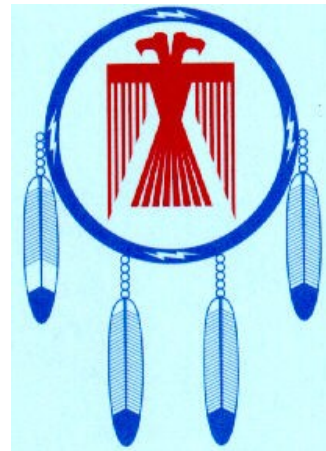


Friendship House

San Francisco/Oakland



Healthy Nations Program

December 1993 – December 1999

“Pan Indian Values Rise from Attempt to Unite Many Agencies: From Too Many to a Strong Few”

Friendship House San Francisco/Oakland Narrative

Historical Context:

The Healthy Nations “Circle of Strength” program of the greater San Francisco area was one of fourteen national grantee sites. A consortium of American Indian agencies joined together to address prevention services in the seven counties of the Bay area: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, and San Joaquin. The largest urban site of all grantees, the Circle of Strength covered more than 37,000 American Indians and Alaska Natives living in the catchment area. Lacking a central community structure, concentrated American Indian neighborhoods and identified intersections with non-Native populations, the Greater Bay area is a frequent place of relocation for those leaving reservations.

The Native population is very mobile and transient within the area, with individuals frequently moving from neighborhood to neighborhood. These frequent moves between urban and rural centers as well as multiple relocations within the catchment area create difficulties in maintaining consistent links with needed services and the community cohesion necessary for cultural survival. The common bond and access to other Native Americans is a network of Indian agencies providing social service, medical and dental, educational, and welfare supports. These institutions also provide much of the traditional and cultural contact for many of the Native residents.

Other dimensions of the American Indian groups in the Bay area highlight the struggles faced living in this urban setting. The population is considerably younger than the surrounding non-Native populations with a higher percentage living in poverty and single-parent homes. Due to the economics and infrastructure deterioration in urban areas, American Indians and their families are experiencing an accelerated plunge into increased unemployment, poverty, and the consequential social problems which include substance-related morbidity and mortality.

In 1993 the American Indian Cancer Control Project research concluded that twice as many Native adults used cigarettes and smokeless tobacco than the general U.S populations. The data also indicated that the urban population used these substances more frequently than their reservation counterparts. Other data of the same period indicated that California American Indians suffered roughly a ten-fold alcohol-related death rate than that of the general California population. A 1985 mental health survey conducted by the American Indian Child Resource Center showed that 54 percent of Native Americans in the catchment area suffered some kind of major mental health concern. The data also suggested a conservative 51 percent co-morbidity of substance abuse.

The Native youth cohorts paralleled the statistics of the Native adult populations. The Greater Bay area reached or surpassed the well-known national trends of extreme rates of alcohol use and abuse among Indian youth in grades seven to twelve. Native youth were dropping out of school at a rate 50 percent

higher than their non-Native peers. Opinion held that alcohol was the major factor influencing one of every two Native school dropouts in the Bay area.

Underscoring these data was the sense that community diffusion, cultural disassociation, economic uncertainty, and poor integration into the mainstream system were primary contributors. One such indicator reported that 45 percent of the Indian children in foster care received special education services or individual education programming. This is many times greater than matched, non-Native foster children. Associated problems of violence, gang activity, street living, criminal activity, and premature death plagued all Native Americans but were more pronounced in urban areas like San Francisco.

Recognition of these social ills and the disproportionate impact on American Indians had been issues for years among the many Bay area American Indian agencies, both federal and local. Efforts and programs sponsored by these providers attempted to fill the gaps left by loss of culture, breakdown of community, and traditional alienation, currently substituted with substance abuse and attendant negative lifestyles.

