

Introduction to Culturally Responsive Crisis Care for Tribal and Urban Indian People

Presenters

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M-TAC

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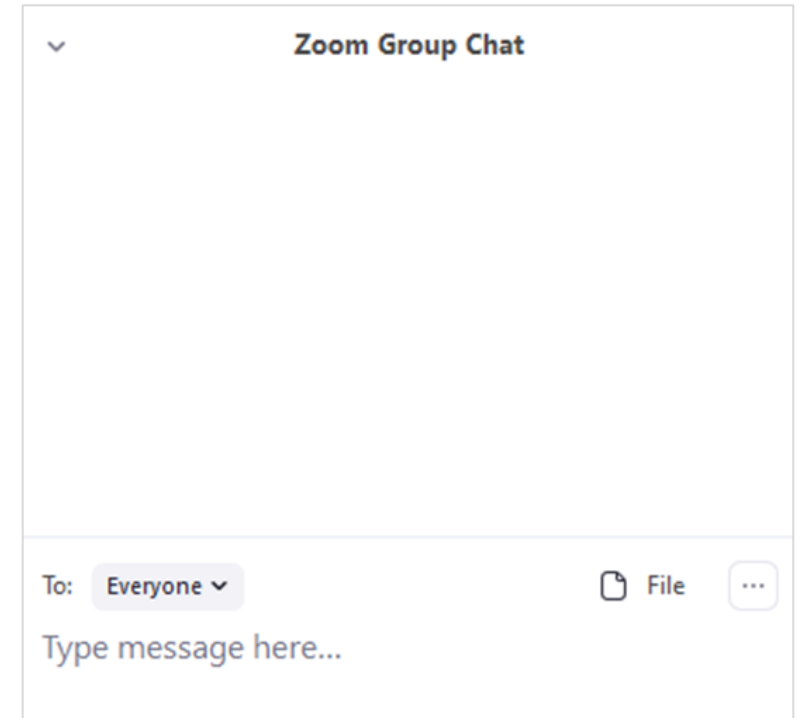
Housekeeping: How to Participate

Live captioning is available today.

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Your view: Double-click slides to exit full-screen view or press escape.

Chat: Today's chat is for ALL QUESTIONS and resource sharing. Hear an echo? Have a question for the presenters? Don't see the slides? Let us know in the chat!



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Chat

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Conflict of Interest Disclosure

Presenters Joshua Severns, Anitra Warrior, and Holly Echo-Hawk have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Mobile Crisis Services

Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.

[Behavioral Health Information Notice 23-025](#)



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services

» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible



Welcome to Today's Session!

*Introduction to Culturally Responsive Crisis Care
for Tribal and Urban Indian People*



Today's Presenters



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Audience Introductions

In the chat box, we invite you to share your:

- » Name
- » Role
- » Organization
- » One thing you hope to learn today

Land Acknowledgement

- » Land acknowledgement formally recognizes and pays respect to the Indigenous people who once lived where we stand today.
 - Honors ancestral grounds and the spirit of the Indigenous people who resided here for generations.
 - Seeks to show respect, recognition, and gratitude to Indigenous Peoples.
- » Land acknowledgements: respectful way to start meaningful conversations with and in support of Indigenous communities, and to honor their enduring stewardship of these lands, as well as to elevate the presence and voices of Native peoples – past, present, and future.

<https://www.nathpo.org/creating-a-land-acknowledgement/>

Today's Agenda

- » Overview of Tribes in California
- » Types of Crisis
- » Data and Ethical Requirements
- » The Imperative for Culturally Responsive Care
- » Intersectionality and Mobile Crisis
- » Other Cultural Factors Impacting Mobile Crisis Response
- » Trauma-informed Approaches to Working with Tribal Communities
- » Crisis Communication
- » Treatment Protocols
- » Q and A

Learning Objectives

Participants will:

1. Increase their knowledge of cultural norms, approaches to healing, and social structures within diverse Tribal and Urban Indian communities in California.
2. Be able to describe the core principles of culturally responsive mobile crisis care specific to Tribal and Urban Indian communities.
3. Increase proficiency in culturally informed communication and de-escalation methods, tailored to crisis scenarios within Tribal and Urban Indian communities.



