OREGON TRIBAL EVIDENCE BASED AND CULTURAL BEST PRACTICES

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Culture is Prevention
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A work group convened by the Oregon Indian Council on Addictions (OICA) has been collaborating with the 9 Oregon tribes on writing this paper beginning in August 2003.

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White Bison, Inc.	**Don Coyhis, Dr. Terry Tafoya**

PURPOSE

This paper was developed by Oregon tribal community representatives in response to the new requirements of *SB 267 Evidence Based Programs* (EBP) that were adopted by the Oregon Legislature in 2003 (Attachment A). It is also is being designed for those interpreting SB 267 as it pertains to tribes and tribal communities.

The intent is to be pro-active, yet culturally sensitive when describing tribal specific approaches to service delivery.

Prior to SB 267, tribal-state agreements were codified in legislation adopted in *SB 770, Relating to government-to-government relations between the State of Oregon and American Indian tribes in Oregon* (2001). Specific requirements of this act are the following from Section 2:

> *(2) In the process of identifying and developing the programs of the State agency that affect tribes, a state agency shall include representatives designated by the tribes.*
>
> *(3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the State agency that affect tribes, including the use of agreements authorized by ORS 190.110.*

As stated above, SB 770 requires prior tribal consultation for programs that affect them. Tribes and tribal communities determine what are effective community based interventions.

OVERVIEW

In recent years, federal, state, and county governments have been embracing the concepts of "evidence-based", "research-based", "science based", and "best-practices" as requirements for successful funding awards.

Oregon Tribes and tribal communities, however, are voicing objections to this movement to impose a **linear approach** to funding requirements that are greatly at odds with the **circular worldview** held by most Native American people.

Definitions: Janet Bennett, Ph.D., an expert on intercultural communication, stated that over 90% of the world's cultures are non-linear (Portland State University, January 26, 2004). Dr. Bennett describes these differences as follows:

> **Linear:** Discussion is conducted in a straight line, developing causal connections among subpoints towards an end point, stated explictly. Low reliance on context. "Cut to the chase, where the rubber meets the road!"

Circular (Contextual): Discussion is conducted in a circular movement, developing context around the main point, which is often left unstated. High reliance on context. "Once you have the relevant information, you'll just know what I mean." *Principles of Training and Development* (Bennett, 2004)

GOVERMENT REQUIREMENTS for EVIDENCE-BASED or BEST PRACTICES

1. **SB 267 Evidence Based Programs**: This rule requires 5 state agencies (Commission on Children and Families, Department of Corrections, Department of Human Services/Office of Mental Health and Addictions Services, Oregon Criminal Justice Commission, Oregon Youth Authority), to show that 25% of their program funding in 2005 is spent on evidence based programs (EBP), 50% on EBP in 2007, and 75% in 2009. (see Attachment A)

2. **Department of Human Services/Office of Mental Health and Addictions Services:** A recent DHS/OMHAS draft in response to SB 267 has proposed a hierarchy of 6 levels for state-funded prevention and treatment programs (scientific random design with assignment to control groups being the highest level).

   Under this definition, tribal programs would only qualify as Level III or IV. Since one of the key components of evidence based pratices is randomized studies, this would not align with cultural values. For example, the tribal cultural values of generosity and respect would not allow denial of services to community members. This may result in tribal programs being seen as less effective.

3. **Multnomah County**: A recent example of cultural conflict in Indian vs. non-Indian worldviews is the requirement for Multnomah County's "base funding" which requires providers to utilize an "evidence-based treatment program. …based on scientific research…with a high degree of fidelity*" (Multnomah County RFPQ for Youth and Adult Alcohol & Drug treatment Services,* RO4-8020, p. 10-11*).* Who will decide "fidelity" of the measuring instrument?

   For Multnomah County to require this, and then to propose a hierarchy of *"Gold Standard-Second Tier-Third Tier"* (p. 11) for treatment methods, discounts the culturally sensitive approaches developed over the years by ethnic minority programs in that county.