Widely recognized for excellent services for Native people, Friendship House Association of American Indians had provided support to substance-abusing American Indians in San Francisco for over two decades. The residential drug and alcohol program had received two commendations from the Indian Health Service. A 20-bed primary residential treatment, it offered a two-phase program consisting of 90 days of in-house treatment and 90 days of graduated aftercare contact. Added to the strength and recognition of the program, the

Friendship House Residential Drug and Alcohol Treatment program is the only fully licensed American Indian program targeting the Native abuser in the state of California. This status and reputation placed Friendship House as a primary partner in the consortium competing for Healthy Nations funding.

Another significant member of the Circle of Support consortium is the American Indian Family Healing Center, originally known as White Cloud Lodge in the 1970s. The Family Healing Center specialized in treating Indian women and their children who were experiencing substance abuse and related problems. Similar to Friendship House, the Family Healing Center is unique in the constellation of area Indian services providers.

The Healthy Nations steering consortium also extended across the Bay to Oakland. The partnership included the American Indian Child Resource Center. This agency was devoted to foster care of Native children under the Indian Child Welfare Act and included teaching parental skills, support, and advocacy. The Child Resource Center, through an Indian Education grant, provided tutoring and school support for elementary and middle school Native students.

The consortium of agencies included the two primary care organizations—the Native American Health Centers in both Oakland and San Francisco. Other groups joining the request of Healthy Nations funding included the American Indian Center of Santa Clara, including their Four Winds Lodge and Three Rivers Lodge Residential Alcoholism Programs; the United Indian Nations, Inc., which focused on economic development for Native people; and the Intertribal Friendship House, facilitating cultural contact and renewal through sponsorship

of Powwows and Native gatherings. The University of California at Berkeley was an active participant in the consortium. Their American Indian Graduate program and Native American Studies supplied information, data, and early direction. All these different agencies had provided a continuum of services in the different sectors of the Bay area. This group of agencies and some 20 others had, for years, been meeting under the name of Circle of Strength (COS). The agenda had been to address substance abuse and the risk factors known to contribute to the continued deterioration of the American Indian health status. The Robert Wood Johnson Healthy Nations call for proposals drew all of them again to the table to create the proposal to address substance abuse in their Indian communities and individuals. Early meetings created a sense of solidarity, mutual goals, and commitment to strengthen their network and coordination. A core group of the members of the COS composed, submitted, and eventually constituted the Healthy Nations advisory committee. Circle of Strength consortiums competed well and received the planning and development Phase I Healthy Nations Grant.

Phase I:

The Circle of Strength advisory committee had proposed a traditional medicine model addressing seven major components: public awareness, youth-focused prevention activities, aftercare enhancement and coordination, better early intervention and referral, creation of a robust volunteer corps, organizing an Elders advisory board, and outlining seven caregiver programs targeting general

wellness. After receiving the grant, the COS began a modest public information campaign. The messages were aimed at increasing name recognition of the Healthy Nations program along with highlighting substance abuse issues.

Phase I initiated and completed a seven-county demographic profiling of the American Indian population—the first time in history that this had been accomplished. The University of California provided substantial support and technical assistance in this endeavor. Efforts at strengthening treatment options created “Talking Circles” for adult clients in treatment and aftercare. Curriculum-based programs targeting school-age children underwent early development. Complementary to the original thirty-two goals and objectives, the Circle of Strength conducted numerous community visioning meetings. This was a canvassing of local leaders and members, eliciting ideas and suggestions about how to attack substance abuse and related problems including associated health concerns.

The consortium selected the Friendship House Residential Treatment program as the administrative and fiscal agent for the Healthy Nations grant. This early choice provided a good foundation for a later shift in overall management responsibilities. Staff acquisition and leadership assignments demanded effort and time. The nature of the COS was such that cooperation was many times beset with territorialism, competition, and disparate visions for the program. During the brain-storming time of this group, the University assumed a greater leadership role, ultimately producing a leadership matrix not supported by all parties. This accentuated critical internal consortium differences and led to

dissent in the group and, in some cases, precipitated withdrawal of membership and support. Among the frequent topics of discussion were resource allocation and how to divide the money between the member programs. Contentions over leadership, money, and the Healthy Nations vision progressively fragmented the COS and impacted objective fulfillment and the completion of Phase I planning and execution.

