



The American Indian/Alaska Native National Resource Center for Substance Abuse Services

WELCOME TO OUR FIRST NEWSLETTER

Greetings,

We are pleased to share this report of our efforts with you. This edition of the newsletter is longer than we expect for future copies because it covers the first nine (9) months of work. However, we wanted you to get up to date.

Future volumes will be shorter and include different formats, for example, graphs, charts, photographs, etc. You will also be able to access this and many other items from our website.

Wado. We appreciate your support and encouragement.

One Sky Center, “envisioned as an innovative Resource Center dedicated to identification and fostering of effective and culturally appropriate substance abuse prevention and treatment” (Charles Currie, SAMHSA Director July, 2003) was funded by SAMHSA for three years in mid-July 2003. The Center’s mission is to promote and nurture effective and culturally appropriate health care strategies, identify, adapt, and disseminate best practices, provide training and technical assistance, and expand capacity for all American Indian communities.

The Center is directed by R. Dale Walker, M.D and housed at Oregon Health & Science University in Portland, Oregon. You can access his vita and that of staff and post-doctoral fellows by following links on the web site.

CENTER GOVERNANCE

One Sky Center is designed as a collaborative project in the tradition of American Indian communities. It uses a Steering Committee, made up of Directors of the Partner programs, and will use an Advisory Council to maximize collaboration. The Steering Committee meets quarterly and contributes strategic thinking, tactical planning, and implementation of the Center programs.

Federal agencies and departments use the Steering Committee as well as conference calls to seek technical assistance, input mandates, commit resources, and identify action plans in consultation with the Center.

The Steering Committee members represent the Charter group of key Partners who help guide the dissemination of evidence-based practice to American Indian communities and programs. The Charter Partners are:

Jack Brown Regional Treatment Center (Janet Smith, Director) is a state-of-the-art inpatient, dual diagnosis, culturally appropriate treatment program whose catchment area is principally Kansas, Oklahoma, and Texas. It is run by the Cherokee Nation, located on the campus of Sequoyah High School at Tahlequah, Oklahoma, and has a 25-bed capacity. It has served more than 1,000 clients and seen a change in adolescent drug of choice from primarily alcohol in 1991 to marijuana in the late 1990’s and now to methamphetamine.

The treatment center is accredited by CARF (the Commission on Accreditation of Rehabilitation Facilities). CARF is working to incorporate culturally competent assessors in an effort to ensure that culture gets incorporated and assessed appropriately. It is also a potential mechanism to document appropriate standards and, thereby, get

services recognized and reimbursed by Medicaid. Ms. Smith is a member of CARF. Jack Brown Treatment Center collaborates with One Sky Center to provide technical assistance and consultation to develop post-discharge follow up and aftercare for adolescent clients nationally.

White Bison: (Don Coyhis, Director), located at Colorado Springs, Colorado, is a non-profit organization whose underlying principal is *living in harmony with natural law*. Ceremonies are used to help individuals and communities to get back into harmony. When in harmony, individuals and communities know and do the right thing. The Elders repeatedly say that *Indian culture is prevention*. Thus, the program incorporates traditional healing and spiritual wellness practices together with other practices found useful. They use the Red Path, somewhat similar to the 12-step program (Minnesota Model) and Erik Erikson's adaptation of traditional American Indian concepts, which is re-adapted and adopted. In Erikson's model, *eight stages, a cycle of life, and a cocoon* are identified. The cocoon is a state of emotional wellness that displaces and precludes unwellness. The principle, "you heal you," unblocks the healing process and puts the responsibility and the *power to heal into the individual's hands*.

There are both individual protocol and community protocols. Community readiness to change is assessed by the Gathering of Native Americans (GONA). With a commitment of 11% of a community's people (needed to change), a community change strategy begins with mind maps, is documented as a *vision book*, and adopted as policy by the tribal council. Developing constituency consensus on sobriety as a criterion encourages sober leadership. Achievement of vision objectives (e.g., reduction of family violence) is rewarded/recognized by awarding an eagle feather. E-mail "pulsing" (messages to group lists) is used to alert interest groups to new postings on the web site.

National Indian Youth Leadership Program, (McClellan Hall, Director), the central theory underlying this program is *learning through experiencing* (as compared with instruction, stories, etc). The experiences are based on advice from the

Elders on how to operationalize *traditional cultural values* and *role behaviors*. Community service, adoption of meaningful roles, and leadership are learned through the experiences provided.

