



NANN

NATIVE AMERICAN NEIGHBORHOOD NETWORK

2016

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The California Community Foundation for funding and support
that made this program possible and for the support in helping
to close health disparities in our American Indian and Alaska
Native people who reside in Los Angeles County.***

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Introduction

Funded by the California Community Foundation, the Native American Neighborhood Network (NANN) grant is a driving and innovative force to advance commitment to provide culturally relevant, evidence-based, wraparound services to help close the gap in health disparities for American Indians and Alaska Natives (AI/ANs) residing in Los Angeles county who suffer from substance abuse disorders (SUD) with the corresponding health and social problems that accompany SUD. From 2014-2016, a collaborative of knowledgeable experts and community leaders, Native American agencies, social service agencies, substance abuse programs, mental health providers, primary/specialty medical and ancillary service projects serving AI/ANs throughout Los Angeles county have collaborated together to increase their “cultural intelligence” toward more holistically serving the AI/AN community. NANN had the goal of making the system of care serving AI/ANs in Los Angeles County as seamless as possible. Four

core partners for the NANN, American Indian Changing Spirits (AICS), Jimi Castillo (Tongva/Acjachemen Pipe Carrier), Southern California Indian Center (SCIC), and United American Indian Involvement (UAI), expanded into a community-wide agency network of 39 agencies countywide. A series of 12 focus groups comprised of agency members addressed the needs and concerns:

- *Alcoholism and Drug Abuse*
- *Depression Anxiety and other Mental Health Disorders*
- *Homeless and or Substandard Housing*
- *Unemployment or Underemployment*
- *Obstacles to Educational Attainment*
- *Physical Health*
- *Family and Native Social Circles*
- *Spiritual Roots*

In order to determine where the needs of SUD treatment and support services for AI/ANs are today, the focus groups considered what has occurred historically for American Indians in California, Los Angeles, and the recent history for SUD treatment.





History

In 1769, Father Junipero Serra built the first mission in what is now San Diego County.

The aftermath that followed was only the beginning of the attempts to enslave and destroy the Native populations “in the name of God, gold, and greed” (Heizer, 1993). Indians were kidnapped, enslaved, given Spanish names and forced to build and produce for the missions or risk being whipped, branded, mutilated or executed.

Smallpox and other diseases also killed hundreds of thousands of Indians. Mass graves of these Indians are still seen in the missions today. Jimi Castillo, Tongva and Acjachemen Pipe Carrier and Spiritual

Leader, summed up the effects on the California Indian psyche when he asked his father, “Are we Indian?” His father’s response, “No, we’re not real Indians, we’re just Mission Indians.” In contrast to the formal, well-tended graves of the mission’s founding fathers, Jimi’s Tongva grandmother is buried under Mission Drive, the street fronting the Mission San Gabriel (Personal Interview, June 26, 2016).

The abuses of California Natives were not

so distant in time. Justin Farmer, a 90-year old Ipai Indian from San Diego County relates that his grandmother was “acquired” by a rancher couple at birth and reared to be their domestic. She was not allowed to go to school and was owned by the family until she was again “acquired” by another rancher as his wife (Farmer, 2016). The

State Constitution permitted enslavement of any California Indian from the time of birth until reaching the age of majority.

Scalping of California Indians became profitable for bounty hunters with scalp prices ranging from \$25 for a child to \$100

for adult men. Any person could go before a Justice of Peace to obtain Indian children

for indenture. In 1851 the California Legislature defined an Indian as having one fourth or more of Indian blood and prohibited Indians, blacks or mulattos from

giving evidence in court against any white person. It was not an uncommon practice to steal Indian children and kill parents that might have protested. Indian children were sold for prices ranging from \$30 to \$150 (Johnston-Dodds, 2002).

The flood of gold seekers in the state, and in their wake, farmers who preempted land had the immediate effect of reducing, and at times wholly eliminating, the food supply of the Indian. Indians were prohibited from possessing guns—a restraint aimed at reducing their retaliatory effectiveness, but also making it difficult to kill game which was becoming more scarce because it was a source of food for the gold miners. Starving Natives might steal food or kill a cow, and such acts led to punitive reaction by the whites, (Heizer, 1993).

Various additional injustices were experienced by California Indians by Spanish conquistadors and early U.S. governmental actions. For example, a high prevalence of venereal disease was one of the results of the contact of the Natives and whites. In addition, hostile acts against Indians could not be redressed by legal means since Indians were prohibited from testifying against whites (Heizer, 1993), nor were Indians allowed to vote. In fact, the first legislature of 1850 thus effectively

blocked Indians from participating in any way in the government despite the fact that in the Treaty of Guadalupe Hidalgo, which marked the end of the Mexican War, the Indians, as former citizens of Mexico, were guaranteed American citizenship (Johnston-Dodds, 2002). These injustices experienced by AIs throughout California are examples of numerous historically-based traumas experienced among AI/ANs throughout U.S. history.

Historical trauma and unresolved grief are a legacy that many AI/ANs struggle with today. Although it is discussed less frequently than the Holocaust that took place in Europe, the genocide that took place in the Americas was no less devastating. Native American nations experienced decimation of their numbers and sometimes complete extermination (Smith, 2005). The effects of historical based traumas have been postulated as to having a profound impact on the health and well-being of this population resulting in various unresolved health problems





and psychosocial issues. For example, a number of studies show that various injustices experienced by AI/ANs during early U.S. history including forced removal from native lands, placement of AI/AN children in boarding schools, breakdown of traditional family systems, and several broken treaties created lasting intergenerational effects including increased risk for SUDs and other psychosocial issues, such as poverty and poor mental health. Thus, these stressors may increase the potential for SUDs due to issues associated with cultural identity, decreased spiritual base, and lack of community cohesion.