Many pilot programs were initiated based on the original strategic plans, the visioning meetings, and input from Elders and traditional healers. Lectures were held to address tobacco use, and other workshops addressed general health concerns. Healthy Nations staff compiled culture stories and traditional lessons designed to impact pre-school-aged children. This early prevention effort resulted in the formation of the Parent Advisory committee. This committee continued, throughout the grant, to promote storytelling education for American Indian children.

Another early public awareness activity was the creation of a fourteen-minute video produced by the Center for American Indian Research and Education and used by the University of California at Berkeley American Indian Graduate Program. The video, shown to numerous youth and school groups, underscored and highlighted the detrimental use of tobacco.

One Phase I objective was to help facilitate easier and better access to all Indian-associated services. Using an existing clearinghouse telephone line named "Warmline," COS attempted to create a single-source referral and information process connecting all providers servicing Native peoples. While a

worthy and logical project, the cost was underestimated and available grant funds were unable to meet the growing expenses. Upon review, however, it was discovered that this effort was a duplication of another general referral line. Including this referral number eventually replaced “Warmline.”

Phase I experienced the disruption of leadership changes, intra-agency politics, diffusion of vision, and an over-ambitious proposal. Rising from the struggle was a small core of providers who migrated to support a central agency model for the upcoming Phase II implementation grant. Notwithstanding the challenges and fragmentation of the original consortium, Phase I had refined the COS youth-prevention focus and revitalized and increased traditional themes into the continuum of available treatment interventions. From these experiences, data, and suggestions, the Circle of Strength Healthy Nations project became a changing group of agencies which looked forward to the implementation of Phase II.

Transition:

Shifting from the development stage to the implementation phase was wrought with distractions, barriers, and complications. The COS core committee continued to shrink while the politics of the breakup consumed significant attention and energies. The second in a series of program directors was guiding the transition when an abrupt leadership change disrupted the trajectory. The series of leadership shifts, combined with a significant erosion of the consortium cohesion, demanded NPO intervention. This meeting and consultation generated

the consolidation of administrative and management responsibilities. Friendship House Residential Treatment Center, the original fiscal agent, was given sole responsibility for fiscal and all programmatic components. Clarifying the structure of the grant in Phase II as well as concluding the tug of war over control and direction, this management shift stabilized the project. The third and final director was appointed. He had clinical expertise, knowledge of the population, and a strong corporate structure surrounding him. The new leadership matrix consisted of a strong and consistent staff made up of an assistant director, a care manager, and a youth coordinator. Fiscal reporting was systemized and the programming was subsequently organized and monitored through a single agency. The ideals of the Circle of Strength philosophy of cooperation were still ambitious, and the goal was complicated by the disintegration of much of the agency network. Some consortium agencies faltered in producing expected deliverables while others withheld efforts, leveraging to get a piece of the funds. The new leadership confronted these realities as well as assumed short notice responsibilities for upcoming events.

Phase II witnessed a consolidation of responsibility and leadership under a single agency. Most efforts continued to be focused on youth prevention activities using tradition and cultural components and the stabilization of the remaining core committee's prevention and treatment program coordination efforts.

Highlights:

Connecting youth with their tribal and family history and familiarizing them with culture and traditions was a central tenet of COS. Drawing together the youth into pro-social and healthy alternative events as well as providing educational opportunities to develop esteem and skill was primary. Learning traditional songs and custom dances, reconnecting to Elders, experiencing village life and nature, and being exposed to anti-drug messages and resiliency skills were the focus of COS from the beginning. All these goals are difficult to accomplish in a urban area like San Francisco.