4. **SB 555 Partners for Children and Families**: This 2001 legislation, requires a cultural-gender specific plan for comprehensive county partnership planning. As a result, the state spent considerable time and funding on technical assistance and training to bring counties into compliance with cultural and gender-specific issues. The current EBP process could be perceived as a setback to the progress that ethnic minority communities contributed to the 36 county plans.

CURRENT NATIVE AMERICAN EBP RESEARCH

1. White Bison, Inc.

In 2001, White Bison published a paper titled *Developing Culturally-Based Promising Practices for Native American Communities.* It stated that government funding is often not available for tribal communities, since initiatives developed in the "Indian way" cannot be found in listings of model or best practices approved by the federal government. This "creates a significant disparity in the implementation of prevention and treatment programs within communities that need them the most". It also noted that "a 'one size fits all approach'….[does] not work at all well in the many culturally different Native American communities". (p. 4)

The paper lists government definitions of science-based, effective, and model programs, as well as defining risk and protective factors and 6 Center for Substance Abuse Prevention (CSAP) life domains. The paper goes on to categorize and describe 9 best or promising practices in Indian country (none are in Oregon).

In addition, the paper points out the very significant difference between the framework of science, "what can be counted is what is observed", and the "Indian Way" of valuing the "unseen world" that can reflect disharmony in the seen world. Therefore, while research sponsored by CSAP into risk and protective factors has identified the domains of individual, family, peer, school, community, and society/environmental, the Native American "Cultural/Spiritual aspects of each of those domains" has been ignored. (p. 17)

The paper also proposes that we have an opportunity:

> …to create a bridge of understanding between our cultures so that we can define a set of criteria that demonstrates what works in the "Indian Way" and define measurement systems and accountability systems that will demonstrate the effectiveness of the programs that are implemented in Native American communities. (p. 20)

The end of this paper (Attachment B) incorporates the White Bison model for thinking about prevention and treatment by identifying which of the current Oregon Tribal Best Practices could be classified as including the following:

1)	Science-Validated	programs evaluated using scientific methods
2)	Science-Replicated	programs implemented more than on time
3)	Cultural-Validated	programs designed according to the "Indian Way"
4)	Cultural-Replicated	Native American programs passed on to others

2. One Sky Center, Oregon Health Sciences Center (OHSC)

Dr. Dale Walker and his colleagues at One Sky Center are currently developing a national research-based project to identify tribal community best practices. The One Sky project includes both Native American researchers and tribal community leaders from throughout Indian county.

Of particular importance in this national research effort, is the inclusion of cultural/spiritual beliefs as being integral to any prevention and treatment program within local tribal communities. Dr. Walker maintains, for example, that such Native American traditional practices as Talking Circles and Sweat Lodge Ceremonies are powerful healing techniques, and may even be more powerful than the use of non-Indian therapy approaches.

3. Indian Family Wellness Project, Oregon Social Learning Center (OSLC)

Dr. Tom Ball has directed a Native American research effort involving 6 NW tribes, as well as developing the Annual Healing Our Wounded Spirits Conference that has been held for the past 5 years in NW tribal communities.

In his doctoral dissertation at the University of Oregon, Dr. Ball found strong statistical evidence within an Oregon tribal community of significantly more traumatic life events for 98 tribal members, when compared to a normative sample of post-traumatic stress disorder. As a result, Dr. Ball and Dr. Eduardo Duran began the Healing Our Wounded Spirits gatherings to help heal the "Soul Wounds" that Dr. Duran believes affect most Indian people due to so many years of intergenerational trauma.

4. Shadow Project, Child and FamilyCenter, University of Oregon

Dr. Alison Ball is currently completing a research manuscript that describes a follow-up study of 79 chemically dependent Indian youth who completed 7-week inpatient sessions at an Oregon tribal adolescent treatment center.