By 1900, the California Indian population had gone from a high of 300,000 precontact to 16,000 (Indian Country Diaries, 2006). Due to the abuses suffered in the past, many California Indians hid among the Latino population fearing their Indian identity due to the stressors of the injustices of the past. Jimi Castillo recalls the confusion he felt as a child when trying to understand why his family did not speak Spanish, as did the neighbors, although they had a Spanish last name, and his mother’s insistence at meals, “Don’t take that food outside. They’ll think we’re Indian,” (personal communication, June 26, 2016).

California Indian identity was even more obscured during the Urban Indian Relocation Program started by the Bureau of Indian Affairs (BIA) in the 1950’s. Instead of putting resources into the economic growth of reservations, Indians across the country were relocated to large urban areas to seek employment. One student at California State University Dominguez Hills relates that her father had never seen a large city, and upon arriving in Los Angeles, slept in the train station as he was too afraid to go out into the city (Abeya, D., personal communication, May, 2014). Unfortunately, most had not received employment training and ended up in low paying, menial jobs. According to Los Angeles Times staff writer Penelope McMillan, in 1980 the Los Angeles AI/AN population ranged from 40,000 to 100,000 representing over 100 of the 493 federally-recognized tribes in addition to many tribes that were only recognized by the State of California. A new Indian identity, the Urban Indian, was now the norm in Los Angeles bringing about an identity crisis for AI/ANs. They did not fit the stereotype of the image popularized by the Iron Eyes Cody commercials and movies (the Crying Indian). There were no AI/AN neighborhoods but rather scattered clusters. A third of this population was considered transient as they traveled

back and forth between the homelands on the reservations and Los Angeles. It became an invisible population with varying phenotypes ranging from dark to light, heavy-boned or gracile with individuals commonly mistaken for members of other ethnicities. According to the Indian Alcoholism Commission of California, 80% of Indian suicides were related to alcohol abuse during the 1980s (McMillan, 1980). Unfortunately, local programs serving the general population had little understanding of the needs of the growing AI/AN population as the largest AI/AN health serving program at the time served 3,000 to 4,000 a year, a small fraction of the population (McMillan, 1980).

Studies conducted among AI/ANs in Los Angeles County have been limited; however, the few studies conducted confirm that this is a high-risk group for specific substance abuse and mental health problems. For example, Dickerson et al. found that urban at-risk AI/ANs in Los Angeles County have a significantly earlier age of alcohol, marijuana, methamphetamine, and other drug

initiation compared to all other ethnic/racial groups (Dickerson et al. 2012). In a study conducted by Dickerson and Johnson, descriptive data was analyzed as it relates to substance use and mental health characteristics among a sample of urban AI/AN youths (n=118) receiving mental health services in a large California metropolitan area. With regard to substance use histories, alcohol (69.2%) and marijuana (50.0%) were the most commonly used substances. With regard to mental health diagnoses among urban AI/AN youths, mood disorders (41.5%) and adjustment disorder (35.4%) were the most common mental health diagnoses. In addition, witnessing domestic violence (84.2%) and living with someone who had a substance abuse problem (64.7%) were reported. The majority of patients demonstrated various behavior and emotional problems. This study provided insights into the potential consequences of historical based traumas experienced by urban AI/ANs which may be contributing to these disorders among urban AI/AN youth.



History of Native American SUD in Los Angeles County

In the early 1980s, only three AI/AN agencies addressing the SUD residential needs existed in Los Angeles County: Indian Men’s Lodge, Indian Women’s Lodge, and American Indian Free Clinic – Main Artery Coed Residential program. The Men’s and Women’s Lodges folded in the early 1980s due to cutbacks in Indian Health Service (IHS) funding which led to the founding of American Indian Eagle Lodge which began a coed program in the mid-1980s through Indian Health Services (IHS). This resulted in two SUD residential projects in Los Angeles County; however, the Main Artery folded in the late 1990s due to internal problems and loss of funding from the County of Los Angeles Alcohol and Drug Programs. The closure of these programs left only the Eagle Lodge program to serve the Native American community. Unfortunately, Eagle Lodge lost funding in the late 1990s, which left virtually no Native American SUD residential programs, in not only Los Angeles County, but the whole of Southern California. Henceforth, a community grass roots movement in Long Beach headed by concerned AI/AN community members resulted in funding received from the Los Angeles County Alcohol and Drug Programs to found American Indian Changing Spirits to provide culturally based SUD residential treatment for AI/AN men. Changing Spirits has operated since 1999 and is now the lead agency for the NANN project.



NANN Overview

The primary goal of NANN was to develop and implement a Los Angeles countywide collaboration of Partner Members to participate in provision of SUD and wrap around services for AI/AN persons residing in Los Angeles County. To this end, 17 Partner Member meetings were conducted to ensure NANN was growing and productive. Additionally, 12 focus groups comprised of AI/AN target population agencies/community organizations, and AI/AN individuals were conducted. The focus groups took place in three phases:

Phase 1 - Included 4 groups that focused on building the NANN project framed around SUD, mental health, medical, housing, employment, education, social services and culturally sensitive and competent approaches. Focus groups also discussed interagency coordination, transportation and geographical accessibility. All four focus groups also discussed culturally appropriate outreach and services.

