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"Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect." — Chief Seattle, 1854

A Quarterly Newsletter ■ A Multi-Agency Alcohol and Substance Abuse Prevention Collaboration

Native Youth Today! Bridging the Gap

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Native Youth Today: Bridging the Gap Between Traditional and Modern Day Practices

Native youth are blending traditional and modern best practices across the spectrum of behavioral health and wellness promotion. They are engaged in efforts to incorporate traditional practices—such as healing circles, sweat lodges, and ceremonies—into community programs. In addition, there are many Evidence Based Practices (EBPs) that are targeted towards Native youth. Efforts to reduce substance use and prevent substance abuse with Native youth should be implemented in partnership with American Indian/Alaska Native (AI/AN) communities, incorporate local expertise and knowledge, build on strengths and resources within the communities, and integrate unique cultural practices (Brown, Baldwin, & Walsh, 2012). It is also important to recognize that the unique cultural characteristics and traditions of the more than 560 federally recognized tribes in the United States may limit the generalizability of interventions across tribes, requiring community-informed and tribal-specific adaptations (Gone & Trimble, 2012; Trimble & Beauvais, 2001; Whitesell, Kaufman, et al., 2012). "It is beautiful to see Native youth bringing the traditional cultural ways back to communities. For AI/AN people, our culture is our spirit to the core, and these practices are bringing youth and families out of despair," says Dr. Jami Bartgis, President and Chief Executive Officer (CEO) of One Fire Associates in Sand Springs, OK, who works closely with Native American youth and communities in the planning process for mental health and wellness and evaluation of programs.

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Director's Corner

Dr. Marcella "Marcy" Ronyak

Director, Office of Indian Alcohol and Substance Abuse

Education, leadership, innovation, mentoring, and holistic healing are all elements for improving wellness within a community As a federal employee, community member, clinician, coach, and mother, I have recognized the importance of empowering our youth In fact, my professional growth was impacted by the sincere and powerful words of my patients and Native youth within my community Looking into the eyes and faces of Native youth and having the opportunity to hear their personal stories, was not only an honor but a way to connect to the inner pain that was held inside They had life experiences that changed their worldview and personal wishes, desires, and drive to make a difference in this world

It was during the non-structured times, the casual walks in the hallways of Paschal Sherman Indian School, numerous hours on the softball field, carpools, and community gatherings that allowed for a new found understanding of the important role that youth can have in leadership Leadership has no age limit- it may be the kindergartner who sees another student bullying someone at the lunch table and asks an adult for help; a middle school student who notices a classmate becoming more withdrawn and depressed and then takes the time to ask if they are ok; or a high school student, who happens to be an outstanding athlete, notices that an unpopular student doesn't have a date to the prom and takes them Students are coming together to support one another or develop new programming to meet the needs of others in the community All of these examples speak to the importance of encouraging youth to take a leadership role within their community as they are the change agents Our youth are speaking out and using their experiences, special talents, innovated ideas, motivation, and cultural connection to help others implement programs and support, and change

Lifting our youth up and supporting their innovative ideas can shape the way we approach holistic healing within communities It is often said that youth are our future, so why not support a future that can be bright and led by our youth? President Obama, federal agencies, states, tribes, and communities have all recognized the importance of engaging our youth and supporting their efforts The White House Tribal Youth Gathering being held on July 9, 2015, and the 2015 National United National Indian Tribal Youth Conference being held on July 10-14, 2015, will strengthen the connection to our Native youth by providing them an opportunity to learn from each other and have their voices heard Native youth have a voice, platform, and support of the nation, and we are in for some exciting days ahead as we watch to see how their influence can change the world, one community at a time

About Dr. Marcella Ronyak Ph.D., LICSW, CDP

Dr. Marcella Ronyak received her doctorate degree in Counseling Psychology & Educational Leadership from Washington State University in 2004 and completed her pre-doctoral internship with Colorado State University Counseling Center in Fort Collins, Colorado.

She completed her Master of Social Work degree at Walla Walla College (University) in 1998 as a part of the advanced standing program and was a recipient of an Indian Health Service Scholarship in 1997-1998. Dr. Ronyak received her Bachelor's degree in social work from Eastern Washington University in 1997.

TIWAHE INITIATIVE

Promotes Family Stability to Fortify Tribal Communities

In Fiscal Year (FY) 2015, the Bureau of Indian Affairs received a $5 million increase in Tribal Priority Allocation (TPA) funding and a $5 million increase in Indian Child Welfare Act (ICWA) funding to support the Tiwahe Initiative. Tiwahe (ti-wah-hay) means Family in the Lakota language, and was developed as a part of the President's commitment to protect and promote the development of prosperous and resilient tribal communities. The funding is designed to support tribal efforts to address child abuse and neglect, family instability, domestic crime, barriers to accessing appropriate services and/or programs affecting tribal members.

Each tribe or tribal organization that receives Social Services (TPA) and ICWA (TPA) funding will receive a pro rata share of these funds. In addition, four sites will be selected as pilot projects for FY15 and will receive additional funding to confront child and family violence challenges. The Tiwahe dollars are recurring, and will serve as a sustainable resource to aid tribes in developing successful strategies to address these concerns.

Tiwahe is a six-year plan to strengthen Indian families and promote family stability in order to fortify tribal communities. Tiwahe is designed to build capacity and integrate the delivery of services to children and families for the purpose of preserving the family unit and supporting healthy and productive families. Moreover, it is the intent of the initiative to target American Indian/Alaska Native children, youth, and families exposed to violence, especially in domestic violence and child endangerment situations.

TIWAHE FOUNDATION

Renewing Individuals, Family, Community.

The programs that are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) grantees—including the Systems of Care, Circles of Care, and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) programs—is responsive to the youth voice. Staff members involved in SAMHSA's programs see Native youth blending traditional and modern day practices first hand. *Prevention & Recovery* asked for their perspectives on this movement and where it is heading.

Knowing Who They Are and Where They Belong

As part of forming and strengthening their identities, Native youth have a strong desire to learn cultural and traditional practices. Jennifer Ruiz, CEO of the Fresno American Indian Health Project in California, observed that programs that incorporate traditional and cultural activities are well attended by youth. Her organization conducted a survey of Native youth, which found that most who live in urban and suburban areas feel that having cultural and traditional knowledge helps them cope. "Native identity is important to them, but many youth feel disconnected from their tribal communities or are not in touch with people who could share traditional knowledge," says Ms. Ruiz. Dr. Bartgis adds that traditional cultural practices signify to everyone in the community who they are and where they belong—giving them a purpose and pride, which is particularly important for suicide prevention.