A summer camp for youth commenced in the first year of Phase I. Approximately 140 youth attended the first four-day camp. Held outside the confines of the urban setting, the camp offered classes that addressed Native identity, urban survival skills, traditional dancing, drumming, and how to remain Indian and succeed in the modern world. COS recruited volunteers from the community, elicited donations, and advertised widely concerning the camp. Year two experienced a slight increase in attendance. Coordination difficulties, security concerns, and support services such as food, shelter, and transportation consumed the energies of the staff. These first two years were judged quite successful.

Phase II witnessed an explosion in attendance and the creation of new challenges, one of which was the budget issue. The first Phase II youth campout had over 400 participants, and cost projections were significantly less than the actual cost. The director had to shift cost centers within the grant to cover the

expenses, impacting subsequent years for the camp and decreasing the available funds for other projects. The next year saw an equally great turnout. Reputation and word-of-mouth advertising propelled the camp into the central Healthy Nations namesake event. The effort and resources to coordinate this four-day camp taxed the staff and stretched the collaboration and volunteer networks. Success was not just measured by the youth attending but included the level of volunteerism and range of donations from the community.

The story of a recent graduate from the residential treatment center defined the attainment of multiple grant components and the measure of success Healthy Nations enjoyed. Although not professionally skilled, he felt compelled to share his hope and recovery and give back to the community. He volunteered to chop wood for the camp sweat lodges. For four years, this man provided wood for the fires, allowing the youth to spend the maximum time with the counselors, teachers, and Elders. He joined with them through work, by demonstrating the community and traditional ways, and by exemplifying the spiritual roots of being Native. The informal mentoring and meaningful services impacted many youth and helped the person to maintain his sobriety.

Other Native community members donated bottled water, transportation, and food services. Friendship House staff and aftercare clients cooked traditional meals for the youth. Other consortium members provided supervision, counseling, and gifts. Older youth mentored younger kids. Elders shared with adolescents without fear. Assembling the traditional village provided connection, identity, and ownership to the youth. The impact was the realization of common

beliefs among disparate youth groups, the discovery of a positive Native identity, an increasing sense of worth gained through completion of tasks, and participation in creative functions. The staff and camp volunteers believed that these experiences would decrease the problems in the lives of these youth. The attractiveness and importance of this camp is reflected by the continuing requests for Healthy Nations information and inquiries concerning volunteering. Now, three years after the last camp, youth, family members, and referral sources call to see if at-risk Native youth can participate in the camp.

The founding philosophy of tradition and culture was gradually infused into aftercare and treatment through the mobilization of the COS Healthy Nations project. Development of sweat lodge ceremonies at the three participating residential treatment facilities, inclusion of more Native spirituality and messages into the treatment interventions, and use of traditional activities as alternatives to destructive behaviors confirmed the importance of the Healthy Nations project. The idea of creating a macro-tribal identity from the diverse and diffused factions of American Indian peoples through camps and organized gatherings produced a foundation for addressing cultural powers in healing the substance abuse wound.

Although the agency consortium fractured and did not function smoothly or well over the course of COS, the initial discussions and visioning together stimulated a refocusing on culture and recognition of traditional strengths in the prevention of the social ill undermining youth and Native communities. These messages of identity, pride, and power filled the public awareness campaign. It is

reported that these ideas infiltrated other grant proposals and enriched agency structures.

The clearinghouse ideas, though proving too expensive and cumbersome, demonstrated an essential barrier to raising the health status of this population. With over thirty Indian agencies, the Bay area is rich in resources, but weak in coordination and communication. The system was compartmental, reflecting the nature of the funding and the circumscribed piece of wellness that they targeted. Access and gathering information was burdensome and confusing to many services seekers. The goal of coordinating with shared vision and effort through Healthy Nations was a perfect solution to the resource confusion. Sadly, money was a barrier.

Another reality was the politics and mission of each agency. Having a multi-year grant of close to a million dollars as unique in scope and intention as Healthy Nations did not detract from promotion of ongoing projects or filling agency gaps. The collapse of the consortium and the effort to better facilitate referral and information punctuated that ambitious and ideal nature of the Healthy Nations COS project. Even with a single agency management and direction structure, the philosophy of collaboration flatly refused to concede to failure.