Phase 2 - Included 4 focus groups which concentrated on identifying and recruiting Partner Members from Phase One information on preliminary needs assessments. Services detailed included integrated services for the AI/AN community, data collection instruments design, and development of the NANN website. Focus group members discussed their agency's mission and designed navigation for the cross referral instruments for the NANN project. During Phase 2, the goal of engaging the AI/AN community at large was assisted by establishing the cross referral system as well as publication on the NANN website, the NANN Facebook page, and the American Indian Changing Spirits Facebook page which posts resources and

events applicable to the AI/AN Community. Focus group participants in Phase 2 included culturally sensitive discussions to strengthen the AI/AN serving agencies' ability to offer culturally valid perspectives on traditional beliefs and practice and how this viewpoint is greatly deserved and needed. The establishment of the cross referral included "gatekeepers" to provide contact with the referral, one-on-one contacts to ensure the AI/AN person is served, and the continued growth of the social media via the NANN website. Focus groups also highlighted healthcare, homeless/substandard housing, employment, and education. Focus groups and NANN members suggested cultural workshops. Four workshops were designed and opened to all participants of the NANN project.

Phase 3– Included four focus groups which concentrated on support services for NANN, two culturally sensitive workshops conducted by Southern California Indian Center and two American Indian Changing Spirits cultural workshops open to NANN members. Additionally, NANN provided needs assessment surveys

throughout the Los Angeles countywide area through Partner agencies, AI/AN social events, Pow Wows, Community Fall Feasts, and social media. Once the results of the Needs Assessment Survey were analyzed and distributed to the AI/AN community, Partner agencies sought to utilize these results to tailor much needed agency programing and direction in reaching out to the AI/AN communities. The focus groups were held at the following locations:

- *Two focus groups were conducted at Villages of Cabrillo, 2001 River Avenue, Long Beach, CA*
- *Three Focus groups at Southern California Indian Center, 3440 Wilshire Blvd. Suite 904, Los Angeles CA*
- *Four focus groups from American Indian Changing Spirits, 2120 W. Williams St. Bldg. 1, Long Beach, CA*
- *Three focus groups from United American Indian Involvement, 1125 West 6th St., Los Angeles CA*

The NANN website (nativeamericanhealth.org) went online November 2015 and continues to grow in popularity within the Native American community. A typical consumer may choose which arena of services they are interested in

by following clear online directions. To this end, NANN partner SCIC produced a public service announcement which demonstrates a walkthrough of services posted on the website. The AI/AN actor in the walkthrough uses his phone to access the site demonstrating its use. Partner members report an overall increase in AI/AN contacts each month. For example, AICS receives 15-20 requests for SUD services monthly from the NANN site. The website was announced through flyers distributed at social events, Pow Wows, AI/AN meetings and churches, as well as being announced on the AICS Facebook page, the NANN Facebook page, and has reportedly has been posted as a link to several of our partners' sites.





RESULTS

I. Individual Survey Responses

Demographics

A total of 152 AI/AN adults participated in the individual surveys. As shown in Table 1 the age range was 18-70 years of age, and 70.4% of AI/AN adults were 25-60 years of age. 58.3% (88/151) of participants were female. 137/154 (89.0%) were American Indian and 2/154 (1.3%) were Alaska Native. Seventy different and unique tribes were represented in the sample. 92.8% (142/153) did not live on reservations. 145/155 (93.5%) lived in Los Angeles County. 73.3% (107/146) have lived in Los Angeles County for 6-10 years. 81.9% (127/155) lived in homes where English or mostly English was spoken. 57.8% (89/154) were head of their own household.

Services you or someone in your household would welcome

As shown in Table 1, a wide range of services was considered as being welcome to AI/AN adults.

Table 1. Services AI/AN individual or some in their household would welcome

Answer options	Response %	Response No.
Counseling	50.7	75
Tutoring	27.0	40
Financial planning	45.3	67
Elder support	29.7	44
Medical Care	45.9	68
Drug/alcohol counseling	33.8	50
Cultural support	18.2	27
Child care	43.2	64
Transportation	36.5	54
Mental health care	44.6	66
Job training	44.6	66
Parenting classes	18.9	28
Food/clothing support	49.3	73

Health care services

As shown in Table 2, 28.6% (34/119) receive services supported by IHS.

Table 2. Where AI/AN individual receives health care

Answer options	Response %	Response count
IHS	28.6	34
Other free clinics	25.2	30
Private	46.2	55
Other (please explain)		38



How hard or easy is it to access health care for AI/AN people in Los Angeles? Why?

One hundred twenty-one answers were provided by individual participants. Responses were separated-out into the following categories as determined by our team: 1) difficult, 2) so-so, 3) easy, and 4) unsure. 67/120 (55.9%) reported that that accessing health care was difficult. 10/120 (8.3%) reported that the level of difficulty for accessing health care services was “so-so.” 28/120 (23.3%) AI/ANs reported that it was easy to access health care. 15/120 (12.5%) reported that they were “unsure” if it was easy or difficult to access health care in Los Angeles County. One individual who reported that it was difficult stated, “Need free programs for low income.” Other responses included: “A lot of services not aware of;” “Must always provide my degree of blood;” “lack of resources;” “few resources;” “not enough health coverage;” “not enough services;” “Transportation;” “Takes months to get an appointment. Took almost half a year even though I went 3 times and filed for Medicare.” One individual who reported that it was so-so stated: “Not enough information is known about services.” One individual who reported that it was easy stated: “It is easy,

however, you need to know where to go.” “Medicaid recipient.” “United American Indian Involvement (UAI) has a clinic.” “Resources are available as long as you know where.” “UAI is a great product to be enrolled in. I get the best medical coverage.” Quotes 95-155 reviewed.

What do you feel AI/AN people in Los Angeles most need for health care or social services?

One hundred fifty-five respondents answered the survey. The most mentioned area of need that AI/AN people in Los Angeles reported was for health care (24 individuals mentioned). In addition, frequently mentioned areas of needed also included social services (14 individuals mentioned), dental services was (11 individuals mentioned), substance use services (8 individuals mentioned), mental health (mentioned by 10 individuals), employment (mentioned by 8 individuals), AI/AN traditional activity opportunities (8 individuals mentioned), housing (10 individuals mentioned), transportation (7 individuals mentioned), knowledge about services available to them (mentioned by 3 individuals), education (mentioned by 4 individuals), and community support systems (mentioned by 3 individuals).