Poll Question

How many federally recognized tribes are in California?

- a) 64
- b) 89
- c) 109
- d) 137



California Tribal and Urban Indian Populations

- » California hosts the largest tribal population in the country, followed by Oklahoma and Arizona (American Community Survey).
- » California's diverse tribal population includes 723,225 individuals who reported being AI/AN alone or in combination with other races (2010 U.S. Census).
 - 109 federally recognized tribes, including several tribes with land that crosses state boundaries
 - Approximately 75 tribes petitioning for federal recognition
 - 100 separate reservations or rancherias
 - 10 urban Indian centers
- » Counties with largest tribal populations: Los Angeles, San Diego, San Joaquin, San Bernardino, and Riverside (American Community Survey).
- » Counties with highest percentage of tribal populations: Alpine, Inyo, Del Norte, Humboldt, and Siskiyou (American Community Survey).

Broader Perspective of Crisis Urgency and Underlying Drivers

- » Crisis is not only an immediate situation; it can also have historical and systemic roots.
- » For tribal people, crisis may not be a singular event but interconnected with systemic discrimination rooted in colonization, forced relocations, disruptions in healthy family functioning, erosion of cultural practices, and limited behavioral health resources.
- » Understanding the impact of intersectionality adds depth and cultural responsiveness to crisis assessment and response.

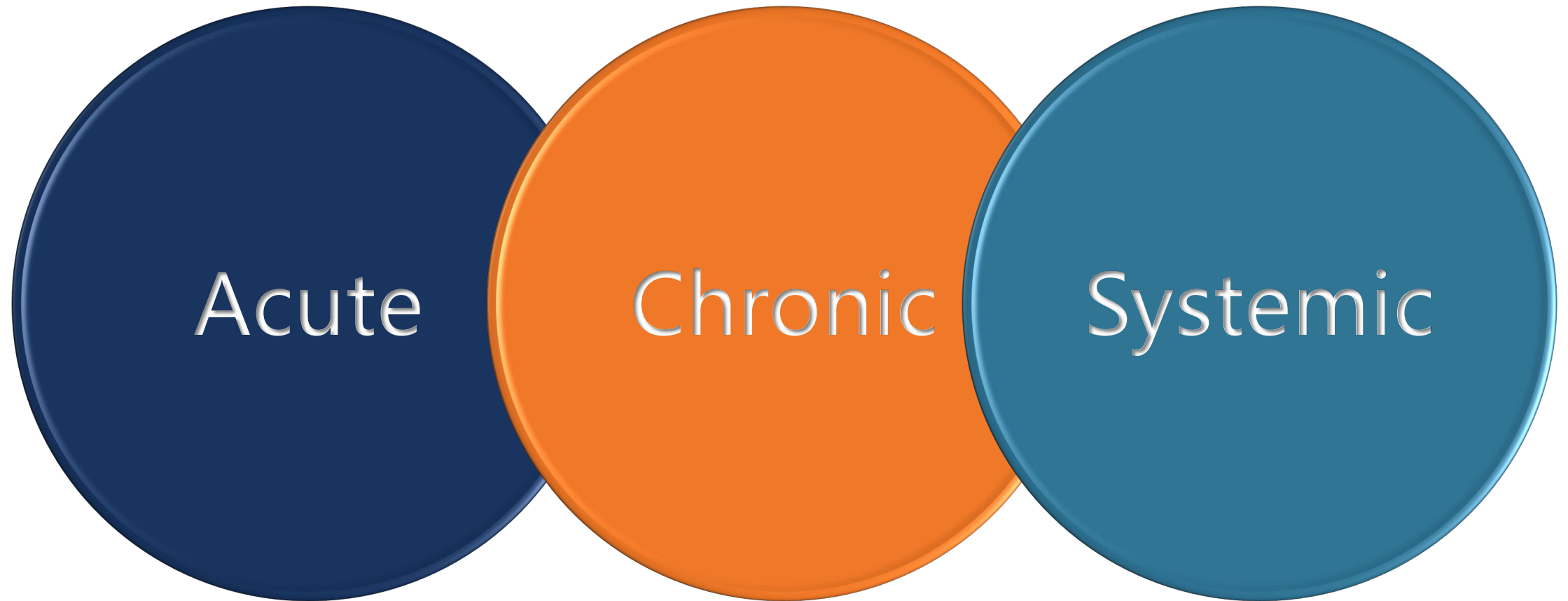
Broader Clinical Insight into Native Crisis

- » Cultural and historical context can directly affect how individuals experience, manifest, or manage crises.
- » This is important for mobile crisis teams because the responder is often entering the historical, social, and cultural environment of the beneficiary.

