense of efficacy ✓ Ethnic identity ✓ Traditional practices
Outcomes	
✓ Substance use	

Curriculum was originally developed for tribes in New Mexico.

Our Life

What are the components?

- ▶ Psychoeducational group program focused on violence, trauma, and substance abuse

What do participants learn?

- ▶ Healing historical trauma through experiential methods and cultural practices
- ▶ Reconnecting to traditional cultural language by learning from elders
- ▶ Parenting/social skills building
- ▶ Building relationships through equine-assisted activities

Contact for more information: Jessica Goodkind, jgoodkind@salud.unm.edu

Protecting You/Protecting Me for American Indian Children

- ▶ Focus: Substance use prevention
- ▶ Setting: School
- ▶ Ages: Elementary-school children and high-school peer helpers
- ▶ Adapted from Protecting You/Protecting me by MAAD

Risk Factors	Protective Factors
✓ Low perceptions of harm associated with substance use*	✓ Interpersonal skill development ✓ Strong social skills ✓ Sense of efficacy ✓ Cultural pride
Outcomes	
✓ Reduced substance use	

*Supported by research evidence

Curriculum was originally adapted with Omaha, Santee, and Winne-Bago Tribes, and has since also been evaluated with Hopi and Navajo Tribes.

Protecting You/Protecting Me for American Indian Children

What are the components?

- ▶ Five-year elementary school curriculum
- ▶ 40 lessons taught to students in grades one through five with eight lessons per grade

What do participants learn?

- ▶ Topics include:
 - ▶ Risky behaviors
 - ▶ Dangers of alcohol and its effect on brain development
 - ▶ The program also trains high school students to serve as peer helpers who may teach PY/PM lessons to elementary school students

More information can be found here: <https://www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=95>

Reward & Reminder Program

- ▶ Focus: Prevention of alcohol sales to youth
- ▶ Setting: Community
- ▶ Ages: Underage youth

Risk Factors	Protective Factors
✓ Access to tobacco products*	✓ Community norm to not accept underage use ✓ Cultural pride
Outcomes	
✓ Reduced sales of tobacco/alcohol to minors* ✓ Reduction in youth tobacco use*	

*Supported by research evidence

Curriculum was originally developed by the PAXIS institute and has been evaluated with youth living on or near Southern California American Indian reservations. The culturally-tailored version includes feather imagery and tribal council resolutions in support of the program.

Reward & Reminder Program

What are the components?

- ▶ Decoys are used to assess alcohol sales to youth
- ▶ The buyer also records additional descriptive information about the interiors of the outlet

What do participants learn?

- ▶ Rewards for retail clerks "do the right thing" and uphold the law
- ▶ Reminders for retail clerks that attempt to sell to youth

More information can be found here: <http://paxis.org/products/view/reward-reminder>

Connect Program

- ▶ Focus: Suicide Prevention
- ▶ Setting: School and community
- ▶ Ages: High school students

Risk Factors	Protective Factors
✓ Stigma surrounding suicide*	✓ Belief in mental health care* ✓ Knowledge about youth suicide prevention*
Outcomes	
✓ Reduced suicide-related behaviors	

*Supported by research evidence

Curriculum was originally developed by the National Alliance on Mental Illness – New Hampshire. Training and collaboration is available in order to tailor the program to specific Tribal contexts.

Connect Program

What are the components?

- ▶ A 3-hour gatekeeper training for adults and high school students
- ▶ Discipline-specific training for professions in 13 different disciplines (e.g., law enforcement, education)
- ▶ Evidence-supported response protocols for warning signs

What do participants learn?

- ▶ Topics include:
 - ▶ Appropriate procedures for responding to youth suicide risk

More information can be found here: <http://theconnectprogram.org/training-audiences/>

FACE (Family and Child Education) Program

- ▶ Focus: Providing American Indian children with a culturally relevant early childhood education
- ▶ Setting: Home and center-based
- ▶ Ages: Birth - 3rd grade

Risk Factors	Protective Factors
<ul style="list-style-type: none">✓ Insecure attachment✓ Family dysfunction	<ul style="list-style-type: none">✓ Reliable discipline✓ Responsiveness✓ Early screenings*
Outcomes	
<ul style="list-style-type: none">✓ Improved child academic and social skills*	

*Supported by research evidence

Curriculum was originally developed by the Bureau of Indian Education and has been predominant on reservations in Arizona and New Mexico, though seeks to celebrate unique Tribal influences at all sites.

FACE (Family and Child Education) Program

What are the components?

- ▶ Weekly or biweekly home visits to each family
- ▶ Parent educators assess child's developmental level and provide parent-child learning experiences, refer the family to additional services based on assessment, and encourage parents to attend a planned monthly group meeting

What do participants learn?

- ▶ Topics include:
 - ▶ Adult education
 - ▶ Early childhood education
 - ▶ Parent/child time

More information can be found here: www.faceresources.org

Gathering of Native Americans

- ▶ Focus: Healing historical trauma and addressing planning and prevention
- ▶ Setting: Youth service organizations/communities
- ▶ Ages: 10 - 18

Risk Factors	Protective Factors
<ul style="list-style-type: none">✓ Social trauma✓ Family dysfunction✓ Parental drug/alcohol use✓ Personal trauma	<ul style="list-style-type: none">✓ Engagement within community✓ Positive norms✓ Extended family support
Outcomes	
<ul style="list-style-type: none">✓ Increased perception of alcohol and drugs as harmful*✓ Increased sexual self-efficacy*	

*Supported by research evidence

Curriculum was originally developed by the SAMHSA Tribal Training and Technical Assistance Center in collaboration with urban tribal populations in California.