II. Agency Survey Responses

Demographics

A total of 25 agencies providing services to AI/ANs residing in Los Angeles County participated in this survey. Fifteen agencies serve 100% clients who self-identify as AI/AN, one agency serves 16% clients who self-identify as AI/AN, and the remaining 9 agencies serve 60-95% clients who self-identify as AI/AN. On average, agencies stated that 37.0% of their clients were male, 60.5% were female, and 4.8 % self-identified as “other,” With regard to age of AI/AN clients, agencies serving AI/ANs reported that 17.0% were age 18-28 years, 38.1% were 29-39 years, 28.8% were 40-50 years, and 16.2% were over 50 years of age.

AI/AN agency responses relating to AI/ANs in Los Angeles County

Table 3 provides agency responses as it relates to AI/ANs in Los Angeles County. A large number of AI/AN clients do not possess a high school diploma or GED. Many AI/ANs have experienced major health conditions with over ¼ utilizing an emergency room. Many AI/ANs have also reported concerns about mental health and substance abuse issues.

Table 3. AI/AN agency responses relating to AI/ANs in Los Angeles

Question	Answer
How many clients not having a high school diploma or GED	47.7%
How many clients have a high school diploma or GED	45.1%
How many clients attended college but did not graduate	17.1%
How many clients received an undergraduate degree	4.8%
How many clients have received a graduate degree	0.6%
How many clients have received a postgraduate degree	0.04%
How many clients are homeless	24.4%
How many clients report they are primary care givers	43.8%
How many clients have experienced major health concerns during the previous 6 months	50.6%
How many clients have received services at a medical emergency room during the previous 6 months	26.3%
How many clients have reported that they have stayed overnight in a hospital during the previous 6 months	16.8%
How many clients have reported concerns about substance abuse during the previous 6 months	57.1%
How many clients have reported concerns about mental health issues during the previous 6 months	56.6%
How many clients have stayed in a hospital or psychiatric facility for a period of more than 24 hours during the previous 6 months	16.6%
How many clients have entered a substance abuse program during the previous 6 months	25.5%
How many clients have reported that they have benefitted from culturally sensitive services during the previous 6 months	65.3%
How many clients have reported that they experienced difficulty with unemployment and/or under-employment during the previous 6 months	54.8%
How many clients reported about legal issues and/or issues with the criminal justice system during the previous 6 months	33.5%
How many clients reported concerns regarding domestic violence and/or dating violence during the previous 6 months	33.7%

Discussion

Results from this study highlight a wide-variety of diverse health-care related needs among AI/AN adults in Los Angeles County. Numerous services were desired among AI/AN adults in Los Angeles County including health care services, mental health treatment, and substance use services; however, more than one-half of individuals surveyed reported that accessing health care was difficult or highly difficult. Reasons cited included a need for programs affordable for low income individuals, lack of knowledge with regard to available services, a need for proving tribal identity, a shortage of services, transportation needs, and long wait times for appointments. Numerous health disparities were identified among agencies serving AI/ANs in Los Angeles including high unemployment rates, low high school graduation rates, high need for medical, mental, and substance use services. 65.5% of agencies reported that clients benefitted from culturally-relevant services and 50.7% desired cultural support and 44.4% desired native language education.



Interagency Coordination

Results from our individual and agency responses highlight significant health disparities that exist among a population that is often overlooked in health research, public health arenas, and media. Enhanced efforts aimed toward systematically and cohesively coordinating services addressing the wide array of health care needs and social needs of AI/ANs in Los Angeles County are sorely needed. The potential benefits of coordinated efforts among agencies include: help to ensure that clients receive culturally-relevant services, help to engage clients to a comprehensive network of care, help to create a sense of community among clients, and help to connect clients with access to available culturally-relevant services and traditional practices.

One of the major problems addressed in NANN focus groups was the lack of interagency coordination among AI/AN programs designed to meet community needs, both directly and indirectly. This has led to duplication of services and continuous disparities in the few existing Native programs, which in turn presents barriers to AI/AN use of needed assistance. To this end, NANN has sought forth through the expanded network means to empower each member’s role in NANN linkage and outreach in clear and defined terms. Interagency cross referrals are in place and focus groups helped initiate discussion to plan and prioritize providing the AI/AN community with access to much needed services and the importance of furthering development of the network within NANN upon completion of the grant. The NANN partner members have agreed to expand communications with one another and meet at host locations in Los Angeles County each three months in 2017. It is noteworthy that the consensus of the NANN Network Members agreed that our main goal at the time of this report is to continue to link together to provide integrated services to heal both present and future generations of AI/ANs residing in Los Angeles County.

Geographical Accessibility

Many of the focus group participants stated that geographical distribution of the Los Angeles County AI/AN population often presents a barrier to obtaining services. The AI/AN population is widely dispersed, from Lancaster to Long Beach, from Westchester to West Covina with areas of the cities of Los Angeles, Long Beach, Cudahy, Bell, Bell Gardens and Huntington Park, demonstrating large areas where Native Americans cluster. Many other loose clusters of AI/ANs are identified in outlying in Los Angeles County such as Antelope Valley and unincorporated areas. Due to economic conditions, many AI/ANs lack automobiles and do not have money for public transportation. This finding has identified a significant limit in ability to access services, particularly to those organizations centralized at one site.