"For the Pascua Yaqui Tribe in Arizona, the religion, traditions, and culture are really one and the same and part of our being as people. But not all youth have everyday exposure to their culture, so they seek something to guide them and provide spiritual connections as well as links to the land and each other. When they find those connections, young people experience the peace they did not have before," says Mildred Manuel, Program Manager for the Ili Uusim Hiapsi program (Project LAUNCH), which promotes the wellness of tribal children from birth to eight years of age by supporting their physical, social, emotional, thinking and behavioral development.

Others in this community stress the importance of intergenerational activities for promoting connections to elders and traditional culture. "Service projects, celebrations, and activities at the community center help to connect the generations and teach young people the traditional ways. We have language and culture classes, because it is important to keep our language alive, pass on traditional ceremonies, craft skills, and cooking," says Angela Valenzuela, a Systems of Care Program Manager for the Pascua Yaqui Tribe's Sewa Uusim Community Partnership. Arlene Cocio, the program's youth resource coordinator, adds that intergenerational engagement of families organically generates conversations among youth and elders. "These activities strengthen communication between the generations—young people and elders know each other and have meaningful conversations and an open dialogue," she says.

Harnessing the Healing Power of Culture

Bringing the healing power of traditional practices into modern services is at the heart of AI/ANs efforts in behavioral health. "AI/AN communities recognize that personal and intergenerational traumas are at the root cause of behavioral and physical health problems such as suicide, diabetes, and substance misuse," says Dr. Bartgis. She explains that Native communities have learned to counter these challenges and "are bringing people back" with traditional cultural practices as part of a larger healing process.

Young people are leading the way when it comes to blending traditional and modern practices, and they are also encouraging programs to provide services that are culturally competent from the youth perspective. In some ways, the two seem to overlap. For example, services underpinned by the deficit model discourage youth from treatment, and they simply do not feel better by talking about problems in a counselor's office for 50 minutes, says Dr. Bartgis. "Establishing a youth clubhouse and activities oriented around environment and play are more natural ways to visit and talk with a counselor than appointments or sessions," she says. T. Kay Estes, a coordinator from the Pascua Yaqui Tribe, agrees that particularly for children, positive activities with someone who cares about them is a more effective way of healing. "While engaged in art, equine or other outdoor activities, or various cultural practices, youth can express—form therapeutic connections—through their senses. This can lead to talking, but unlike a counselor's office, such activities do not carry the expectation or pressure to use words," he says.

> "Establishing a youth clubhouse and activities oriented around environment and play are more natural ways to visit and talk with a counselor than appointments or sessions."

Some other examples of blending traditional and modern practices include the Gathering of Native Americans (GONA) program, which is supporting youth leadership and mentoring in communities across the country. Through a 4-day prevention curriculum for youth ages 12 to 17, imparts four important teachings that cross many indigenous cultures and communities: Belonging, Mastery, Interdependence, and Generosity. The curriculum also engages and encourages youth to consider how each applies to their own lives, communities, and the future of both. Program staff members and community members are involved with fun activities for youth and can teach them different cultural practices (e.g., sweat lodges), and these mentors have a strong influence on the teachings or practices that young people carry forward.

This year will mark the fourth annual GONA event at One Fire Associates, LLC, which has seen increased youth participation every year—from 44 young people during the first year to 70 (with a waiting list because of a necessary cap on attendees) during the third year. A cross-site evaluation of GONA across multiple communities is documenting its outcomes and processes. Young people's voices are strong regarding GONA. "Every year Native youth indicate that they want more ceremonies from their communities—so the spiritual aspect is

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Affordable Care Act: Expanding Access to Preventive Services for Youth

Under the Affordable Care Act (ACA), health plans must cover some essential preventive services for everyone—including children and adolescents. These include behavioral health preventive services. If covered preventive services are received in a person's provider network, whether it is in the Marketplace or Medicaid, they are free.

For children, covered preventive services include developmental screening (for children under age 3), autism screening, behavioral assessments at certain ages, blood pressure screening, and obesity screening and counseling. In addition to these services, adolescents can receive depression screening, alcohol and drug use assessments, and screening and counseling for sexually transmitted infections for adolescents at high risk.

For more information on the preventive services covered for children and adolescents, please visit https://www healthcare gov/preventive-care-benefits/children/

Bridging the Gap (continued from page 3)

critical for them," says Dr. Bartgis. "Trauma gets to you at the spirit, so that is where people need to heal—something the elders have been saying for many years. Ceremony as part of care, especially for mental health, is very important to Native youth," she adds.

Putting the Youth Voice on Research, Building the Workforce

Native youth are also taking part in community-based participatory research projects—an approach that equitably involves community members, representatives from key organizations, and researchers in all aspects of the process and decision-making. This approach is considered the gold standard for research in AI/AN communities because it empowers them to collect and use data in a way that is valuable and meaningful from their perspective. When the Fresno American Indian Health Project (funded by the SAMHSA Circles of Care Initiative) set out to assess the needs of the local Native community, program staff directly involved youth in the process.

As part of the Community Needs Assessment for the Fresno Native community, young people received cameras to conduct photo-voice qualitative research. This type of research is similar to a focus group, except that photographs rather than verbal questions serve as a springboard for important conversations about needs, challenges, and strengths. "Young people love to take pictures," says Rachelle Areyan, who participated in the needs assessment project when she was 17 years old. "Taking pictures in their communities motivated my peers to answer questions and discuss issues in a way that was comfortable to them."

Ms. Areyan, who is from the Pascua Yaqui Tribe but lived in Fresno at the time, was also part of a grassroots research project. "The Native youth participating in the Fresno project liked the Medicine Wheel self-assessment for adults, and because they were tired of 'gloom and doom' assessments, took it upon themselves to adapt this tool for people their age," says Dr. Bartgis. With her guidance—and after learning and applying information on ethics, recruitment, and Institutional Review Boards—youth tested and revised the tool through several iterations to address measurement issues. The result was a valid, strength-based self-assessment for Native young people that is presented in youth-friendly language and rooted in traditional concepts of holistic health. In addition to teaching youth important information and skills, the project contributed to building the behavioral health workforce of the future. Ms. Areyan, who was then in high school and planning to become a veterinarian, changed her career path because of the experience. "When I saw that kids actually used this tool, I realized that I liked working with youth and having a positive impact on their overall outlook and direction in life," she says. Now in college in Tennessee, Ms. Areyan is studying social services: "It's a broad degree—I can take it wherever I want."