Actionable Tip

When responding to an acute crisis, look beyond the immediate symptoms. Include historical and systemic factors in your needs assessment to tailor your response more effectively.

Three Types of Crisis



Acute Crisis: Tip of Iceberg

- » Acute crises are often the tip of the iceberg, with underlying chronic and systemic issues that might not be immediately visible.
- » Approach the situation through a multi-level lens when assessing crisis situations.
- » Integrate multidisciplinary care options, including peers with lived experience, or tribal behavioral health staff.



Cultural Iceberg Model

- » Visible vs. invisible cultural elements and their impact on mobile crisis services.
- » Surface-Level Culture: Describe observable elements like dress and language.
- » Deep-Level Culture: Stress unseen values and their role in crisis response.

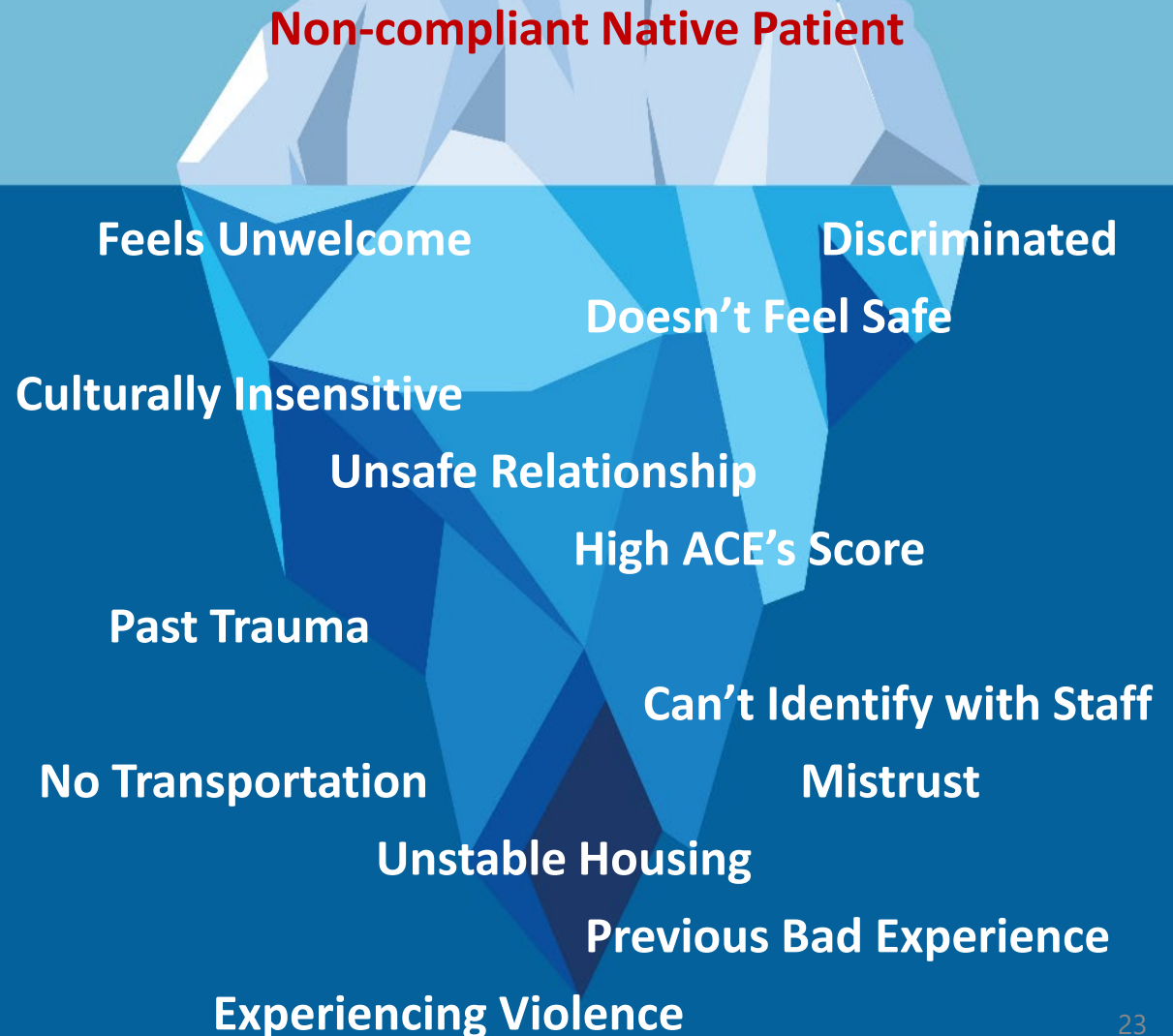
Actionable Tip

Before assuming distress based on visible agitation, use open-ended questions to explore underlying cultural norms that may be affecting the individual's crisis experience.

Cultural Iceberg and Dynamics of Difference

- » Native behavior can be misinterpreted:
 - Communication style doesn't match western expectations.
 - Quiet demeanor or avoiding eye contact misinterpreted as not intelligent or as being suspicious.
- » Different standards when calling for security.
- » Angry White man and angry Brown or Black man.

What we see in the Emergency Department.



Culturally Responsive Care for Native People



Benefit of Cultural Humility to Crisis Care

- » Requires ongoing self-reflection and critique.
- » Recognizes power imbalances.
- » Unlike static skills, humility is a lifelong practice. It's critical to understand the nuance that you're not "proficient" in someone's culture; you are continually learning to serve them better.
- » Cultural humility fosters trust, crucial in mobile crisis settings, as tribal and Indigenous individuals often harbor historical mistrust towards healthcare systems.

Scenario for Discussion

A Native American young person in a rural reservation community is experiencing a severe mental health crisis at their home at 2:00 a.m., presenting with acute anxiety and suicidal ideation.



Multi-level Factors to Consider

- » **Individual Level:** Assess the immediate mental and physical well-being of the youth. Are there immediate threats to safety?
- » **Peer Level:** Was there a recent break up? Has the young person recently lost a friend to suicide?