AI/ANs receiving health and social-related services in Los Angeles County experience significant health-related disparities as it relates to low income, low high school graduation rates, and inadequate insurance coverage. As a result, AI/AN individuals may not have access to adequate health care, prevention programs, and treatments which may help to address their health care concerns. It has been pointed out that a lack of awareness of culturally appropriate services within the community often prevents individuals from accessing these services. Other barriers to accessing treatment including the lack of transportation, and limited day care options increase the challenges for AI/ANs in Los Angeles County to receive adequate health and social-related services. Furthermore, AI/ANs in Los Angeles may feel less comfortable receiving services which are not culturally-sensitive or attentive to their unique needs. Thus, efforts aimed at providing a comprehensive system to coordinate services among agencies specifically serving AI/ANs in Los Angeles County would assist greatly in providing access to appropriate treatment service delivery to this population.

Culturally-appropriate services

AI/ANs reported benefitting from culturally sensitive services, and agencies reported that AI/AN clients would welcome additional cultural support and native language instruction. These findings mirror other community reports that have also expressed an interest among urban AI/ANs in traditional practices and cultural activities within their treatment programs. For example, in a community-based project coordinated with Los Angeles County Department of Mental Health (The Learning Collaborative) utilizing focus groups and interviews with youth, parents, and providers, Dickerson and colleagues demonstrated the need for culturally-appropriate interventions for AI/AN youth (Dickerson et al., 2012), namely, that there was a lack of programs integrating tradition based healing with evidenced based treatments, which was cited as a significant barrier to seeking care within urban AI/AN populations. They also found that a large number of urban AI/AN youth are lacking traditional opportunities and may not have ways to connect to an AI/AN identity in an urban environment. In a study analyzing community perspectives from AI/AN parents, AI/AN youths, and services providers within Los Angeles County, information gathered was utilized to develop a needs assessment for AI/AN youths with mental health and substance use problems and to design a community-informed treatment approach (Dickerson et al., 2011). Nine focus groups and key informant interviews were conducted. The Los Angeles County community strongly expressed the need for providing urban AI/AN youths with traditional healing services and cultural activities within their treatment program; however, various barriers to accessing mental health and substance abuse treatment services were identified. This study also discussed promising culturally-relevant treatments provided to these youth as recommended by a series of community-based community focus groups. Various cultural-based services are currently being offered in the community.

For example, drumming groups are currently being offered as treatment activities in an activity coordinated between American Indian Changing Spirits and American Indian Counseling Center (Los Angeles County Department of Mental Health). Also, various culturally-relevant activities and traditional practices such as sweat lodge ceremonies, tribal songs, tribal arts, and talking circles are offered within the treatment programs at American Indian Changing Spirits, American Indian Counseling Center, Southern California Indian Center, Untied American Indian Involvement, and throughout various social services agencies serving AI/ANs in Los Angeles County. Through the major findings on surveys, focus groups and partner meetings, the AI/AN community at large in Los Angeles County strongly requests more culturally appropriate outreach, linkages, and referrals. AICS delivered four workshops in 2016 in culturally competent awareness and approaches. Two of the works were provided by Tongva Spiritual Leader Jimmy Castillo and were conducted at the Community Feast occasions, open to all, providing much needed opportunity for community members to take part in traditional gatherings with intertribal prayers, song, and ceremony. Two additional workshops were provided by Paula Starr, CEO of South California Indian Center. Ms. Starr is the great-granddaughter of the great Cheyenne Chief Black Kettle, famous for leading the resistance and helping his tribe survive the well-known Sand Creek Massacre. Even though several decades have passed since this massacre, the memories, deaths, and trauma remain clear and relevant to AI/ANs. Paula’s workshops were sensitive and timely with attendees who took away new awareness and understanding of past issues Native people have experienced and where we find ourselves today. As the NANN project targeted AI/AN SUD, much discussion took place of outcomes and effectiveness of culturally

based treatment. Appropriate activities were studied and discussed with the findings as following:

- *The hope and promise of healing from SUD for Native Americans are rooted in cultural interventions*
- *Cultural interventions address wellness in a holistic sense. Wellbeing in health emerges from this view by recognizing the symbolisms within cultural activities that emphasize balance in traditions, culture, language, and community. Few studies explore spiritual outcomes such as feeling connected or having a sense of belonging. Of priority is SUD treatment which recognizes four dimensions of healing: Spiritual, Physical-Behavioral, Mind-Mental, Heart-Social and Emotional (Rowan 2014). Cultural Specifics include:*
 - o *Spiritual Leaders*
 - o *Native Elders*
 - o *Smudging with Sage, Cedar, Sweet Grass and Tobacco*
 - o *Drumming*
 - o *Cultural Social Events*
 - o *Native Social Events*
 - o *Traditional Teaching*

These practices are blended with Western techniques to provide the best care while acknowledging Native worldview.

Furthermore, NANN has in its offerings the AI/AN Health website, and the NANN Facebook. Core Partner, Southern California Indian Center developed an outstanding Public Service Announcement video introducing the NANN website to help individuals seeking services with easy instructions for using the site. The video has been posted to the NANN website and the AICS website. Other activities include face-to-face contacts, phone contacts, and a cross referral form developed to assist with service, needs and intake.



SUD in the Native American Community

As the NANN project targeted Native American SUD, American Indian Changing Spirits took the lead in discussion of cultural based treatment. Successful interventions at AICS include:

- *Tobacco for Ceremonial use*
- *Sage*
- *Cedar*
- *Sweet Grass*
- *Sweat Lodge*
- *Drumming*
- *Songs*
- *Leadership by Traditional Spiritual Leaders*

Clients have repeatedly stated the AI/AN arts component is particularly helpful in their recovery.