Moving Into the Future

Many programs that engage youth, such as the photo-voice project and multimedia recordings of interviews with elders, incorporate technology. Ms. Areyan thinks that using multimedia tools helps young people engage with elders to ask about life when they were growing up and the journey that Native Americans have made. "Young people don't want to offend anyone, but we want to know the history behind things and need to ask questions to learn. Whenever I have reached out to elders, they have always wanted to talk and help me understand the history," she says. Like most people these days, Native communities and youth use technology (e.g., text messaging, social media, and video chatting) to stay connected—both to those they have grown up with and others who share their worldview—and let everyone know about the latest events.

Listening to Their Voices

Throughout their discussions with *Prevention & Recovery*, program staff noted that perhaps the most important aspect of services for Native youth is including their voices. For example, programs that have a youth council show both their intention to listen and offer a direct mechanism for participation in decision-making. Additionally, young people want to see that their input is having an impact. "It is really important to provide feedback to youth to show that the organization is incorporating their suggestions. This shows them that you are truly listening and improves the event or program, including participation," says Ms. Ruiz. Programs that can connect projects and services to specific youth goals will likely see greater participation. As college student Ms. Areyan notes: "The success of projects depends on listening to what youth want to get out of it. Youth need a reason for everything and it has to be relevant to them to get them interested."

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Evidence-based Practices in American Indian/ Alaska Native Communities

"Community-driven, culturally grounded prevention interventions, derived from the beliefs and values of a given tribe or culture, has become more acceptable and potentially more effective for Native Youth", (Gone & Looking, 2011; Hawkins et al., 2004; Lane & Simmons, 2011; Lowe et al., 2012; Moran & Reaman, 2002; Nebelkopf et al., 2011; Okamoto et al., 2014).

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online database of mental health and substance abuse interventions. All interventions in the registry have met NREPP's minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination. The purpose of NREPP is to help the public learn more about available evidence-based programs and practices and determine which of these may best meet their needs.

This newsletter issues includes a variety of tribally-focused substance use prevention programs, practices and interventions that are targeting Native youth. For more information on these programs, visit SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) at http://www nrepp samhsa gov/

AMIkids Personal Growth Model

AMIkids®

Separating a troubled past from a bright future

The AMIkids Personal Growth Model (PGM) is a comprehensive approach to treatment for 10- to 17-year-old youth who have been adjudicated and, in lieu of incarceration, assigned to a day treatment program, residential treatment setting, or alternative school or who have been assigned to an alternative school after failing in a conventional school setting. The AMIkids PGM, which is intended for use over 6-8 months, is designed to target and reduce the risk factors that sustain delinquent behavior and academic failure, reduce recidivism, improve program completion rates, and promote academic achievement.

Before services are provided through the AMIkids PGM, the risks, needs, and motivation to change of the youth and his or her family are assessed. On the basis of these assessed needs, an appropriate treatment plan is developed, which combines the following components:

- Education. The education component uses three primary methods to enhance learning: experiential education, project-based learning, and service learning. Participants attend classes in an academic setting, and teachers use a rigorous curriculum designed to address the participants' individualized needs and diverse learning styles. Teachers implementing this component must be certified and highly qualified on the basis of State, local, and AMIkids requirements.

- Treatment. The treatment component is individualized on the basis of each participant's assessments, and research-based mental health and/or substance abuse interventions (e.g., cognitive behavioral therapy, motivational enhancement therapy, functional family therapy, motivational interviewing) are provided to participants, as well as their families. Participants receive group services on a daily basis, and individual and family sessions are provided on a schedule determined by the individualized treatment plan. Staff implementing this component must be licensed mental health professionals or therapists/counselors who are supervised by a licensed mental health professional.

To learn more about the implementation of AMIkids Personal Growth Model, contact:
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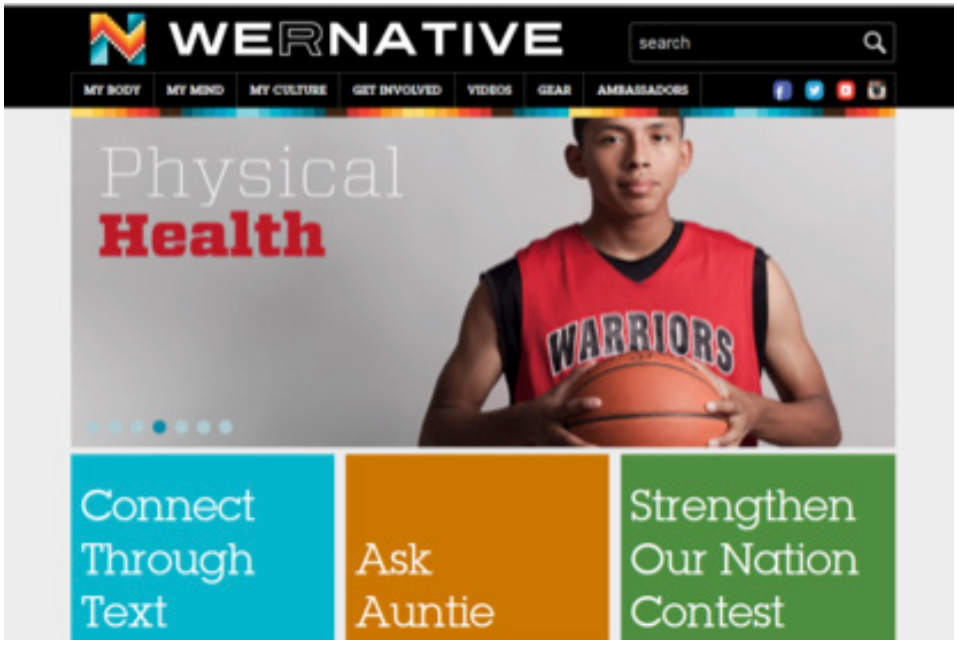
Visit, http://www amikids org/our-services/amikids-personal-growth-model

This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) http://www nrepp samhsa gov/

We R Native: A Multimedia Health Resource for Native Youth

We R Native is a multimedia health resource for Native teens and young adults, run by the Northwest Portland Area Indian Health Board. The site focuses on promoting life skills and healthy decision-making specifically for Native youth. This is done by providing accurate health information and encouraging young people to get actively involved in their own health and wellbeing. The service was designed using behavior change theory and formative research, with extensive input and website content created by Native youth across the U.S.



The service includes a website (www weRnative org), a text message service (text NATIVE to 24587), a YouTube channel, social media accounts (Facebook, Twitter, Instagram), and print marketing materials, about 31,000 viewers are reached per week and half of them access it from a tablet or mobile device.