Communications proved difficult across agencies. The early structure of information dissemination from RWJ through the NPO to the director or consortium representative appeared to narrow the depth of understanding and set up fears of dilution and selective information sharing from the other consortium members. The expectations of the grant were interpreted differently

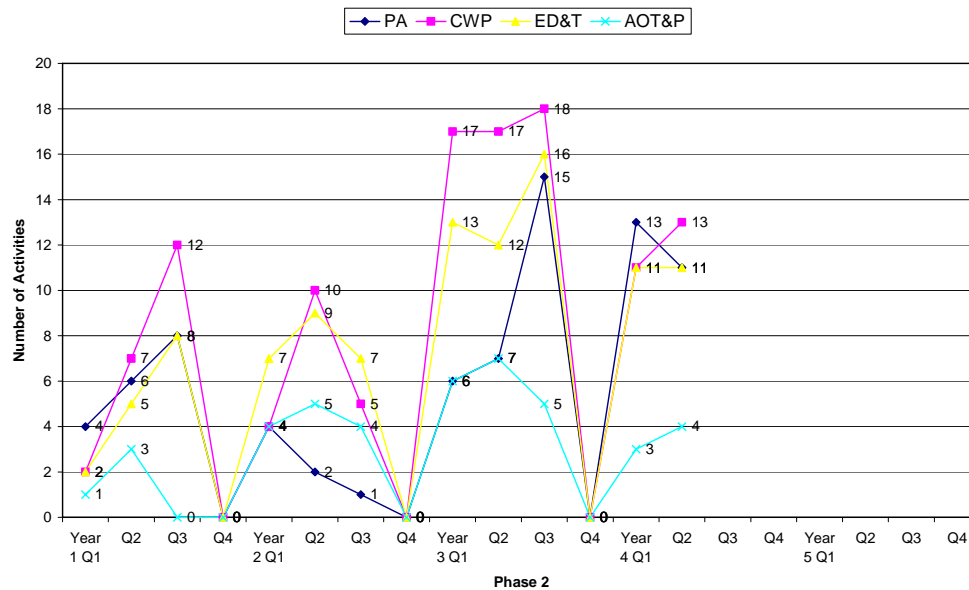
by each participating agency, leading to diffusion of the vision. A closed-loop system inherent in the structure and management of the grant led one early participant to indict such a system as partially responsible for the falling away of other members. The collective nature and hope of Circle of Strength fell victim to perceived centralization under different leaders, exacerbated by the information transfer channels. Relationships early in Phase I with the NPO and RWJ were described as production- and deadline-oriented.

Unfamiliar with the freedom afforded by this grant, different Healthy Nations coalition members became suspicious about being left out of the money allocation. The lack of the usual grant prescriptions, combined with the open philosophy of the Healthy Nations project, contributed to the comfortable and competitive retreat previously existing between the original consortium members. Over the course of Circle of Strength Healthy Nations, some of the original agencies found a way of sharing, especially those with treatment components. Efforts to reach out to earlier members faded with time, and efforts were made to address the objectives and needs of the identified populations.

The Circle of Strength Healthy Nations project in San Francisco progressively reached out to the community through public awareness and culture-based prevention activities, while incorporating more traditional and spiritual healing into treatment and aftercare. The high hope of coalescing thirty agencies in a common vision and effort devolved into a related few agencies shouldering the load and advancing the philosophy and mission of Healthy Nations. Successes were registered in youth prevention and incorporation of

traditional activities into treatment. The ideas and ideals of COS Healthy Nations remain vibrant and active even today. Although most programming ceased when the funding ended, individuals and small community groups carry forward the message of traditional pride and identity. The hope of easier access and simplified information gathering and referral remained central some three years post termination of the RWJ grant.

Friendship House Activities



Key: PA = public awareness
 CWP = community-wide prevention
 ED&T = early identification and treatment
 AOT&P = accessible options for treatment and relapse prevention