Southern California Indian Center sponsors the SCIC Annual Pow Wow in November and hosts a Pow Wow with Sherman Indian School in April as well as beading workshops, conferences, and other traditional arts. Other cultural actives at AICS include: silversmithing, beadwork, leatherwork, drumming, and culturally

specific fine arts. Social cultural actives include: the Annual Community Feast, creation and care of the indigenous garden, meals providing tribal foods, tribal stick ball, Native shell games, and participation at Pow Wows and Native cultural gatherings such as the annual Moompetam, Gathering of the Salt Water People. UAll sponsors workshops in gourd art and beading. Through their Los Angeles American Indian Clubhouse, UAll provides access to culturally-based workshops like beading, shawl-making, and drumming for youth.



Homelessness and Substandard Housing

Homelessness and substandard housing is highly problematic in the AI/AN community in the Los Angeles County. Partial remedy of this problem is provided by Tribal Temporary Assistance for Needy Families (TANF), Southern California Indian Center (SCIC), and agencies representatives who specialize in housing issues. These include Los Angeles based homeless agencies as well as religious charities, veterans programs, family programs, and men's and women's shelters. The AI/AN programs provide cultural advocacy while the non-AI/AN programs are putting emphasis into providing culturally sensitive services. This is an ongoing issue with hopes that the NANN's network can help mitigate. Furthermore, it has been demonstrated by AICS that referrals to transitional housing facilities has been an asset for AI/ANs.



Employment

NANN is pleased with the strong employment placement relationship develop with core partner Southern California Indian Center. The SCIC Workforce Development and Training Program is funded by the US Department of Labor's Workforce Development Act Section 166 for AI/ANs. SCIC's primary goal is to assist individuals to gain and retain employment. The WIA Program provides employment assistance and/or vocational training on an individual basis for American Indians, Alaska Natives and Native Hawaiian people who are unemployed, underemployed or economically disadvantaged. SCIC relates that its NANN activities of outreach and linkage has resulted in Los Angeles County wide connections resulting in being able to provide more services related to mentoring, employment workshops, resume preparations and job referrals. Through actives of NANN, direct services for employment activities are provided to the residents of AICS through the services provided by SCIC and UAII. It is the findings by the NANN membership that a desire for strong Native American advocacy for employment is appreciated.



Education

The NANN partners and focus group members also looked at the lack of education attainment which contributes to social problems that AI/AN experience. AICS notes that 40% of residents served for SUD are in need of basic literacy skills and 50% lack a high school diploma or equivalent. NANN has sought to solidify relationships with the Los Angeles County Library online learning, Title V American Indian student programs with Los Angeles and Long Beach schools, the CSU Dominguez Hills American Indian Institute as well as forming relationships with other Los Angeles County wide colleges and universities. AICS is seeking funding for “Pathways to Education” to train staff to deliver culturally specific, sensitive and peer supported education activities for residents. Network Partner California State University Dominguez Hills

(CSUDH) is working with the established network to provide and support AI/ANs receiving literacy classes, GED provision, and community college and university acceptance and attendance by assisting with grant research and development in order to provide funding to provide effective training for AICS staff to deliver education services, especially in the adult literacy arena. Network outreach delivered through the CSUDH American Indian Institute has noted a significant increase in Native student enrollment due to their outreach efforts in the community. The Native American Indian Institute also provides cross referrals to Network Members as needed. California State University Long Beach’s Indian Studies Program has participated in several NANN meetings and plans on utilizing cross referrals as needed.



Healthcare

Physical health resources were detailed by network members and focus groups with highlights being identifiable. Seemingly, many Native people received medical care through Indian Health Services (IHS). A former healthcare provider, the American Indian Free Clinic, with facilities in Compton, Bellflower and Los Angeles, closed in the 1990s due to internal problems and lost IHS funding. Core Partner United American Indian Involvement, Inc. (UAI) has also served Indian health needs since 1974. When the Free Clinic closed, UAI received Indian Health Services funding to further develop medical care. UAI is continuing to expand clinical practice to increase capacity for serving AI/ANs through the utilization of various funding mechanisms. Unfortunately, funding for Indian Healthcare through IHS protocols disenfranchises many AI/ANs in need of healthcare. In order to be served, an individual must be enrolled by their tribe or be federally recognized. Many of Los Angeles County’s AI/AN individuals are often only state recognized, mixed with a diversity of tribes, and/or non-Indian ethnicities which disallows

them for tribal enrollment or recognition. Although an individual may be 100% Native American, having heritage from several tribes can actually preclude federal and/or state recognition for that individual further disenfranchising the individual. Nevertheless, these persons are viewed as AI/AN by the community and have cultural and traditional worldviews. Health services for these individuals is generally supported by Covered California, free clinics, or if able, private Insurance. Many survey respondents stated that they seek care from UAI/IHS programs. Focus Group discussions on health/medical care acknowledge that there is still a sizable percentage who need care that do not qualify under present day criteria. These individuals do not fall under treaty obligations or lack sufficient blood degree, and/or come from many tribes that are not federally recognized. Another area of concern are AI/ANs that are transient, homeless, have mental health and/or SUD issues who do not seek needed care. NANN Network Members are well aware of these issues and have referrals in place to refer and obtain care.





Community and SUD Practice at AICS

NANN members have linked services Los Angeles County wide to address AI/AN SUD and wrap around services. It is important to note that all network members have cross referrals in place to serve our community. For example, AICS has sought to frame the NANN experience in the context of SUD and delivering wrap around services providing a strong cultural component to the program. AICS target population is AI/AN individuals; nevertheless, no person is turned away sincerely seeking help since AICS has a strong principle belief in the traditional teaching “that we are all Sacred and Related.”