Over the past 20 years, the Leadership Program mission has been positive youth development. The program is somewhat similar to Outward Bound in that the setting is outdoors and challenging the client is part of the technique. Project "Venture" has been replicated 26 times with funding by the State of New Mexico, and evidence of efficacy has been gathered. In addition to the replications, there are two adaptations of the program: a program for girls and a program focused on healthy relationships and choices.

Mr. Hall works to make the distinction between key principles of the program that cannot be altered without jeopardizing effectiveness, and minute details that can easily be adapted depending upon the needs and culture of the local setting. A key principle of the adaptation is a focus on where the client wants to be and what they can do to get there (defocusing the negatives). Their role with One Sky Center is to provide consultation and technical assistance to other organizations that want to implement leadership programs.

Alaskan Tribal Health Consortium: (Jim Berner, Director). The Consortium addresses an extreme rural challenge with *village health aides* chosen by the village. The aides receive 20 weeks of training and a preceptorship. The training program is available in manual form and core competencies are measurable. The curriculum and accreditation are national. They now have a federal curriculum and certification and can get medical reimbursement for health aides' services in Alaska.

The Consortium is also initiating a dental healthcare aid program and putting together a program for behavioral health aides to serve in this area. The consortium is seeking a behavioral health aide module, based on the dental template. They are considering the CSAT set of Addiction Counseling Competencies (ACCs), though they need more mental health representation before finalizing a

framework for training and standard-setting for village behavioral health aides.

United American Indian Involvement: (Rose Clark, Administrative Clinical Director). The corporation, located in Los Angeles, works with urban populations and adopted a Circles of Care model, a *case management* model of service delivery that includes home visits. It is funded by many agencies to deliver seven programs: public health, primary and specialty care, cultural case management, health education, family wellness, child and family counseling, healing from domestic violence and sexual assault, clubhouse, workforce development, research, and system of care planning. They also offer an after school program for youth 5-18 and summer youth camps for 150 kids per year. They use other sites for service delivery; transport clients to corporation sites for cultural activities; cultural competency training for agency staff; youth camps; internship for psychologists; and culturally sensitive screening. They offer cultural competency training to subcontractors. Several of their activities (e.g., training programs) are compiled in manuals. Dr. Clark works with One Sky to provide networking, technical assistance and consultation to other urban programs.

Finally, recruitment of an Advisory Council is underway, with the assistance of Cheryl Kennedy (Chair, Grand Ronde Tribal Council). Ms. Kennedy works with Dr. Walker to help identify leaders from diverse organizations who are dedicated to improve health care for American Indians, Alaska Natives, Eskimos and Aleuts. The Advisory Council will build upon existing collaboration among Tribal, State and Federal Agencies in order to coordinate with their policies and plans and participate in the many initiatives and resources for the AI/AN target population.

ALLIANCES AND JOINT INITIATIVES

The One Sky Center concept is an ambitious project of networking, program development, consultation, training and technical assistance that works to facilitate a positive change in Indian Country—a very large, dispersed, and diverse target population. It is vitally important that the Center be known and

networked broadly, be understood, accepted, and supported. The awareness-raising objective includes the identification of additional Partners, and individuals and organizations that will provide crucial assistance along our critical path. Examples of work thus far includes the following alliances:

Child & Adolescent Treatment & Prevention (Partner: IHS Youth Regional Treatment Centers and IHS Central Office).

One Sky senior staff participated in a meeting of the IHS Youth Regional Treatment Centers on November 20, 2003. An assessment of resource needs for the Centers was completed. While analyses are incomplete, one treatment and prevention system issue seems paramount: There is a great need to design and construct techniques and capacity to therapeutically link treatment centers with home environments. Usually referred to as “aftercare,” it is much more than the old hospital “aftercare.” The need involves ways and means of creating collaborative, effective working relationships between treatment center and local community officers, families, and institutions. It involves adaptation and use of relevant components of the extensive “case management” body of knowledge and techniques and energetic, creative and diplomatic approaches to building relationships among agencies.