- » **Family Level:** What is the family structure? Are there supportive family members available? Are the beneficiary's family dynamics contributing to the crisis?
- » **Community Level:** Are there strong social networks for support? Are there cultural protective factors, such as the role of the tribe in the youth's life?
- » **System Level:** Are there local services available for immediate referral? What kind of transport is needed?
- » **Cultural Level:** Are there specific cultural nuances or traditional healing practices that should be considered?

Mobile Crisis Services Youth Scenario

- » **Initial Contact:** Youth is approached cautiously and respectfully; initial assessment carried out by the mental health professional and peer with lived experience.
- » **Safety Measures:** Mobile crisis team ensures that the area is secure and that there's no immediate danger to the youth or the responders.
- » **Medical Evaluation:** Medical professionals stand by for immediate medical support if needed.
- » **Family and System Integration:** With permission, mobile crisis teams can engage with family members for additional support and initiate warm hand off to appropriate community or healthcare services for longer-term care.
- » **Cultural Consultation:** Advance knowledge of tribal services in your catchment area will determine if tribal behavioral health professionals are available to consult on any specific cultural nuances and culturally responsive care.

Multidisciplinary Care Team Support for Native Beneficiaries

- » **Mobile Crisis Teams:** For immediate assessment and management of the behavioral health crisis. Advance knowledge of tribal communities in their service area is critical.
- » **Peers with Lived Experience:** Individuals who have been through similar crises can offer a unique perspective and empathetic support. Tribal or non-tribal peers with lived experience are key team members and effective in de-escalation.
- » **Tribal Representatives:** Tribal elders or counselors familiar with cultural factors and traditional healing methods can provide valuable insight. Multi-disciplinary teams can gain insight into cultural strengths in advance or post-crisis.
- » **Emergency Medical Professionals:** For addressing any immediate medical needs or administering medication. Tribal SUD beneficiaries may need medication immediately.
- » **Social Workers and Therapists:** To assess family dynamics and provide resource navigation for longer-term care. Tribal behavioral health teams may be available in local tribal health care programs.

