Compendium of Best Practices for American Indian/Alaska Native and Pacific Island Populations

Holly Echo-Hawk
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Indigenous Partnership

• First Nations Behavioral Health Association

• Pacific Substance Abuse and Mental Health Collaborating Council and Certification Board

• SAMHSA support – Office of the Administrator

First Nations BH Association

• Founded in 2003 with mission to advocate for mental health well-being of Native people by increasing knowledge and awareness of issues impacting Native behavioral health

• American Indian, Alaska Native psychologists, psychiatrists, social workers, substance abuse counselors, behavioral health researchers, and family advocates

• Board of Directors are nationally recognized Tribal behavioral health experts, culturally diverse

Pacific Substance Abuse and Mental Health Collaborating Council and Certification Board

• Territory of American Samoa

• Territory of Guam

• Federated States of Micronesia

• Republic of Belau (Palau)

• Commonwealth of Northern Marianas Islands

• Republic of Marshall Islands
Compendium of Best Practices for Indigenous Populations

Why Develop?

Cost of “business as usual” is too high – both in financial terms and in human terms.

Planning Process

• Indigenous planning committee developed; included representatives of other practice-based evidence or community defined evidence movements.

• Outlined Compendium parameters (February 2009 two-day meeting).

• Process was video taped.

Compendium Focus . . .

• Inform the future.

• Framework of “practice improvement”.

• Document local evidence building effort.

• Acknowledge the levels of evidence building.

• Set stage for future work and next iteration of best practice for special populations.

Cultural Parameters

• Compendium must help build local capacity.

• Compendium process must hear voices of Indigenous consumers.

• Documenting and highlighting the local “process” used to develop evidence is more important than the description of the best practice.

Cultural Parameters continued

• Best practice selection should consider importance of rigor and multi-level acceptance process.

• Avoid sense of competition that “best practice” selection can generate.
**Compendium of Best Practices**

Search framework included:

a) Western models or approaches that work well with Indigenous communities; or

b) Cultural adaptations of a Western model or approach; or

c) Indigenous traditional practices that are either stand alone services or work in partnership with Western approaches

**Broad Categories Sought**

- Clinical behavioral health services
- Substance abuse treatment approaches
- Suicide prevention strategies
- Community engagement strategies
- Public education campaigns, and stigma reduction

- Administrative practices, including organizational structures, staff training, billing structures, or employment practices that support cultural practices
- Policy development approaches that led to institutionalization of best practices
- Any other type of supports or approaches that contribute to best practices for Indigenous populations

**Our Challenges**

- Conventional Definition of Best Practice
- World View (Epistemological) Differences
- Isolating Best Practice for its Multiple Supports
- Cross-Cultural Evidence Building

**Conventional Definition of Best Practice**

- Emphasizes demonstration of evidence as measure of effectiveness
- Western bio-medicine approach to evidence relies on resources and perspectives historically not part of Indigenous societies

**World View Differences**

- Western BH focuses on mental health and bio-medicine substance abuse treatment
- Indigenous approach to BH focuses on interaction and balance between cultural, spiritual, physical and environmental
Isolating Best Practice from its Multiple Supports

- In Indigenous communities, any intervention or practice is never a solo event
- Isolating a practice for its multiple supports was a challenge in determining what works best for who and when
- Cook Inlet entrepreneurial pathway for Native artists was supported by SA treatment, educational programs, workforce training, career development, system navigation, housing, etc.

Cross-Cultural Approaches to Evidence Building

- Western BH focuses on mental health and bio-medicine substance abuse treatment
- Indigenous BH focuses on interaction and balance between cultural, spiritual, physical and environmental

Our Supports

- Ongoing search for alternatives to high cost and ineffective services opened window of opportunity
- Community Defined Evidence and Practice Based Evidence movements
- Los Angeles County MH Department
- Indigenous Evidence-Based Practice Model - Cook Inlet Tribal Council
- Wharerata Best Practice Model - New Zealand

Wharerata Best Practice Model

- Indigenous Insights
  - Cultural perspectives
  - Indigenous world views
- Clinical Insights
  - Bio-medical
  - Bio-psychological

Best Practice
Nomination Process

- Reviewed existing nomination processes and selection criteria
- Community Defined Evidence Project, Center for Indigenous Practice, LA Department of Mental Health
- Nomination letter disseminated through Tribal and Pacific Island networks

Nominations Received

- Total of 67 nominations for best practices for Indigenous populations received
- Included:
  - 50 American Indian/Alaska Native nominations
  - 17 Pacific Island nominations