*We R Nativ*e includes content on social, emotional, physical, sexual, spiritual health, and American Indian/Alaska Native (AI/AN) culture. To celebrate Valentine's Day in February, the site posted a weekly video series called Native VOICES. The video was originally filmed for a newly-released, evidence-based HIV/STD prevention intervention for American Indian and Alaska Native youth 15-24 years old. To celebrate Earth Day in April, the site launched a new informational section on My Environment, covering topics like: water, land, energy sources, and how to take action.

Altogether, the website contains over 350 health and wellness pages, all reviewed by Native youth and experts in public health, mental health, community engagement, and activism. Special features include monthly contests, community service grants (up to $475), an "Ask Auntie" Q&A service, and a blog.

Ask Auntie

Ask Auntie is one of the most popular sections of the site! Youth can submit their questions around *any* topic anonymously, and Auntie responds with a short text or video response. Topics covered range from drugs and alcohol questions, to identity, to handling difficult emotions, to sexual health questions. No question is off limits. Teens can search through other youth's questions on the site, or post one of their own.

Youth Ambassadors

Washington D.C., Nike World Headquarters, the National Indian Health Board Annual Conference… What do these places have in common, you ask? These are just a few of the places our *We R Native* Youth Ambassadors had the opportunity to visit this year. On their travels they helped spread the word about *We R Native*. Last year 16 Youth Ambassadors were trained and supported as they spread positive vibes and created positive changes in their local communities.

Native, Youth-Friendly Media Campaigns

We R Native also uses its media platforms to promote Native, youth-friendly social marketing campaigns. Recent examples include a series of messages in March that let teens know how to Stand Up Stand Strong, Don't Just Stand By. The series included resources and tips for teens to be *more than just a bystander* if they see something that could be violence or bullying. A drug and alcohol prevention campaign—*I Strengthen My Nation*—is also regularly featured by *We R Native*. The campaign includes posters, Facebook posts, and videos on their YouTube channel

We Believe Native Youth will Change our World!

To help them achieve this goal, tools, resources, encouragement and inspiration are provided to Native youth. The text message service and Facebook page alerts followers to health tips, new contests, internship opportunities, and news stories about Native youth. Since its launch in 2011, the website has had almost 200,000 page views, *We R Native's* Facebook page has had over 23,000 likes, and the 250 health and wellness videos on YouTube have had over 26,800 video views.

Please Help Us Spread the Word and Make *We R Native* Better!

You can get involved and join the *We R Native* movement by liking them on Facebook (www facebook com/weRnative) , signing up for the text messaging service (text NATIVE to 24587), or by ordering a free *We R Native* promotional toolkit for use in your community.

This is your community's website, so if you see anything missing, please let them know! They LOVE hearing suggestions on content to add, or getting photos or videos that we can posted and shared. If you have any questions or ideas about how *We R Native* might work together to spread the word about, please contact native@ npaihb org

Basic Health Services Lacking, Underfunded in Indian Country

Teddy McCullough is from the Coyote Valley Band of Pomo Indians in Northern California and recently graduated from American University with a Bachelor's degree in Political Science.

It's hard to imagine the pain and suffering that an individual of any age must be going through to make the decision to take their own life. It's even more difficult, maybe even impossible, to imagine what would make a 12-year-old girl decide to end her life. A few days before Christmas last year Santana Janis, a 12-year-old Lakota Indian on the Pine Ridge Reservation in South Dakota, hung herself in an abandoned building next to her home.

According to a recent Huffington Post article, Native Leaders Tell Senators How to Help Stop Youth Suicide by Rebecca Klein, within a six-month period, between December and June of this year, at least 14 young people between the ages of 12 and 24 took their own lives on the Pine Ridge Reservation. In that same amount of time, Pine Ridge Hospital treated close to 400 young people, under the age of 19, who had planned or attempted suicide. We may never know what caused these young people to make a life-ending decision. It could be bullying, sexual abuse, poor living conditions, or any number of other hardships. One thing that is certain: suicide has become an epidemic, not only on the Pine Ridge Reservation but across all of Indian Country.

I could go on and on for hundreds of pages with statistics and stories of the issues that Native youth face—from suicide and substance abuse, to sexual abuse and racist mascots. Nevertheless, debate rarely arises over facts and statistics. The debate typically emerges over why this is occurring and how we should address it. Unfortunately, there really is no way of defining specific causes or solutions to these problems. Be that as it may, I believe that the best way to approach mental health and substance use prevention and treatment is through incorporating traditional and cultural practices of healing with contemporary methods.

Cultural methods utilized by some of these programs vary depending on the history and identity of the tribal programs. However, these methods might include participating in sweat lodge ceremonies, smudging, learning sacred dances, horsemanship programs, and many others. Integral to the success of these programs is the involvement of elders, singing, dancing, and learning tribal history, values, and beliefs. Native people are tied to their tribe's history, land, and spirituality. By involving Native youth in their culture and identity, you offer spiritual connection that can be very healing to many Native people, including youth. Young people want to get in touch with their culture in whatever way they can, and many young Natives are participating in traditional methods of healing.

While it is important to recognize the necessity of cultural methods in prevention and treatment, the fact of the matter is that resources for basic mental health services are lacking in Indian Country. According to an article that was written in the *New York Post* entitled Pine Ridge Indian Reservation Struggles With Suicides Among Its Young there are currently only six mental health counselors on the Pine Ridge reservation. The Bureau of Indian Affairs states that there are only six individuals that serve as counselors for a population of close to 40,000.

How can we honestly believe that six mental health professionals are enough to help the 400 young people who have planned or attempted suicide, let alone the hundreds of others who are 20 and older who have also attempted to commit suicide in recent months. If we really want to tackle mental health, substance abuse, and other issues Natives are facing, then we need to start taking the issues seriously and providing adequate and sustainable resources to combat the problems Native youth face.

Youth Develop a Strength-Based Holistic Self-Assessment Using Indigenous Teachings

In 2011, the Fresno American Indian Health Project (FAIHP) was awarded a Substance Abuse and Mental Health Services Administration (SAMSA) Circles of Care three-year planning grant. The Fresno Family Wellness Project supports the FAIHP and the local community in a three-year journey to develop a system of care model. Using the Gathering of Native Americans (GONA) curriculum and a community-based and participatory evaluation model, the FAIHP partnered with a community evaluator and systems consultant to engage local youth and their families to guide the project. The GONA curriculum uses four worldview concepts that are consistent among many indigenous communities. Local elders, spiritual leaders, community helpers, and trained GONA facilitators came together for an annual 4-day event focused on youth by instilling a sense of belonging, mastery, interdependence, and generosity so that they can be a part of the solution to the challenges faced by the local community.