Cultural Teachings of Silence, Pause, Reflection Can Be Helpful with Native Beneficiaries

- » Temper tendency to draw immediate conclusions.
- » Pay attention to speech cadence and speech volume.
- » Provide thoughtful responses.
- » Halt impulsiveness to move forward without beneficiary perspective.
- » Learn to be comfortable with silence and long pauses.
- » Be comfortable with listening, not over-controlling.
- » Gain skills to be comfortable with being present.

Law Enforcement Involvement in Tribal Communities

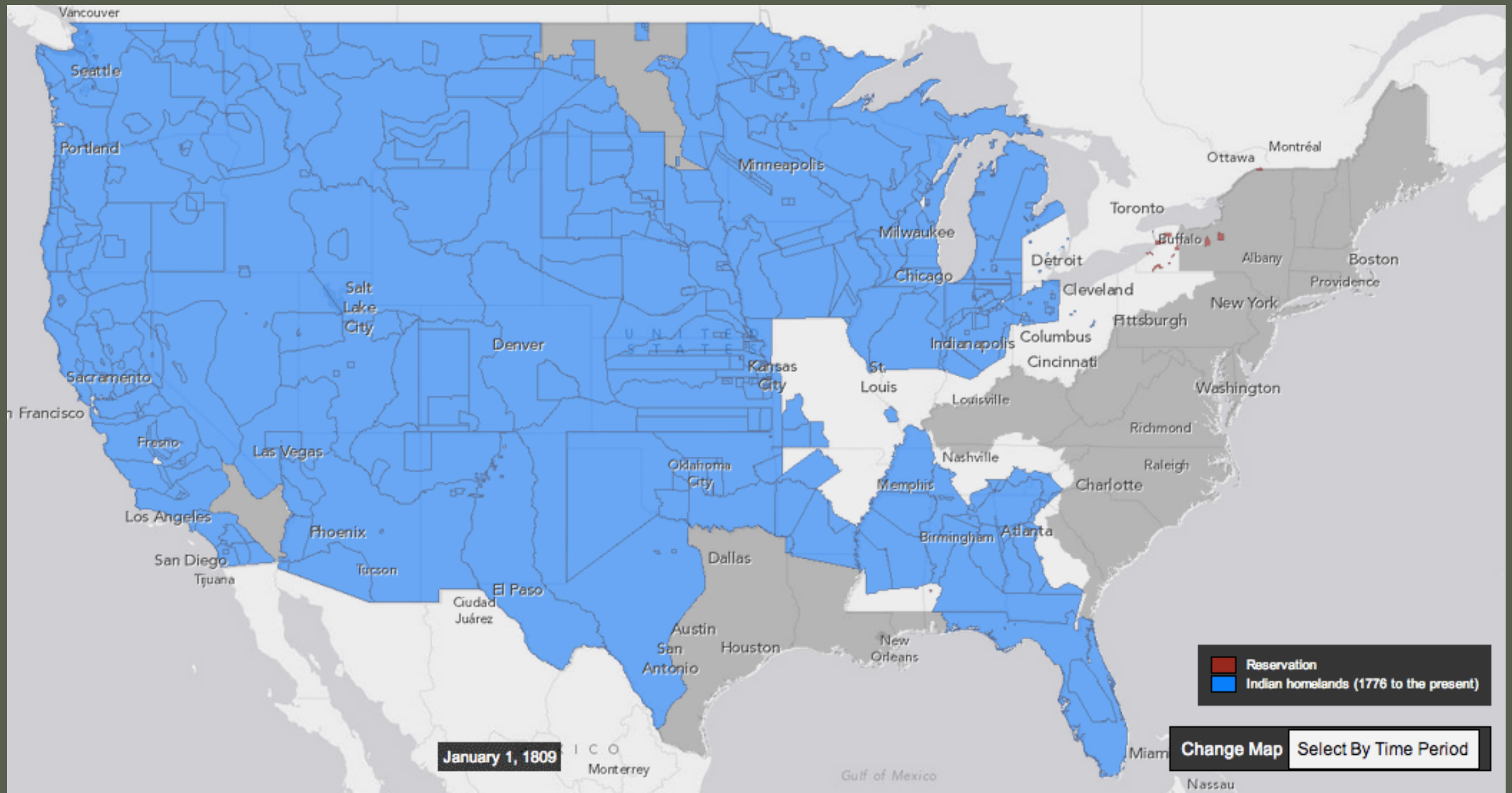
- » **Historical Context:** Law enforcement interaction with tribal communities is deeply rooted in a complex history of colonization, forced assimilation, and systemic bias, affecting current perceptions and levels of trust.
- » **Jurisdictional Complexity:** Federal, state, and tribal jurisdictions overlap in ways that can complicate crisis response. Mobile crisis teams need to be well-versed in these legal frameworks to navigate effectively.
- » **Community Policing:** A community policing approach that involves local tribal authorities and respects cultural norms, especially when outside agencies are called to intervene, is preferred.