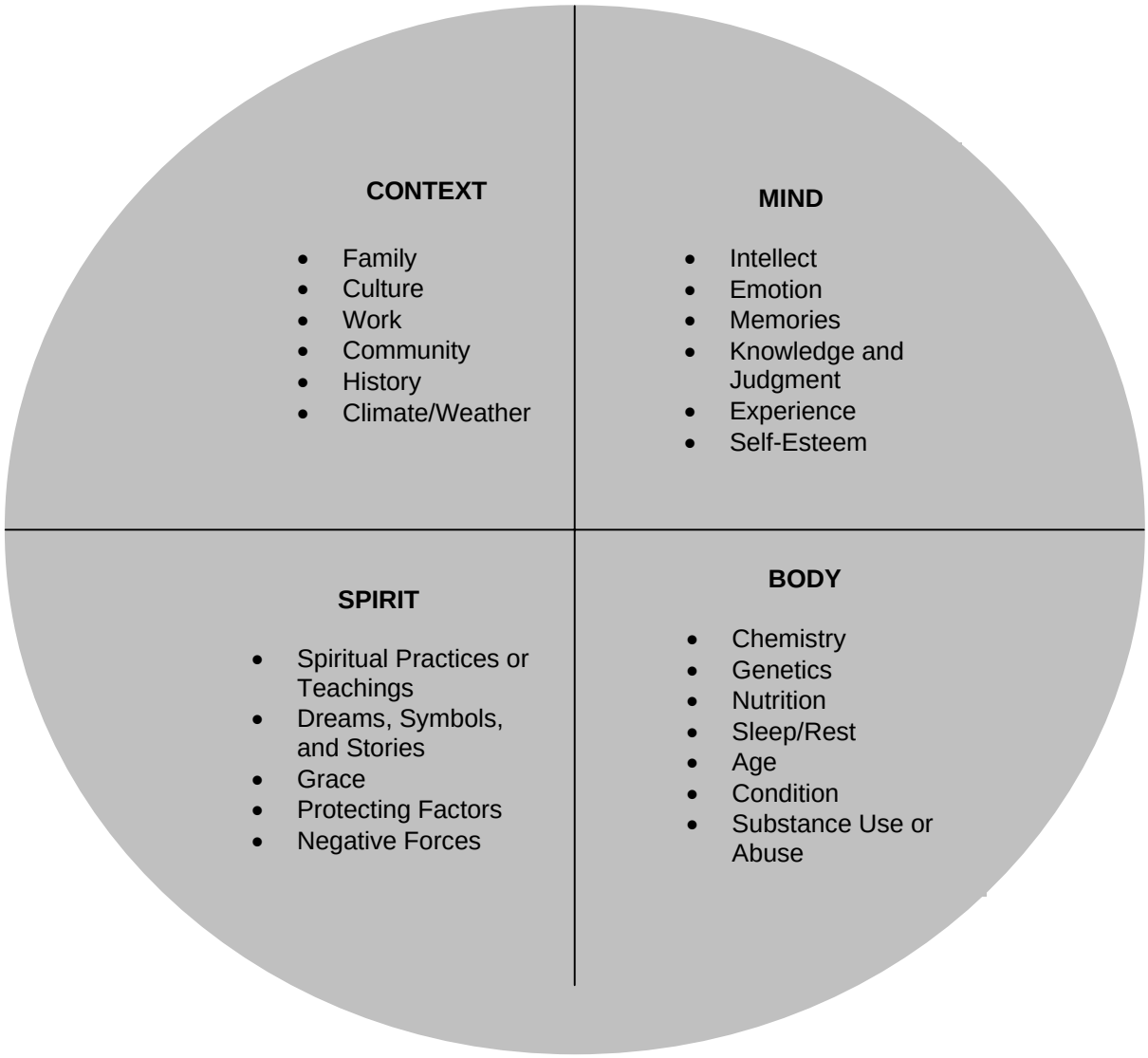
Her findings demonstrate strong evidence that cultural approaches, in addition to the usual substance abuse treatment methods, are very effective.

5. NICWA: "Practice-Based Evidence" and the Relational Worldview

In response to emerging tribal concerns, the National Indian Child Welfare Association (NICWA) is changing the theoretical term of Evidence-Based Practices (EBP) to *Practice-Based Evidence: Building Effectiveness from the Ground Up.* NICWA is conducting a 5-year research project funded by the U.S. Department of Education in collaboration with the Regional Research Institute and the Native American Youth Association (NAYA).