During the Circles of Care project, FAIHP supported and organized a Youth Council that provided substantial human resources and leadership to the project. Through training, skill building, and supervision, the youth conducted their own local needs assessment by collecting survey data, elder interviews, and a youth-driven Photo Voice project. These early project experiences provided the skills and confidence the youth needed to engage in evaluation activities.

In 2013, the Youth Council took on an even bigger evaluation project by developing and testing the Personal Balance Self-Assessment tool, built upon the Medicine Wheel, a common tool used across many tribal communities for teaching individuals how to maintain holistic balance.[1] With encouragement from Alan Rabideau and Shannon Crossbear, founders of the adult version of the Personal Balance Tool, the Youth Council adapted the tool to make it more relevant for youth and formally linked the four components of health (spirit, mind, heart, and body) to the GONA curriculum. The youth brought this tool to the annual GONA to formally use the tool as a part of the curriculum and to pilot test the tool for product improvement. A youth who had been trained in GONA facilitation supported a mini-teaching on the medicine wheel as a tool for balance of physical, mental, emotional, and spiritual health, thereby reinforcing the concepts presented by local elders. The youth then administered the Personal Balance Tool to approximately 60 Native youth and conducted a smaller focus group to support product improvement.

While youth participating in the pilot project had a number of tangible suggestions, such as using color-coded forms with crayons and improving upon the questions, they identified the usefulness of the tool in setting personal goals and improving their understanding of holistic health. Youth asked if FAIHP could "bring back my medicine wheel tool" next year so they could see what progress they had made. Youth participating in the focus group were able to identify how the tool helped them identify what areas of their own life needed improvement and how it helped them to "set [their] own goals for all parts of [them]." The initial reception of the tool by the participating youth was promising so the Council made a second revision to the tool and disseminated it to national sources so that other communities could benefit from its use.

By the spring of 2014, both urban and tribal communities were utilizing the Youth Personal Balance tool. San Diego County formally approved its use by the San Diego American Indian Health Center Prevention and Early Intervention Program, which serves San Diego Native youth through funding from the California Mental Health Services Act. The Youth Council recognized the impact this tool could make in supporting Native youth programs beyond Fresno and this created a renewed momentum to improve the tool for use among other Native communities. The youth made a third revision to improve the measurement and proceeded to plan and implement a second pilot project for the 2014 summer GONA. Following the same process, the tool was administered to a group of 70 Native youth and a small focus group provided important content improvement with suggested language and recommendations for how to deliver the administration of the tool. This resulted in a fourth revision of the Youth Personal Balance tool. Today, the Youth Council is working with their evaluator to write up the tool development in hopes of being published in a peer-reviewed journal focused on American Indian/Alaska Native Mental Health to support the spirit of generosity' that has become an important healing component for the local System of Care.

For more information contact: Jennifer Ruiz, Executive Director, Fresno American Indian Health Project at jruiz@faihp.org

Acknowledgements: FAIHP would like to give special thanks to the Youth Council, GONA planning committee, Community Advisory Board, and the Tribes of the San Joaquin Valley who supported the GONA and system of care planning effort with their time, their prayers, and their resources.

1. It is important to note that, while many tribes do utilize the medicine wheel and/or related concepts for teaching balance, not all tribes use this tool and it is not universal for all indigenous groups.

Family Spirit

Family Spirit is a culturally tailored home-visiting intervention for American Indian/Alaska Native teenage mothers—who generally experience high rates of substance use, school dropout, and residential instability—from pregnancy through 36 months postpartum. The intervention is designed to increase parenting competence (e.g., parenting knowledge and self-efficacy), reduce maternal psychosocial and behavioral risks that could interfere with effective parenting (e.g., drug and alcohol use, depression, externalizing problems), and promote healthy infant and toddler emotional and social adjustment (i.e., internalizing and externalizing behaviors). It also aims to prepare toddlers for early school success, promote parents' coping and life skills, and link families to appropriate community services.

Family Spirit is based on Patterson's social interaction learning model, which suggests that a parent's stressful life circumstances (e.g., unstable housing, poverty, weak family support, mental health and substance abuse issues) trigger a high level of coercive parenting associated with early childhood behavior problems that predict poor outcomes in middle and later childhood. The intervention consists of 63 structured lessons delivered one-on-one by health educators in participants' homes, starting at about 28 weeks of gestation and continuing to 36 months postpartum. The lessons, designed to corre-

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American Indian Life Skills Development/Zuni Life Skills Development

Suicide is the second leading cause of death among American Indian/Alaska Native (AI/AN) 15 to 24-years-old, according to Centers for Disease Control and Prevention data. The estimated rate of completed suicides among AI/AN in this age group is about three times higher than among comparably aged U.S. youth overall (37.4 vs. 11.4 per 100,000, respectively). American Indian Life Skills Development (the currently available version of the former Zuni Life Skills Development program) is a school-based suicide prevention curriculum designed to address this problem by reducing suicide risk and improving protective factors among AI/AN adolescents 14 -to -19 years old.

The curriculum includes anywhere from 28 to 56 lesson plans covering topics such as building self-esteem, identifying emotions and stress, increasing communication and problem-solving skills, recognizing and eliminating self-destructive behavior, learning about suicide, role-playing around suicide prevention, and setting personal and community goals. The curriculum typically is delivered over 30 weeks during the school year, with students participating in lessons 3 times per week. Lessons are interactive and incorporate situations and experiences relevant to AI/AN adolescent life, such as dating, rejection, divorce, separation, unemployment, and problems with health and the law. Most of the lessons include brief, scripted scenarios that provide a chance for students to employ problem solving and apply the suicide-related knowledge they have learned.

Lessons are delivered by teachers working with community resource leaders and representatives of local social services agencies. This team-teaching approach ensures that the lessons have a high degree of cultural and linguistic relevance even if the teachers are not AI/AN or not of the same tribe as the students. For example, the community resource leaders can speak to students in their own language to explain important concepts and can relate curriculum materials and exercises to traditional and contemporary tribal activities, beliefs, and values. A school counselor (typically of the same tribe) serves as the on-site curriculum coordinator.

The Zuni Life Skills Development curriculum was developed with cultural components relevant to the people of the Zuni Pueblo in New Mexico and was tested and evaluated with that population. The Zuni curriculum served as the basis for the broader American Indian Life Skills Development curriculum that is now in use, which can be used with other AI/AN populations when implemented with appropriate and culturally specific modifications.