Law Enforcement Involvement in Tribal Communities

- » **Crisis De-Escalation:** Law enforcement often employs standard de-escalation techniques that may not be culturally sensitive or effective in tribal settings. Training should incorporate traditional conflict-resolution methods.
- » **Data Sensitivity:** Be cautious with how information is collected and shared. Understanding and respecting tribal data sovereignty is paramount.
- » **Interdisciplinary Collaboration:** Law enforcement should not act in isolation but in concert with tribal social services, behavioral health experts, and community elders to provide a holistic response.

Intersectionality and Mobile Crisis Care





Intersectionality of Crisis and Native History and Culture

Crisis situations are often complex, involving not only the presenting issue but also a myriad of social, cultural, and systemic factors. For tribal and urban Indian communities, these can include the legacies of colonization, current systemic disparities, and specific cultural norms and beliefs that impact crisis definitions and responses.

Practice-Based Evidence (PBE) and Evidence-Based Practices (EBP) for Tribal and Urban Indian People

Puyallup Tribe Crisis Response and Tiny Home Project



Tribal Assets of Communal Networks

Tribal communities often have strong familial and communal bonds. If given permission, is appropriate, or if they're available during dispatch, mobile crisis teams should prioritize involving these support networks as first-line responders in crisis situations. This can include family members, tribal elders, and community leaders who may have valuable insights and resources to offer. It is important to adhere to ethical and legal confidentiality standards.

Traditional Healing and Western Medicine

- » In California, where both traditional healing practices and Western medicine coexist, mobile crisis teams should be trained to navigate concurrent treatment paths.
- » Understand that traditional healing often emphasizes holistic wellness, including physical, mental, and spiritual aspects.
- » Consult with traditional healers, when possible, to better understand how their expertise can complement Western medical interventions.

Traditional Medicines

Sage Smudging

- » Tribe: Commonly used by Ojibwe, Lakota, and many Plains tribes
- » Context & Purpose: Purification of spaces and individuals, often before a ceremony or after conflict.

Cedar Tea

- » Tribe: Coast Salish, Haida, and many tribes of the Pacific Northwest
- » Context & Purpose: Used for purification and as a traditional medicine for colds, arthritis, and other ailments.

Sweetgrass

- » Tribe: Cree, Ojibwe, and other tribes in the Great Lakes region
- » Context & Purpose: Used for smudging and to invite positive spirits during ceremonies.

Traditional Medicines

Chamomile

- » Tribe: Used more broadly, not specific to any one tribe.
- » Context & Purpose: Often used for calming nerves and aiding sleep, but not necessarily a traditional indigenous medicine.

Peyote in Native American Church Ceremonies

- » Tribe: Navajo, Comanche, and other Southwest tribes
- » Context & Purpose: Strictly used in religious ceremonies for spiritual enlightenment and healing.

Tobacco Offerings

- » Tribe: Lakota, Navajo, and tribes of the Eastern Woodlands like the Iroquois
- » Context & Purpose: Used for prayers, offerings to spirits, and as a gesture of respect to elders.