Enhancing Knowledge of Services and Community Outreach

In November 2015, NANN created a home website (<http://nativeamericanhealth.org/>) to help provide information on service providers, healthy living, and Native community events. Based on results generated in our focus groups, we have enhanced our website for community members and for AI/health consumers. This website evolved through NANN's Network Partners to provide social media outreach of service organizations dedicated to the needs of AI/ANs residing in Los Angeles County. . Consumers learn of the website through various Native Facebook pages linked to the NANN Facebook page. As of this report, the website has been greatly received by the AI/AN community resulting in several contacts to partners each month. To this end, AICS has expanded from 16 residential beds to 30 beds and is in the development phase of opening the AICS Women's Residential Facility in the summer of 2017. Additionally, AICS is looking forward to the implementation of outpatient SUD treatment by year 2018. Several of the NANN's Network Partner members/agencies are simultaneously examining their own goals and objectives to respond to the NANN needs assessment to further establish wrap around and seamless response to the AI/AN community of Los

Angeles County. Additionally, AICS and Los Angeles County Mental Health, American Indian Counseling Center are working closely together to address providing culturally relevant services. The NANN partnership has developed a firm relationship with Los Angeles County Department of Mental Health/ American Indian Counseling Center (AICC). For example, we now provide a drum therapy group for AI/ANs with mental health and substance use issues which is taking place weekly at AICS for AI/ANs in Los Angeles County receiving mental health and substance use treatment at AICC and AICS. These clients are learning to drum alongside Western based therapies to realize and promote the drum experience in both SUD and Mental Health treatments. Currently, discussions are taking place between the agencies as to how to better provide much need educational services to assist their respective clients. The guidance and insight provided to partners by AICC was greatly appreciated by both focus group members and partner agencies. Presently, cross referrals for SUD and Mental Health services are in place with plans for continued close collaboration in addressing co-existing health issues among AI/ANs in Los Angeles County.





Conclusion

The Native American Neighborhood Network has been active and responsive to our AI/AN community needs. One of the most potent examples is the impact that the NANN website has conveyed Los Angeles County wide. Our AI/AN community received this publication (also available on the NANN website) with pride and hope for today as well as for future generations. Spiritual Leader Jimi Castillo has said many times, “We are the ancestors of tomorrow’s children.” With this philosophy in hand, the work of NANN will continue within our AI/AN community at large. We sincerely appreciate and give thanks to our NANN Partners, Focus Group Members, Needs Assessment / Survey Participants, and most of all the California Community Foundation that granted funding for this valuable project. We look forward to further development of the NANN collaborative for the coming years.



ADDENDUM

***Substance Abuse Disorder and Education
Disparities among Native Americans
- Rodrick Hay, Ph.D.***

Although the purpose of this report is to look at substance abuse issues with regard to American Indians/Alaska Natives (AI/ANs) and the corresponding disorders that accompany Substance Abuse Disorders (SUD) among this population, it is worth noting that level of education (or educational attainment) not only exacerbates SUD issues but act as a barrier to the quality of life for the recovering person.

National statistics provided by the Substance Abuse and Mental Health Association (SAMHSA) indicate that only 53% of AI/ANs graduate from high school. Our data from American Indian Changing Spirits Residential Recovery Center (AICS), in Long Beach, California bears out the data as several surveys of our clients indicated that only 50% of our AI/AN clients had either graduated from high school or obtained a General Education Diploma. Furthermore, 50% of the clients who had not obtained a diploma were functionally illiterate. As noted in Ross and Van Willigen article, *Education and the subjective quality of life* (J Health Soc Behav. 1997 Sep;38 (3):275-97), suggests the prognosis for these clients to obtain meaningful employment upon leaving the program is poor. Thus their chances for obtaining the economic resources and access to stable social relationships, especially marriage, diminish their ability to lead to a fulfilling lifestyle. Furthermore, this article suggests a strong relationship between education attainment and subjective quality of life as it relates to depression, anger, and emotional distress.

The importance of education attainment cannot be overstated as it enriches understanding of one's self and his/her relationship to the world.

The National Bureau of Economic Research (<http://www.nber.org/digest/mar07/w12352.html>) states:

There is a well-known, large, and persistent association between education and health. This has been observed in many countries and time periods, and for a wide variety of health measures. The differences between the more and the less educated are significant: in 1999, the age-adjusted mortality rate of high school dropouts ages 25 to 64 was more than twice as large as the mortality rate of those with some college.

The importance of education attainment has important implications as it relates to AI/ANs. Many of our AI/AN clients at AICS come from families that are victims of intergenerational poverty and are forced to live in high poverty areas often exposing them to drugs and alcohol at earlier ages. For example, it is not unusual for our clients to discuss drinking as early as eight years of age which further diminishes access to education.

The problem extends to higher education as well. The 2003 Commission on Civil Rights report, *A Quiet Crisis - Federal*



Educational success is also a complex problem that incorporates a lot of factors and historical trauma-related issues including high poverty rates, single family households, higher exposure to trauma, and higher rates of witnessing domestic violence and substance abuse within homes, etc.

Funding and Unmet Needs in Indian

Country, states:

The lack of educational opportunities in Native communities also extends to postsecondary and vocational programs, a problem that continues to erode and retard individual economic advancement.

Special education programs for Indian adults have not been funded at all for years, and vocational rehabilitation programs that assist individuals with physical and mental challenges are too underfunded to meet the abundant need.

The report goes on to identify unique cultural factors and the erosion of cultural identity among AI/ANs due to the education environment as one of the largest reasons for high dropout rates. For example, AI/ANs have difficulties developing or maintaining rapport with teachers and other students causing feelings of isolation. Students are much more likely to succeed in environments that support cultural identities, and the Commission

expects that efforts to incorporate Native cultures into school curricula will go a long way in helping the Native student succeed.

The report, *American Indian & Alaska Native Education in California 2014*, funded by San Manuel Mission Band of Indians, indicates the problem of education disparities extends through Southern California including Los Angeles. The report shows that enrollment rates for community colleges are lowest for Native Americans as compared to other ethnicities with a continual decline in Native student enrollment in the community college population over the years 2011 to 2013. The report shows a similar decline in the California State University System.