Terry Cross, Executive Director of NICWA, describes the Relational Worldview to include the spiritual aspect of community development that is usually overlooked in non-Indian human service discussions and EBP models (see theoretical model, page 7).

Relational Worldview Model Applied to an Individual
Terry Cross, NICWA (2004)



OREGON TRIBAL CONCERNS

Tribes are not saying they are opposed to outcomes that will show that their programs are effective. However, history has shown that the federal and state governments cannot always be trusted. Many treaties and federal pollicies have been put into place for the benefit of the dominant society. Examples such as the Dawes Allottment Act, the Boarding School System, the Relocation Policy, and Termination Policy are still impacting Indians today.

This has resulted in resentment and distrust of words or concepts like "science", "research", and "studies" that have been harmful to tribes in the past. This has also led to distrust about any external government imposed mandates that have not been discussed with the tribes through prior consultation in a government-to-government manner.

Published Best or Promising Practices Related to Native Americans

WCAPT The Western Center for the Application of Prevention Technologies' July 2002 edition of *Best and Promising Practices for Substance Abuse Prevention (Western CAPT,* p.198*)* lists only 3 research-based "best practices" related to Native Americans: *DARE to Be You; FAST; Preparing for the Drug Free Years*.

None are tribal specific; all are expensive canned programs, which are not transferable to many tribal communities (e.g., the *FAST* program costs about $8,000 to implement). This publication also lists 8 "promising practices" for Native Americans. Only 2, however, are tribal specific for the Athabaskan Tribe and Devils Lake Sioux.

"Replication" of WCAPT "best or promising practices ", or other evidence-based or science-based projects is extremely difficult, if not impossible in tribal communities. As Don Coyhis and Dr. Terry Tafoya have stated, "What works for the people of the Buffalo may not work for the people of the Whale".

SAMHSA The Substance Abuse and Mental Health Service Administration lists only 2 Native American programs as "effective"; *American Indian Life Skills* and *Project Venture;* and one as "promising", *Storytelling for Empowerment*. *(National Registry of Effective Programs and Practices*, paper presented by Steven Schinke, Ph.D., at the October 13-15, 2004 One Sky Best Practices Meeting held at Portland, Oregon).

SAMHSA lists another "model program," *Skills for Adolescence (SFA)*, as useful in 4 Native American communities. The 4 sites listed are the Gallup-McKinley School District at Gallup, NW; Lincoln Primary School at Bemidji, MN; Osage Nation Youth Group; and Citizen Pottawatomie Nations' Firelodge Children and Family Services Agency.

Most Oregon tribal projects are not currently utilizing a canned expensive EBP, but most tribes are including the universally successful prevention and intervention strategies of **mentoring, after-school,** and **skill enhancement** for youth to be delivered by an all-Indian staff and Indian community volunteers.

Current Issues for Oregon Tribal Youth

As indicated below, tribal youth in Oregon are over-represented in the juvenile justice system and in school dropout data:

- The 2000 U.S. Census lists 85,667 American Indians (2.5%) in Oregon and they comprise 2.1 % (14,701) of the population in Multnomah County. *(Racial & Ethnic Diversity in Oregon,* 2003 draft publication by DHS/OMHAS*)*

- The Native American youth population in close custody facilities in Oregon was 5% in January 2003. *(Oregon Youth Authority, Governor's Budget Presentation to Ways & Means Public Safety Subcommittee)*

- The Native American youth offender population under OYA supervision in community Programs was 4% in January 2003. *(OYA, Governor's Budget Presentation)*

- Juvenile Crime Prevention (JCP) data in 2002 from the 36 Oregon counties (doesn't include new 2003-05 Tribal JCP data) showed that the Native youth scored higher in all 5 risk domains as compared to all youth in the counties' sample *(NPC Research,* February 2, 2002):

	Native Youth N=119	Entire Sample N=4,078
School Issues	81 (68.1%)	2,666 (65.4%)
Peer Relationships	88 (73.9%)	2,699 (66.2%)
Antisocial Behavior	82 (68.9%)	2,537 (62.2%)
Family Functioning	100 (84.0%)	2,727 (66.9%)
Substance Abuse	50 (42.0%)	1,317 (32.3%)

- Oregon State Department of Education dropout data for Indian youth is considered to be under-estimated at 5.8% for 2003-04 due to problems in accurately identifying youth racial demographics. With the emergence of 2 new tribal charter schools in the past 2 years, this also complicates the data. At the federal Indian boarding school in Oregon, however, the dropout rate has consistently remained about 50% since the 1970's.