Isolated Rural Behavioral Health Service (Partner: Alaska Native Tribal Health Consortium)

One Sky senior staff participated in a daylong Behavioral Health Aide implementation/planning, consultation and technical assistance meeting with principals of the Alaska Consortium, on December 15, 2003. There were two agenda items: (1) develop collaboration and support among the stakeholders, and (2) disseminate knowledge and technology to communities with similar needs throughout the United States.

The village-based behavioral health aide services and training program were developed from existing SAMHSA (TIP 21) and ATTC materials. The curriculum is based on competencies already

formally accepted by the Indian Health Service nationally. The initial task was to facilitate buy-in by the multiple stakeholders, which Dr. Walker accomplished, as speaker, consultant and workshop facilitator, in a daylong buy-in/training program in Anchorage on February 5, 2004.

The Behavioral Health Aide program has the potential to reduce disparities in treatment and prevention opportunities in isolated rural areas. We plan to take the knowledge/practice resource to the next level with a dissemination program.

National Behavioral Health Treatment and Prevention Strategy (Partner: White Bison)

One Sky senior staff participated in a daylong consultation and technical assistance meeting with Don Coyhis, Director, White Bison, on December 18, 2003. The agenda was: (1) develop a national strategic plan for AI/AN treatment and prevention; (2) consider testing a seven-component, community-wide, treatment and prevention intervention; (3) prepare and distribute resource materials; and (4) explore a national *Wellbriety* meeting. One Sky and White Bison agree with partners in the federal government that a unifying vision to improve the behavioral health and general well being of AI/AN peoples is desperately needed as a planning and organizing framework. While this is a very large task, we agreed to undertake it together and to bring all other Partners into the effort. In part, this vision will be built upon “what works,” as indicated by scientific evidence and stakeholder consensus. It will also draw in systematic, sophisticated analyses of the driving forces behind healthy development of AI/AN communities.

American Indian Behavioral Health Fellowships (Partner: McNeil Pharmaceuticals)

Two outstanding AI/AN candidates for fellowships were identified for major roles in One Sky’s mission. One has extensive experience in the coordination of large-scale AI/AN policy and practice innovations and a commitment to rural health. The other has comprehensive understanding of traditional AI/AN healing knowledge and

technique and experience with a focus on behavioral health. In addition to the substantive contribution of the fellows, collaboration with private industry and foundations is an enormous advantage as we strive to sustain One Sky Center and to identify and prepare a critical mass of Indian professionals to advance the AI/AN health care agenda via consultation and technical assistance.

RESOURCE DATABASE

One of the major efforts of the One Sky Center is to collect, evaluate, and disseminate effective prevention and treatment programs for American Indians and Alaska Natives. This is a complex process involving three main steps:

- Identify existing programs and collect descriptive information and outcome data.
- Develop evaluative standards to apply to programs in order to identify best practices.
- Develop avenues and means to disseminate model programs to Native communities and organizations.

A centralized clearinghouse of existing substance abuse treatment (CSAT-funded) and prevention (CSAP-funded) projects in American Indian and Alaska Native communities is under development.

By the end of June, the project database will be linked to One Sky Center’s web site (www.oneskycenter.org) with search capabilities using keywords. At the end of the third quarter (March), information was complete and data was organized for CSAT projects. Efforts continue to obtain comparable lists of projects funded by CSAP.

Future development of the project database, dependent on resources available to devote to it, will expand both breadth and depth. One Sky would like to expand the scope of the database to include prevention and treatment projects other than those funded by CSAT and CSAP. For example, behavioral health projects funded by SAMHSA/CMHS, the National Institutes of Health, the Indian Health Service, the Bureau of Indian Affairs, the Office of Juvenile Justice and

Delinquency Prevention and the Robert Wood Johnson Foundation could all be represented in such a collection.

Similarly, a variety of mechanisms can be employed to increase the information contained in the database on any of these projects. Again, the extent to which One Sky can realize these ambitions is a function of resource allocation as well as the cooperation and collaboration of federal funding agency partners.

The ultimate goal of the Center is to improve substance abuse service outcomes by infusing AI/AN-appropriate best practices into substance abuse treatment and prevention services.

NETWORKING, PRESENTATIONS, CONSULTATIONS AND TECHNICAL ASSISTANCE

Attendance at meetings planned by others includes consultations, presentations and technical assistance. As a small organization with limited funds and a national role, we must focus on building partnerships to expand One Sky Center work nationally and advance best practices in substance abuse programs. Many of the early presentations were designed to promote recognition of the Center and encourage advocacy, support and community input into the development of the Resource Center.