To learn more about the implementation or research for the American Indian Life Skills Development/Zuni Life Skills Development, contact:

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This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) at http://www nrepp samhsa gov/

"Osapausi Amasalichi" (Choctaw – "I get healing from that little garden")

In 2009, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) solicited applications for the "Tribal Juvenile Detention and Green Reentry" demonstration grant. Daniel Mittan, Director of Court Services, is tasked with the development of the Probation Office for the Mississippi Band of Choctaw Indians (MBCI). He was learning about restorative justice theory and practices before "reentry" became popular terminology for the process of offenders being returned into their communities. When he saw this opportunity, he went to some of the elders to see if the grant could be worthwhile at Choctaw. He had investigated a American Indian/Alaska Native growing method referred to as "The Three-Sisters" and wondered if it was accepted as Choctaw. One of the elders replied with chuckles and stated that he had realized as a boy that his grandmother's way of gardening seemed so different from the rows in gardens of others, but what he described was exactly what Mr. Mittan had discovered on the internet. The application was submitted. Through a selection process, MBCI was identified with two other tribes (Hualapai of Arizona and Rosebud Sioux of South Dakota) to design and implement their demonstration programs.

The first year was invested in strategic planning (a master plan, worked in detail down to specific work plans), hiring of staff (Project Coordinator, Adolescent Therapist, and a Secretary), and developing relationships with "partners" on the Tribal, State, and Federal levels.

- Existing tribal agencies/departments like Behavioral Health and Natural Resources
- A "green" institution was required by the grant and Mississippi State University had an Extension Service Agent already assigned to the tribe
- The U.S. Department of Agriculture Natural Resources Conservation Service also had a representative assigned to MBCI

The purpose of the project was to prevent and further control delinquency with the development of a demonstration program, using environmentally sustainable activities and green technologies as a platform to deliver services, while promoting culturally significant and relevant Choctaw ways. The Chahta Immi (cultural preservation department)

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Family Spirit (continued from page 9)

spond to the changing developmental needs of the mother and child during this period, address topics such as prenatal care, infant care, child development, family planning, and healthy living. Each home visit lasts about an hour and includes a warm-up conversation, lesson content, question-and-answer period, and review of summary handouts. Health Educators, trained American Indian paraprofessionals, deliver the lessons using illustrated table-top flipcharts. The bond formed between the Health Educator and mother is intended to facilitate the mother's progress toward goals.

The 63 lessons can be delivered in 52 home visits, which occur weekly through 3 months postpartum and gradually become less frequent thereafter. The studies reviewed for this summary used earlier versions of the intervention that included fewer visits and fewer lessons, and in two of the studies, all planned visits were conducted within 6 months postpartum.

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This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) http://www nrepp samhsa gov/

Model Adolescent Suicide Prevention Program (MASPP)

The Model Adolescent Suicide Prevention Program (MASPP) is a public health-oriented suicidal-behavior prevention and intervention program originally developed for a small American Indian tribe in rural New Mexico to target high rates of suicide among its adolescents and young adults. The goals of the program are to reduce the incidence of adolescent suicides and suicide attempts through community education about suicide and related behavioral issues, such as child abuse and neglect, family violence, trauma, and alcohol and substance abuse. As a community-wide initiative, the MASPP incorporates universal, selective, and indicated interventions and emphasizes community involvement, ownership, and culturally framed public health approaches appropriate for an American Indian population.

Central features of the program include formalized surveillance of suicide-related behaviors; a school-based suicide prevention curriculum; community education; enhanced screening and clinical services; and extensive outreach provided through health clinics, social services programs, schools, and community gatherings and events. In addition, neighborhood volunteers of various ages are recruited to serve as "natural helpers." These individuals engage in personal and program advocacy, provide referrals to community mental health services, and offer peer counseling (with guidance from professional mental health staff) to youth who may prefer to seek assistance from trusted laypersons in a less formal setting.

Several evaluations of MASPP have been conducted, including one that followed the program over 15 years of implementation. The professional staff involved in implementing the program included a mental health technician, clinical social worker, master's-level counselor, and doctoral-level psychologist.

To learn more about the implementation or research for the Model Adolescent Suicide Prevention Program, contact:

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This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) at http://www nrepp samhsa gov/

Osapausi Amasalich (continued from page 10)

became engaged along with the elders from the Choctaw Elderly Activity Center. From the very beginning the tribe's Natural Resources Department offered support by designing the raised beds in the shape of symbols that had cultural significance to tribal members.

Any youth coming into contact with the tribal juvenile justice system was eligible, but those in detention for any length of time became the focus for services. The Choctaw people had always been attached to the "mother earth" even in their stories of origin surrounding the Nanih Waiya mound. The hours in the garden were at times a struggle, but life lessons about how they could contribute to others in need far outweighed the discomforts. Participants remarked how cool it was to give some of the "first fruits" of their labors to elders at the Elderly Activity Center. The elders were grateful and never said a word about the summer squash being allowed to get too big on the vine. Before the grant ended, the project also included a high-tunnel hoophouse (like a greenhouse), which also contains a demonstration aquaponics operation (using fish to supplement the grow beds of vegetables, with the left over, naturally-filtered water being returned to the fish tank). Solar power to run pumps, fans, and the electric fence is being investigated with the assistance of a local solar energy installer.

The project's major goals were: 1) strengthen the youth, their family and community by providing culturally relevant activity that renews foundational values like stewardship of "mother earth" and each member's significance in the community; 2) replace alcohol and other drug use with specific health and wellness activity; and 3) ensure the identification of mental and behavioral needs, delivering the appropriate service. Activities included: 1) assessments in detention; 2) orientation to the basic program of community gardening; and 3) providing an advanced program of training participants in life skills like residential energy efficiency auditing, Red Cross CPR / First Aid and Safety certification, Native permaculture, and much more.

One of the most significant partnerships included the assistance from the Choctaw Behavioral Health. Communication with the full-time therapist at the tribal youth detention center was improved, which, in turn, provided seamless mental and behavioral health services to participants and their families. They provided continued individual and group sessions and implementation of evidence-based interventions like S.P.A.R.C.S. (**S**tructured **P**sychotherapy for ***A***dolescents **R**esponding to **C**hronic **S**tress) and their own Alcohol and Other Drug awareness program. Court Services also used Juvenile MRT® (Moral Reconation Therapy).

Although the grant was closed out at MBCI in 2014, the demonstration garden is flourishing and has been expanded with the aid of adult trustees scheduled for work at times when youth are not present – expanding reentry to include them. Truly, the Osapausi Amasalichi is living up to its name.

National UNITY Conference AGENDA

FRIDAY, JULY 10 – Theme: Social Development
SATURDAY, JULY 11 – Theme: Physical Development
SUNDAY, JULY 12 – Theme: Spiritual Development
MONDAY, JULY 13 – Theme: Mental Development

National UNITY Conference July 10 - 14 , 2015 — Washington, D.C .