Federal Data Gathering Sources for Oregon Tribes

Since the early 1970's, tribes have been required to report data to two federal agencies that contribute most public funding for tribally contracted government operations: the Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS).

These 2 federal agencies have consistently reported a higher incidence of physical and mental health problems among the 562 federally recognized tribes. Many tribal members, however, do not understand the federal agency data reports and most feel that the BIA and

IHS data collection and reporting systems do not demonstrate the effectiveness of contracted tribal programs.

State Data Gathering Sources for Oregon Tribes

1) Department of Health Services/Mental Health and Addiction Services (DHS/OMHAS) outcome data

The ASAM (American Society of Addiction Medicine) criteria for assessment, diagnosis, and placement into outpatient or residential care is a research-based EBP. Oregon tribes with an LOA (Letter of Approval) from DHS for treatment utilize ASAM for assessment, treatment, and follow-up services**.**

The CPMS (Client Progress Monitoring System) develops quarterly and annual reports from state alcohol and drug treatment providers, including tribal programs. Recent reports, for example, show percentages for tribal clients in 2 significant outcome data categories - *Reduced Use* and *Completed Treatment*. **The two data categories show strong evidence that tribal programs were effective for Native American clients in treatment during 2004:**

1. Completed Treatment:
   - NA Adults: Ranged from 32.9% to 49.8%
   - NA Youth: Ranged from 35.3% to 58.3%

2. Reduced Use:
   - NA Adults: Ranged from 44.0% to 50.7%.
   - NA Youth: Ranged from 45.6% to 72.2%

MDS (Management Data System) is a data collection system that Oregon tribes are required to implement in order to receive prevention enhancement funds. MDS reports from the tribes indicate process data in the following 6 *CSAP Prevention Strategies*:

1) Information and Dissemination
2) Prevention Education
3) Alcohol, Tobacco, and Other Drug (ATOD) Free Alternatives
4) Community-Based Processes
5) Social Policy & Environmental Approaches
6) Problem Identification and Referral

All 9 Oregon tribes currently utilize the MDS data system in their substance abuse prevention efforts. MDS measures process data such as numbers and ages of participants; it does not show outcome data.

2) Oregon Criminal Justice Commission: Tribal Juvenile Crime Prevention (JCP) outcome data:

JCP data outcomes for 594 Native American youths show the following results in 6-month follow-up reviews involving 360 youth from 6 Oregon tribes (NPC Research, April 2005):

1) Risk Indicators
Reductions ranged from 15% to 79% in 18 scored risk indicators.

2) Protective Indicators
Increases ranged from 22 % to 62% in 7 scored protective indicators.

As clearly indicated by the outcomes reported in State CPMS and JCP data above, **whatever Oregon Tribes are doing, they are having positive, quantifiable results.**

SUMMARY and RECOMMENDATIONS

This paper describes a conflicting linear vs. circular worldview in considering EBP as it applies to tribal communities. It also points out the cultural difference in viewing the seen word and the "unseen world". These cultural differences have resulted in problems for tribal communities when rigid EBP applications are required. The paper also describes some existing tribal research projects in Oregon.

The nine Oregon tribal governments may want to consider the following three recommendations:

Recommendation 1:

Oregon Tribes should be allowed time to design research and evaluation tools relevant to their communities, and Native American researchers and evaluators should be consulted on culturally appropriate methods. This would include collaboration with the Indian Family Wellness Project, One Sky Center, NARA, NICWA, NAYA, the Shadow Project, White Bison and other tribal research efforts.