The following sites and areas demonstrate in-person work. In most cases Dr. Walker presented a paper and conducted a workshop or facilitated meetings. Dr. Elizabeth Hawkins and Dr. Douglas Bigelow also represent the Center for consultation and technical assistance. For detailed information on the content of material presented below, Power Point files of the presentations will be available for review and download from the Center web site when it is fully constructed.

- Practice Improvement Collaborative Conference on Evidence-based Practice for Co-occurring Disorders, for Women, Adolescents, and Native Americans, Portland, Oregon, May 6, 2003

- American Psychiatric Association Annual Meeting, San Francisco, CA, May 20, 2003
- Lecture, University of Washington School of Medicine, Seattle, WA, May 23, 2003
- Announcement of SAMHSA Funding for One Sky Center. Building Partnerships to Meet Substance Abuse Prevention and Treatment Challenges in American Indian and Alaska Native Communities. San Diego, CA, June 25 – 26, 2003
- NAMI Annual Conference, Minneapolis, MN, June 29, 2003
- Indian Health Service, Region V Tribal Governments and Indian Urban Programs Leadership Conference, Prior Lake, MN July 16, 2003
- SAMHSA American Indian Mental Health Providers Conference to recommend Mental Health Care strategies for American Indians. Mystic Lake, MN, September 14, 2003
- White Bison's Strengthening our Nations Conference. Albuquerque, NM, September 20, 2003
- Nebraska Office of Minority Health & Human Services. People of Color Celebrate Healthier Communities While Addressing Unequal Treatment. Kearney, NE, September 29, 2003
- McNeil Consumer and Specialty Pharmaceuticals ADHD Educational Summit, Houston, TX, September 30 – October 1, 2003
- 2003 National Council for Urban Indian Health Fall Leadership Conference Seattle, WA, October 7, 2003
- 2003 Tribal Gathering for Washington State Tribes. Auburn, WA, October 9, 2003
- Meeting of the Northwest Portland Area Health Board, Pocatello, ID, October 14, 2003
- NIDA Ethnic Minority Advisory Workgroup, Bethesda, MD, November 5, 2003.
- 2003 ATTC Network Meeting, Washington, DC, November 13, 2003
- McNeil Pharmaceutical Educational Summit, Newport Beach, CA, December 13, 2003
- IHS Conference on Domestic Violence, Portland, OR, December 9, 2003
- CADCA National Leadership Forum XIV, January 22, 2004

- Service to Science Academy Preparatory Workshop, SAMSHA, CSAP, January 21- 22, Rockville, Maryland.
- Coast Salish Gathering, Bellingham, WA, February 18-19, 2004

In addition to in-person work, a remarkable number of consultations, referrals and technical support telephone calls provide services nationally. The range of needs includes one-time referrals to programs or speakers, several contacts to recommend and provide access to literature, to long-term planning and collaboration that includes conference calls, email reviews of materials and in-office meetings that guide program development for other organizations.

Over the past 6 months, numerous individuals and organizations that work with American Indian communities contacted the One Sky Center. The Center actively responds to requests and established on-going consultative relationships with tribal organizations across the country. We will continue this activity throughout the duration of the grant as the phone calls and emails we receive reinforce the fact that an immense need exists for this national resource center. Queries for technical assistance were varied, but included requests for literature and resources on best practice approaches, review of grant proposals, recommendations regarding evaluation strategies, referrals to American Indian trainers and identification of funding mechanisms and opportunities. Examples of ongoing consultative and technical assistance relationships with organizations includes the Campo Band of Mission Indians, Haskell Indian Nations University, Oceti Wakan, a non-profit organization on Pine Ridge Reservation, and the Lummi substance abuse treatment system.