Nearly 1,500 Native American youth from across Indian Country are expected to gather in our nation's capital to participate in the annual National UNITY Conference taking place July 10-14, 2015 at the Renaissance Washington, DC Downtown Hotel. The five-day agenda will feature several nationally known keynote speakers, more than 30 workshops, a cultural exchange night, talent show, and awards banquet and dance. Many of the youth attending the conference represent the 145 UNITY affiliated youth councils from 35 states, the largest Native American youth network of its kind in the nation. Access this link for the conference agenda

The United National Indian Tribal Youth (UNITY) mission is to foster the spiritual, mental, physical, and social development of American Indian and Alaska Native youth and to help build a strong, unified, and self- reliant Native America through greater youth involvement. UNITY began through the efforts of J.R. Cook, a Cherokee from Oklahoma, who has worked with Native youth in leadership development for more than three decades. The organization grew from a small group of interested Native youth in southwestern Oklahoma in 1976 to a national organization today with affiliated youth councils operating in 35 states and Canada.

UNITY evolved from a series of Indian programs that Cook directed. After a successful basketball coaching stint, Cook devoted a decade of his life to the Upward Bound project at Southwestern Oklahoma State University in Weatherford, Oklahoma. At that time, it seemed to Cook there was more pressure for Native youth to fail than to succeed.

UNITY has an impressive track record of empowering and serving American Indian / Alaska Native youth. UNITY has earned the respect of national Native American organizations, tribal leaders, and government officials.

The heart of UNITY is its affiliated youth councils which are sponsored by tribes, Alaska Native villages, high schools, colleges, urban centers, and others. Youth Councils are engaged in annual projects in four areas – cultural preservation, environmental awareness, healthy lifestyles, and community service. In April 2014, UNITY had 140 affiliated youth councils in 35 states. UNITY is the only organization to have a network of youth councils.

For more information, contact the UNITY office at (480) 718-9793 or visit http://www unityinc org/

Red Cliff Wellness School Curriculum

The Red Cliff Wellness School Curriculum is a substance abuse prevention intervention based in Native American tradition and culture. Designed for grades K-12, the curriculum aims to reduce risk factors and enhance protective factors related to substance use, including school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms. The Red Cliff program is taught by teachers who have been trained in interactive, cooperative learning techniques and facilitation. The manualized curriculum has separate components for grades K-3, 4-6, and 7-12. Each component includes 20-30 developmentally appropriate lessons and activities designed to enhance the values of sharing, respect, honesty, and kindness, and to assist students in understanding their emotions. Small-group discussions are extensively used, along with small-group process activities, independent workbook activities, and collaborative projects for older students.

The school curriculum was created by the First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa. The curriculum is part of a broader wellness initiative that includes a community curriculum and home wellness kit. Since its initial development for Native American youth, the tribally based curriculum has been used in schools with a wide range of populations, including some with only a small percentage of non-Native students.

The research reviewed in this summary involved only the elementary school component (grades 4-6) of the K-12 program.

To learn more about the implementation of the Red Cliff Wellness School Curriculum, contact: Ron DePerry, ron_deperry@yahoo.com

To learn more about the implementation or research of the Red Cliff Wellness School Curriculum, contact:

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This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) at http://www nrepp samhsa gov/

The Hero Project: Cultural/Adventure Rites of Passsage

The Hero Project (THP) is a high-risk behavior prevention program for Native and non-Native youths ages 11–18, which is based on the traditional stories of heroes and heroines from around the world. Through mental and physical adventure-based rites of passage, and activities such as hiking, rock climbing, camping, fishing, archery, white water rafting, cultural activities, and teachings, students awaken to the adventure of self-discovery. By placing their feet in ancient footsteps they awaken to their heroes within.

Each Hero Project is custom-designed for every tribe, school, district, or organization. The program kicks off with a large recruitment event, called An Epic Day, with up to 100 students. The event is followed by the core 8-week cycle adventure program, which meets with a group of between 5–10 students twice a week for up to 4 hours each session.

The program focuses on reducing risk factors and improving assets in the areas of self-esteem; internal locus of control; increased connection to their culture or feelings of belonging; decreased risk-taking behaviors; longer-term perspectives on life; increased positive attitudes toward school and attending college; and an increased perception of the harmful effects of alcohol, tobacco, and other drugs (ATOD). THP is based on social constructionist and narrative theories. The program has been implemented with Native Hawaiian and Native American populations both on and off reservations, in Hispanic and border-town communities, as well as with non-Native populations in urban and rural settings.

To learn more about the implementation of Project Hero, contact:

Loren Lapow, M.S.W. (808) 726-0969
mauiheroproject@gmail com

To learn more about research of Project Hero, contact: Susan Carter, Ph.D. (505) 670-3222
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Also, visit the following Web Site(s):

- http://www LiveYourMyth org
- http://www MauiHeroProject com
- http://www DineHeroProject org

This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) at http://www nrepp samhsa gov/

Journey to Wellness

Journey to Wellness (J2W) is an eight-week wellness program for American Indian/Alaska Native youth 12-18 years of age. Participants receive a sequenced set of eight one-hour sessions that are framed positively toward healthy living styles while at the same time exploring risk factors, suicide prevention, and other suicide-related issues. The sessions are activity-oriented and designed to engage youth. Sessions topics include: relationship building, problem solving, self-esteem building, facts and myths of suicide, networking, life planning, emergency planning, and finally, a celebratory event to close out the sessions. J2W is delivered along gender and age group divisions to promote comfort and safety.

J2W was developed by Battlefords Tribal Council (BTC) Indian Health Services staff. An initial literature review of best practices was conducted. Input was sought from youth in the communities. The initial program was piloted to female students in two communities. After pilot, focus groups were conducted with the participants. In addition, focus groups were held with male students to review the program and the potential effectiveness with this population.

For more information about Journey to Wellness, contact

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This information was obtained from Suicide Prevention Resource Center (SPRC) at http://www sprc org/.

Wiconi Ohitika (Strong Life) Suicide Prevention Project

Based on the culture, language, values and history of the Spirit Lake Dakota (Mni Wakan Oyate), this approach to youth suicide prevention is designed to promote positive self-identity, increased self-esteem, and greater knowledge of the Dakota way of life. Adapted from the American Life Skills program, Wiconi Ohitika works to reduce risk factors that contribute to high rates of substance abuse and suicide by increasing connectedness between youth and young adults, their families, and the community.