On a positive note, AICS is seeking funding to provide culturally-sensitive basic literacy classes, GED education, and vocational training onsite. California State University, Dominguez Hills is looking forward to working with AICS as we work to address the education needs of our Native clients to improve their chances at recovery and quality livelihoods.



***Rodrick Hay, Ph.D.
Interim Provost and Vice President,
Academic Affairs
California State University, Dominguez Hills***

Dr. Rodrick Hay is the Interim Provost and Vice President of Academic Affairs at California State University, Dominguez Hills. As the chief academic officer, he provides leadership to strive for high quality in teaching, scholarship, creative activities and service for faculty and academic programs.

Dr. Hay also serves as the Executive Director of the Center for Urban Environmental Research (CUER), which was established in part by funding from the United States Environmental Protection Agency (USEPA). The CUER provides an umbrella for advancing environmental sciences on campus and sponsors service learning opportunities for students in native species habitat restoration and energy efficiency. He is co-director of the American Indian Institute (All) which supports and builds a college culture among Native American families. All also presents a series of experiential educational opportunities and events throughout the year to promote better understanding of indigenous cultures as well as experiential learning opportunities for our students. Dr. Hay has personally provided several scholarships to support our Native students and provides much needed mentoring and advising. He also finds time to serve on the Board of Directors for American Indian Changing Spirits Residential Recovery Center contributing his knowledge and expertise to ensure that evidence-based treatment is combined with culturally relevant programming.



Personal stories

Examples of personal recovery achieved at AICS include a fifteen-month clean-and-sober graduate of the program who is a twenty-two year-old man who wishes to share his recovery story for this report. He began abusing alcohol at age eight, marijuana by age eleven, meth, LSD, and ecstasy by age fifteen. He began injecting heroin by age sixteen. From the age 17—20, he was homeless and actively suicidal. He began having Grand Mal seizures and was hospitalized in Intensive Care on four occasions. His last seizure was so severe, he collapsed, fractured his skull and broke his nose resulting in a month-long coma. His mother was instructed to make arrangements for his care at a nursing home as there was nothing left for the physicians to try. As time passed, he did regain consciousness and was referred for culturally specific treatment at AICS. During his stay at the program, he participated extensively in Native cultural activities as well as culturally sensitive evidence based treatment. Upon graduating from the program, he was

referred to the American Indian Counseling Center, SCIC for employment, and was provided with a referral to a sober-living environment sensitive to Native American cultural needs. He frequently visits AICS to tell his brother residents in recovery his story. He is embracing the Sweat Lodge and its teachings. He reports that he could not have accomplished his recovery without the support of AICS and NANN linkages and referrals.

One focus group participant’s journey:

I’m Cherokee Indian, born of a line who walked the Trail of Tears from North Carolina to Oklahoma during the removal of my people from our land. My father was a full blood Cherokee who grew up, unfortunately, ashamed of his heritage so that he was not able to claim his rightful place in the tribe. He escaped his shame through alcoholism, then later through accepting the teachings of Christianity. I didn’t meet him until I was seven years old. He was alcohol dependent and he was disconnected from his Native

culture. He never spoke of our heritage and did not have a lot of knowledge about any of the stories of our people. He was struggling for acceptance of our modern society and did not believe he would ever be accepted by others. The last time I saw him he had quit drinking and was attending church three days a week.

My father was the result of historical trauma, passed down from one generation of Indians to the next which was passed on to me, even though I never heard the stories. How? Indians were enslaved for manual labor. My ancestors were beaten, purposely exposed to disease, murdered as savage, and our scalps collected for bounty. Our women were sterilized against their will. Our children stolen and sold into servitude or forced into boarding schools where they were forbidden to speak their languages and often physically abused. They also cut off their hair and punished them for speaking our language or practicing

our traditions all in the name of assimilation. Unfortunately, this is the legacy which was passed to my people. Recent research has proven that historical trauma is passed through our genes from one generation to the next. Thus, I grew up disconnected from my culture, my family, and my people’s traditions.

I grew up in the Baptist Church. I know I was seeking a connection to something that could promise me a better life outside of the ghetto in which I struggled to survive with my mom, older brother, and little sister. I did my best to live by the teachings of my Sunday School teacher; It didn’t work. I tried until I was 16 years old and found my own sense of ease and comfort in drinking and drugging my way through life until I become everything I had ever judged about my father – and worse. I spent the last few months of that time living in the streets and eating from trash cans. I felt disconnected and alone. Hopelessness was my daily companion.



I landed in a treatment center for alcoholics and drug addicts in May of 1995, and have been clean and sober since. I was introduced to a program of spiritual growth, in which I was encouraged to choose my own conception of God. I once heard a speaker at an Alcoholics Anonymous meeting describe an alcoholic as someone who was trying to answer a spiritual calling but going to the wrong address. This was absolutely true for me. I had studied various religions over the years – never finding one that spoke to my soul. Then a few years ago I went to my first Pow Wow. I bought a couple of books on Cherokee Spirituality. As I read – I found the God I had seeking on every page. I reconnected with other Native people to learn more about the Native world view. I am finally comfortable that I'm on a path which gives me the greatest opportunity to be a helper to all of my relations, people, plants, animals, the earth, and the environment. I am using the life experience and learning that I have accumulated to the best helper I can be; and, I believe this is the essence of all religions when you break them down to their simplest teachings.

I have long believed that all paths ultimately lead to our Creator, a basic premise in the spiritual beliefs of the Cherokee and other Native American tribes. Even the path of non-belief will take one to the same spirit world upon the death of this corporeal body. Given a choice between assimilation and death – vast numbers of my people chose assimilation.



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*"...we are all
Sacred and Related."*

-Little Crow

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