Selection Committees

- Independent Tribal selection committee reviewed all 50 nominations and scored in a one day meeting with final selection of the top 9 the following day
- Pacific Island group decided to use the representatives from the Pacific Substance Abuse and Mental Health Collaborating Council and Certification Board as selection committee; all 17 nominees reviewed and scored over two day meeting

Selection Criteria

<table>
<thead>
<tr>
<th>PJ selection criteria &amp; scoring</th>
<th>Tribal selection criteria &amp; scoring</th>
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</thead>
<tbody>
<tr>
<td>Responsiveness to need (30)</td>
<td>Responsiveness to need (5)</td>
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<tr>
<td>Integration of culture (30)</td>
<td>Integration of culture (20)</td>
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<tr>
<td>Community involvement (20)</td>
<td>Community involvement (15)</td>
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<tr>
<td>Effectiveness/outcomes (30)</td>
<td>Effectiveness/outcomes (10)</td>
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<td>Replication potential (20)</td>
<td>Potential for Replication (15)</td>
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<tr>
<td>Documentation of outcomes (20)</td>
<td>Western approach to outcome</td>
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<td>documentation (15)</td>
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American Indian/Alaska Native Final Selections (9)

- Community Readiness Model: Structured, Culturally Respectful Assessment for Prevention and Intervention
- United American Indian Involvement: Use of data to justify billing for culturally respectful treatments
- Native American Health Center: Behavioral Health System of Care
- State of OK and Oklahoma Tribes: Policy Development
- Village of Minto, AK: Substance Abuse Treatment
- Historical Trauma: Community Prevention Model
- Therapeutic Village/Alaska: Substance Abuse Treatment
- Project Venture: Substance Abuse Treatment, Skill Development
- Two Spirit Gallery: Workforce Development

Pacific Jurisdiction Final Selections (9)

- Guam: Youth for Youth, SA Prevention, Leadership Training
- Guam: New Beginnings, SA Assessment and Treatment
- Guam: Healing Farms, Prevention, Subsistence Skills
- American Samoa: Circle of Love, Prevention, MH and SA
- American Samoa: Prevention Fa’a Samoa, SA Prevention
- Commonwealth of Northern Mariana Islands: Challenge Masters, Prevention
- Federated States of Micronesia: Micronesian Seminar, Public Information, Social Marketing, Prevention
- Marshall Islands: Youth to Youth, Prevention
- Palau: Directly Observed Treatment, Monitoring Medication
Information Gathering

• Site visits to all six Pacific Islands planned; five islands visited (except American Samoa due to tsunami)

• Site visits to only the Alaska best practices locations; other Tribal best practices were well documented in the literature

• Video taping and photos when possible

Final Products

• Written summary of Compendium results
  Title: Compendium of Best Practices for American Indian/Alaska Native and Pacific Island Indigenous Populations: A Description of Selected Best Practices and Cultural Analysis of Local Evidence-Building
  • 2-page summaries of each selected practice
  • Power point presentations (2)
  • Teaser video (3 minutes)
  • Video of community voice and findings (20 minutes)

What We Learned About Developing BP with Indigenous Populations

Six “active ingredients”
1. Local leadership as starting place
2. Engaging local Indigenous community
3. Cultural foundation of practices
4. Spiritual foundation of practices
5. Building and maintaining local credibility
6. Best practice as part of Nation building

What We Learned About Evidence Building with Indigenous Populations

• Conventional evidence building and evaluation is built on science, but in Indigenous communities . . . “culture” may trump science
• Some felt there is no need to “prove” their effectiveness because local community support is all the “evidence” they need

What We Learned About Evidence Building with Indigenous Populations

• Indigenous people are keen strategic thinkers and can transfer innate ability to observe and evaluate to a data collection and analysis process if they control and “own” the process
• Development of evidence-building capacity was often tied to a local administrative leadership who ask “why? ” (e.g., differences in service outcomes)
What We Learned About Evidence Building with Indigenous Populations

• Steps to increased evidence-building capacity was incremental
• Partnership with evaluators worked best when the evaluator becomes part of the community, stays alert to the dynamic of differences, is supportive instead of directive, adapts/uses local cultural approach to accomplishing objectives instead of imposing a different model

What We Learned About Evidence Building with Indigenous Populations

• Long term, positive relationships with evaluator led to the evaluator becoming a type of historian, or “keeper of their story” for the organization
• Trusted evaluators helped local programs see patterns over time

Case Studies

• Final element of the Compendium is a series of case studies
• Case studies outline the sequential steps taken toward evidence-building

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National Network for the Elimination of Disparities

• Compendium will be posted on the NNED and Indigenous web sites (April-May 2010)
• Visit the NNED at http://nned.net/
• Contact: info@nned.net

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