Wiconi Ohitika's four goals, with objectives, are:

Goal 1: Increased awareness of suicide, its risk factors, protective factors and suicide prevention.

Goal 2: Increased identification of youth at risk, referral to appropriate resources, and follow-up.

Goal 3: Increased youth, family, and community engagement.

Goal 4: Effective and efficient program implementation and sustainability.

Activities designed to meet project objectives and goals are intended to address indicated, selective, and universal populations across different levels of the social ecology. The strategies were selected to meet the project's goals and objectives: awareness activities-PSAs, videos, Sources of Strength; community engagement—Suicide Prevention Coalition, gatekeeper training (QPR – Question, Persuade, and Refer; ASIST – Applied Suicide Intervention Skills), and Youth American Indian Life Skills, Sources of Strength, and Cultural Activities. Strategies were selected based on whether they were evidence based and culturally appropriate for American Native youth, their families, and their community.

For more information about the Wiconi Ohitika (Strong Life) Suicide Prevention Project, contact:

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Visit, www littlehoop edu/content/index php/component/content/article/9-cccc/125-wiconi-ohitika

This information was obtained from the Suicide Prevention Resource Center (SPRC) http://www sprc org/

Project Venture

Project Venture is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade Native youth. It aims to develop the social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use. Based on traditional American Indian/Alaska Native values such as family, learning from the natural world, spiritual awareness, service to others, and respect. Project Venture's approach is positive and strengths based. The program is designed to foster the development of positive self-concept, effective social interaction skills, a community service ethic, an internal locus of control, and improved decision making and problem-solving skills. The central components of the program include a minimum of 20 1-hour classroom-based activities, such as problem-solving games and initiatives, conducted across the school year; weekly after-school, weekend, and summer skill-building experiential and challenge activities, such as hiking and camping; 3- to 10-day immersion summer adventure camps and wilderness treks; and community-oriented service learning and service leadership projects throughout the year.

To learn more about the implementation of Project Venture, contact:
McClellan (Mac) Hall (505) 722-9176
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To learn more about the research of Project Venture, contact:

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This information was obtained from SAMHSA's National Registry of Evidence –based Programs and Practices (NREPP) http://www nrepp samhsa gov/

Resources

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

NREPP is a searchable online registry of more than 340 substance abuse and mental health interventions NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.

NREPP does not endorse or approve interventions. Learn more about NREPP and current minimum requirements for inclusion in the registry. For more information, visit http://www nrepp samhsa gov/Index aspx

SPRC · Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

The Suicide Prevention Resource Center (SPRC) provides training, technical assistance, and resources specific to American Indian/Alaska Native populations to support suicide prevention and mental health promotion. For more information, visit www sprc org

FAIHP

Fresno American Indian Health Project

The Fresno American Indian Health Project is a culturally sensitive health access and advocacy program designed to enhance the health and well-being of the American Indian community in the City of Fresno, CA. The Health Project provides public health services and access to free & low cost quality health care. The primary program services are comprehensive case management, public health nursing, providing access to health services and prevention education. For more information, visit http://www faihp org/.

TJDR Resource Center

Tribal Juvenile Detention & Reentry

OJJDP (Office of Juvenile Justice and Delinquency Prevention) within the U.S. Department of Justice administers the Tribal Juvenile Detention and Reentry Green demonstration grant which supports tribal efforts to provide comprehensive and quality programs for tribal youth who reside within or are being released from a tribal juvenile detention center. In this demonstration program and Web site, "green" refers to programs and activities such as indigenous and organic farming, composting, recycling programs, and beekeeping for example. More complex green activities might include training detained and reentry youth in skills of high demand jobs to assemble and install solar panels or wind turbines. For more information, visit http://www tribalreentry org/

WE R Native is a comprehensive health resource for Native youth, by Native youth, providing content and stories about the topics that matter most to them. WE R Native strives to promote holistic health and positive growth in our local communities and nation at large. For more information, visit http://www wernative org/

SAMHSA's Center for the Application of Prevention Technologies (CAPT) is a national substance abuse prevention training and technical assistance (T/TA) system dedicated to strengthening prevention systems and the nation's behavioral health workforce. Specifically, SAMHSA's CAPT provides capacity-building training and technical assistance designed to help SAMHSA-funded grantees:

- Successfully implement all five steps of SAMHSA's Strategic Prevention Framework
- Use data to inform strategic planning; and
- Select and implement evidence-based interventions.

To subscribe to the CAPT on the Web newsletter, visit https://captus samhsa gov/capt-web-archives

Events

White House Tribal Youth Gathering
Date: July 9, 2015
Location: Renaissance Downtown Hotel, Washington, DC
Registration: CLOSED

2015 National UNITY Conference
Date: July 10 - 14, 2015
Location : Washington DC
Register: https://unity.formstack.com/forms/2015_national_reg

2015 National Native Media Conference
Native American Journalists Association and Native Public Media
Date: July 9 - 12, 2015
Location: Hyatt Regency Crystal City, Arlington, VA
Register: https://www.eventbrite.com/e/2015-national-native-media-conference-registration-15743624605?ref=ecount

44th AAIP Annual Meeting and National Health Conference
Date: July 27 - August 2, 2015
Location: Tulalip Casino Resort, Tulalip, WA (Outside Seattle)
Register: Visit www.aaip.org for more information.

Indian Country Child Abuse Training
Date: August 10 - August 13, 2015
Location: Byron G. Rogers Federal Building,
Mt. Evans Conference Room, Denver, CO
Register: Contact Indian Country Training Coordinators
SSA, Cheryn Priestino (202) 324-6857, Email: Cheryn.Priestino@ic.fbi.gov
MAPA Linda Smith, (202) 324-6010, E-Mail: linda.f.smith@ic.fbi.gov

National Association of Tribal Historic Preservation Officers
17th National Tribal Preservation Conference
Date: August 17 - 21, 2015
Location: Albuquerque, NM
For more information visit, http://nathpo.org/wp/conferences/nathpo-conferences/

Tribal Self-Governance Training and Technical Assistance
Date: August 18 - 19, 2015
Location: Mohegan Sun, Uncasville, CT
Register: http://tribalselfgov.org/events/event/self-governance-finance-training/

12th Annual Direct Service Tribes National Meeting
Date: August 26 - 27, 2015, Location: Flagstaff, AZ

National Indian Health Board (NIHB) Annual Consumer Conference
Date: September 21 - 24, 2015
Location: Washington, DC
For more information contact National Indian Health Board
(202) 507-4070

Feel free to copy and distribute

Contributing Agencies

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If you have any questions, concerns, or would like to contribute to this newsletter, please contact:

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