Recommendation 2:

Oregon Tribes should be allowed to classify programs as being culturally validated and culturally replicated by a panel of Indian researchers. This would result in "practices based on evidence", i.e., programs Indian people have been doing for generations, as well as recent programs that are viewed as culturally relevant and effective.

Recommendation 3:

Oregon Tribes should be given a thorough briefing on the intent of SB 267 and its potential impacts on prevention and treatment services within tribal communities. Some tribal members have already expressed concerns, for example, about issues of tribal sovereignty as it relates to the legislation. The Oregon Legislative Commission on Indian Affairs might be the best forum for such discussions.

ATTACHMENT A:

SB 267 Information Sheet

Purpose

SB 267 requires crime-prevention and some mental health programs to be "evidence-based".

Application

SB 267 requires treatment or intervention programs which are intended to reduce future criminal behavior in adults and juveniles or to reduce the need for emergency mental health services to be evidence-based.**

What is "evidence-based"?
Evidence-based programs are those programs that are based on research principles and that are cost effective.

State Agencies affected by SB 267:

►Department of Corrections
►Department of Human Services
►Oregon Criminal Justice Commission
►Oregon Commission on Children and Families
►Oregon Youth Authority

Services included in SB 267:
Services that the agencies provide directly or fund through other entities, including counties or private parties.

**Not Included: Education services required by state law and basic medical services are not included in SB 267.*

Timelines: Reporting to Oregon Legislature and Compliance with SB 267

September 2004 – State agencies must report on: *****

- assessment of programs funded and whether they are evidence-based
- percentage of state dollars expended on evidence-based programs
- percentage of federal dollars expended on evidence-based programs
- description of efforts in progress to comply with SB 267.

July 2005 – 25% - agencies shall spend at least 25% of state funds on evidence-based programs/services*
July 2007 – 50% - agencies shall spend at least 50% of state funds on evidence-based programs/services*
July 2009 – 75% - agencies shall spend at least 75% of state funds on evidence-based programs/services*

**Each state agency is required to report biennially to the Oregon Legislature on progress toward compliance with SB 267.*

Processes

Statewide Coordination:

- SB 267 Coordinating Committee – Members include state agencies and their stakeholders, including county government, tribes and private providers. **
- The focus of the SB 267 Coordinating Committee is to coordinate decisions by individual agencies to avoid redundant or conflicting requirements in implementing SB 267.

Individual Agency Processes:

- Each state agency will include local partners in designing the implementation process.
- Each agency will have a separate advisory group to:
    - Identify which activities are programs or services subject to SB267.
    - Identify research-based practices that apply to crime prevention and mental health activities subject to SB267.
    - Assess which existing programs use research-based practices and meet the state definition for evidence-based programs.

**For more information regarding SB 267 legislation and the SB 267 Coordinating Committee please go to www.ocjc.state.or.us.

ATTACHMENT B

The following 5 pages describe several Oregon tribally initiated prevention and treatment programs.

The key for each of the 7 columns that identify and describe each program is the following:

1) Program title, or generic description if replicated in more than one site

2) Name of tribe, or Native American organizational acronym:
Chemawa – Chemawa Indian School
KADA – Klamath Alcohol and Drug Abuse Program
NARA – Native American Rehabilitation Association of the NW
NAYA – Native American Youth Association
NICWA – National Indian Child Welfare Association
Wemble House – A&D/Mental Health Residential Adolescent Center

3) Program Description

4) Target Population

5) IOM (Institute of Medicine) Category of Universal, Selective, Indicated
CSAP Prevention Strategy

Information and Dissemination
Prevention Education
Alcohol, Tobacco, and Other Drug (ATOD) Free Alternatives
Community-Based Processes
Social Policy & Environmental Approaches
Problem Identification and Referral

6) Evaluation

CV – Cultural Validated
CR – Cultural Replicated
SV – Science Validated
SR – Science Replicated

7) Funding Source

#70 – state DHS prevention funds
#60 – state DHS treatment funds
JCP – state Juvenile Crime Prevention funds
ODE – Oregon Department of Education
OJJDP – federal Office of Juvenile Justice and Delinquency Prevention