Gathering of Native Americans

What are the components?

- ▶ Curriculum aims to promote and guide community discussions
- ▶ Culturally specific substance abuse prevention training in tribal communities; emphasizing the importance of traditional Native American values

What do participants learn?

- ▶ Topics include:
 - ▶ Belonging and self-identity
 - ▶ Mastery of one's talents
 - ▶ Interdependence with, as well as connectedness and responsibility to all things during adulthood
 - ▶ Generosity - giving back to one's community in later life through teachings/rituals/stories/songs

More information can be found here: store.samhsa.gov/shin/content//SMA16-4994/SMA16-4994.pdf

Model Adolescent Suicide Prevention Program

- ▶ Focus: Suicidal behavior prevention
- ▶ Setting: Outpatient, home, school, and community
- ▶ Ages: Children, adolescents, young adults

Risk Factors	Protective Factors
<ul style="list-style-type: none">✓ Child abuse and neglect✓ Family violence✓ Trauma✓ Alcohol/drug abuse	<ul style="list-style-type: none">✓ Community involvement
Outcomes	
<ul style="list-style-type: none">✓ Reduction in suicidal gestures and attempts*	

*Supported by research evidence

Curriculum was originally developed by the Indian Health Service and Athabaskan tribes in New Mexico. It targets tribally-specific risk factors identified through community forum and feedback.

Model Adolescent Suicide Prevention Program

What are the components?

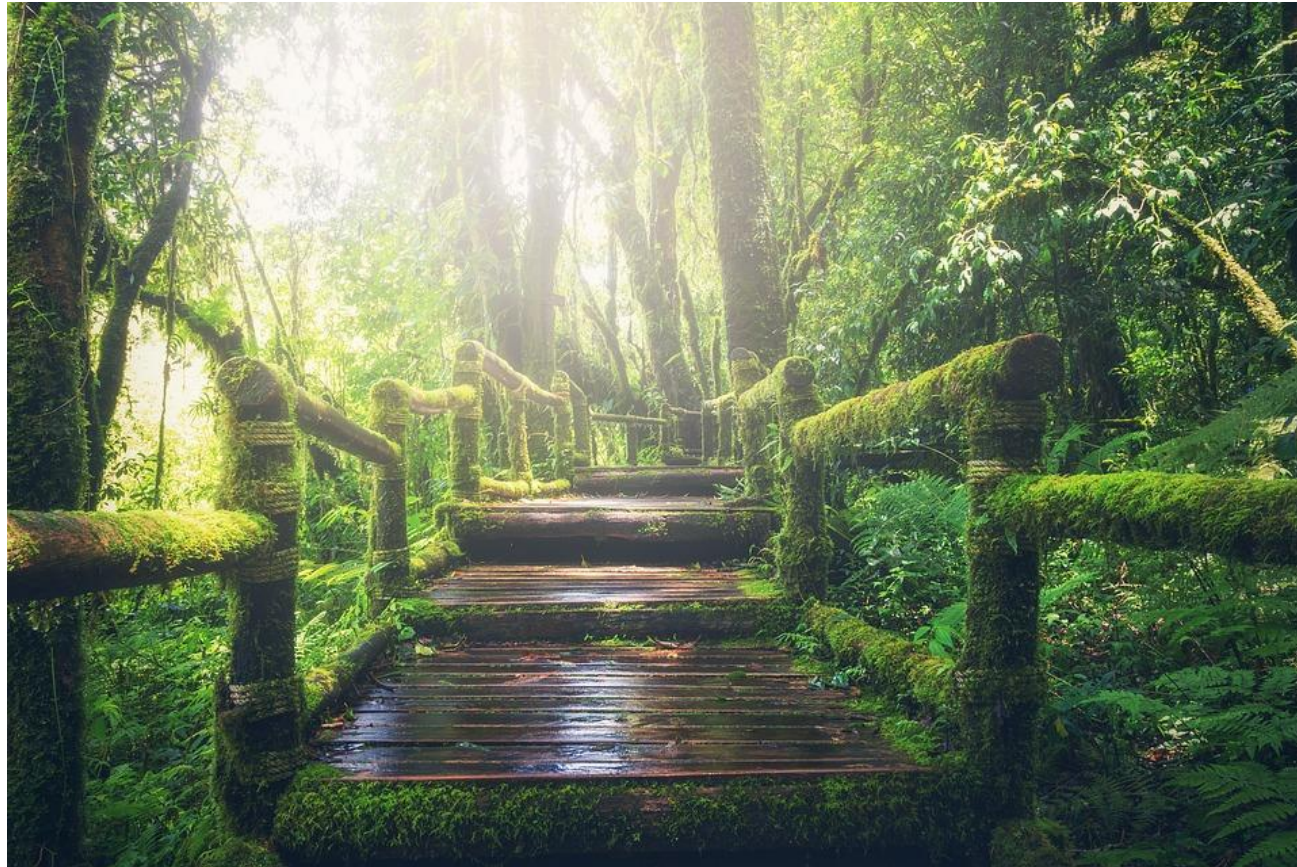
- ▶ Surveillance of suicide-related behaviors, school-based suicide prevention curriculum, community education, and enhanced screening/outreach/clinical services
- ▶ Trained neighborhood volunteers help provide service navigation, advocacy, and counseling with youth who may feel more comfortable with a familiar person

What do participants learn?

- ▶ Topics include:
 - ▶ Education on suicide and related behavioral issues (e.g., child abuse and neglect, family violence, trauma, and substance abuse)

More information can be found here: www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=251

Q&A and Next Steps



Questions?



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Thank You