PRELIMINARY EXPANSION OPURTUNITIES

Throughout our work we seek exciting opportunities to expand options for One Sky Partnerships. Additional funding is essential to implement the following:

- **Partnership with CMHS within SAMHSA:** There is a lot of discussion and hope for the financial addition of CMHS as a third SAMHSA Center partner with One Sky Center, especially related to co-morbid (co-occurring) disorders. We had one formal meeting September 14-15, 2003 in Minnesota, and formed an alliance with an Association of American Indian/ Alaska Native Behavioral Health Professionals. That group will be critical to broadening the base of One Sky Center and they have agreed to the concept of forming a National consultative body for our Center. If we are to formalize this partnership with CMHS, the Behavioral Health Association will enhance the relationship. Work will continue in this area throughout the year. Suicide and co-morbidity and integrated technical assistance are logical extensions of One Sky Center efforts.
- **Drivers Training Prevention Project:** We reconnected with Maria Burns to begin development of this project to be supported by the National Highway Traffic Safety Administration (NHTSA). Initial funding was discussed at \$150,000/ year for two years.
- **Distance Learning and Addictions Counselor Core Curriculum:** Focused planning and discussions with the BIA to work in collaboration with the American Indian Colleges and Universities is in initial stages. Funding discussed for the first year of that project (One Sky Center's 2nd year) has been in the \$100,000/year range. Again, Maria Burns will assist in development.
- **Collaboration with IHS, NIDA, NIAAA, and VAMC:** There have been several discussions and we will have future meetings to explore integrative efforts with these important federal agencies. We will work closely with our project officers to take advantage of these opportunities or broker them with appropriate AI/AN groups.
- **Collaboration with Foundations and Other Private Agencies:** Phone discussions have taken place. More formal discussions will occur throughout the life of One Sky Center.

- **Funding for Pre and Post Doctoral Fellows:** Private funding for two AI/AN post-doctoral fellows has been acquired. Planning is underway to extend these fellowships for subsequent years and increase the number of Fellowships available through the Center. As Post-Doctoral Fellows come on board, you will be able to access information about their experiences and roles at One Sky Center via the web site.

UPCOMING TRAINING, WORKSHOPS, MEETINGS, AND EVENTS

- American Psychiatric Association Annual Meeting, May 2004, New York, NY. (2 presentations and networking)
- SAMHSA AI/AN/TCE grantee meeting, May, 2004, Rockville, MD (3 workshops, consultation and technical assistance)
- IHS Behavioral Health national meeting, June 2004, San Diego, CA (workshops, keynote, consultations, technical assistance and networking)
- IHS/SAMHSA/tribal/state gathering, June 2004, San Diego, CA (workshops, keynote, consultations, technical assistance and networking)
- Association of American Indian Physicians Annual Meeting, August 2004, Tulsa OK (Workshop, consultation, networking and recruitment)
- Best Practices Consensus Panel Meeting, Fall of 2004, Portland Oregon.

EVALUATION

An evaluation team, led by Dr. Roy Gabriel and Jane Grover, at RMC Research Corporation of Portland, Oregon, will perform the mandatory GPRA evaluations. Our goal is to exceed Federal GPRA reporting forms and conduct evaluations that guide our work and allow us to provide useful information to those who work with and for American Indian agencies, organizations and programs. Start-up on well-planned evaluation

tools, data entry programs and analysis strategies is a time consuming process that we think is well worth the effort. To date, much of RMC's effort is assembly of the SAMHSA portfolio of American Indian and Alaska Native prevention and treatment programs. They identified over 130 CSAP or CSAT prevention and treatment programs funded since 1999.

In addition, the evaluation team developed data input forms for use by One Sky Center staff to record telephone and field contacts with clients and partners across the country. For field events, intended outcomes are also specified, so that follow-up evaluation efforts can monitor the extent to which they are achieved from the perspectives of the participants. Key information on all individuals contacted will be logged onto a project database under development at RMC.

The Steering Committee noted areas for evaluation - customer need, support, and input, plus positive outcome. RMC is accessing outcomes in the following categories: an Anthology of Evidence-Based Practices (EBP) in American Indian communities; dissemination, assistance for and implementation/adoption of EBP; satisfaction of beneficiaries (esp., tribal councils) with materials and assistance.

The establishment of professional relationships and agreements is a unifying theme for much of One Sky Center's staff effort, and, consequently the evaluation effort. For example, in the early stages of operation, the Center engaged in Information Dissemination, Networking & Relationship Buildings, Resource Provision, Technical Assistance, Meetings, Trainings, and Presentations to over 33 organizations for a minimum of 305 staff contact hours. The number of organizations, individuals in attendance and staff contact hours at in-person sites is being quantified, analyzed, and evaluated. Look for the inclusion of resulting charts and tables for distribution to the community via newsletters and the website.

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