Spirituality as a Coping Mechanism

- » Acknowledge that spirituality plays a crucial role in the lives of many tribal individuals.
- » Support the beneficiary in the incorporation of spiritual rituals and practices as immediate calming strategies. This could involve facilitating access to sacred spaces, ceremonies, or cultural practices that promote emotional and psychological well-being.

Trauma-Informed Approach



Tribal Trauma Symptoms

- » Drug and/or alcohol abuse
- » Obsessive thinking or thoughts
- » Compulsive behavior
- » Hyper-vigilance or threat response
- » Rigid negativity or loss of hope that positive change can be affected
- » Generalized anger and anxiety
- » Chronic depression
- » Diminished self-efficacy

Microaggressions in Mobile Crisis Services

- » Be vigilant in identifying and avoiding microaggressions that can exacerbate crises. These may include cultural insensitivity, stereotypes, or unintentional bias.
- » Mispronouncing the names of tribes can be a form of microaggression.
 - Say: I want to get this right; how do I pronounce the name of your tribe correctly?
 - Incorporate ongoing cultural responsiveness training to address these issues.

Sensory Trauma-Informed Tools

- » Utilize sensory aids like battery powered soft lighting, breathing aids that promote paced breathing, and textured materials, which can all be culturally neutral and have proven to be effective in promoting calmness and reducing anxiety.
- » Ask about any medicines that the tribal person may want to use.
- » Respect individual preferences regarding sensory tools, as they may vary across tribal cultures (e.g., sage vs. cedar).

Crisis Communication

The image features a white background with the text "Crisis Communication" centered in a bold, dark blue font. Below the text, there are two thick, wavy lines that span the width of the page. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight undulating pattern, creating a sense of movement and depth.

Language Responsiveness

Use professional translators or language lines when needed to ensure effective communication.

Recognize the linguistic diversity within tribal communities and respect the individual's preferred language.

Non-Verbal Responsiveness

- » Understand that personal space, touch, and eye contact can be interpreted differently across cultures and tribes.
- » Be adaptable in your non-verbal communication style, taking cues from the individual's comfort level.



TO NE OF VOICE



GESTURES



FACIAL EXPRESSIONS



BODY LANGUAGE

Motivational Interviewing

- » Employ Motivational Interviewing techniques, such as open-ended questions, affirmation, reflective listening, and summary reflections, to engage individuals effectively.
- » These techniques can help build rapport and promote a collaborative approach to crisis care.



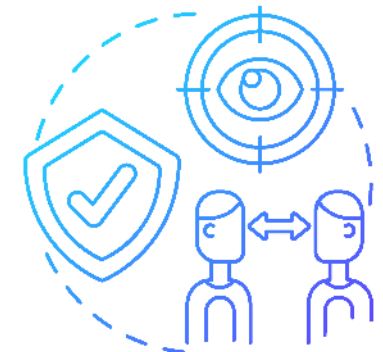
ACTIVE LISTENING



VERBAL COMMUNICATION



CLARIFY & ASK QUESTIONS



PRACTICE FRIENDLY EYE CONTACT

Treatment Protocols



Culturally Adapted Assessments

- » Utilize assessment tools that have been used for tribal communities in California.
 - Native American Spirituality Scale (NASS)
 - CRAFFT Screening Tool
 - Cultural connectedness scale-California (CCS-CA)
 - The Wicozani Instrument

- » These tools should consider cultural nuances and language preferences.

- » Culturally adapted assessment should include assumption of strengths, not just weaknesses.

Indigenous Inquiry

Mainstream Questions	Cultural Adaptation for Native Patient
<p>Can you provide a detailed account of what occurred leading up to this crisis?</p>	<p>Can you share the story of what happened that led to this difficult time?</p>
<p>On a scale of 1 to 10, with 10 being the highest, how would you rate your current distress level?</p>	<p>How would you describe your emotions and how they impact you right now? What colors do you see?</p>
<p>Have you experienced similar crises in the past? If so, how did you manage them?</p>	<p>Have you faced any challenges like this before? How did you find strength in those times?</p>
<p>Are there any specific triggers or stressors that you believe contributed to this crisis?</p>	<p>What do you feel has affected you deeply and led to this difficult situation?</p>

Indigenous Inquiry

Mainstream Questions	Cultural Adaptation for Native Patient
What thoughts or beliefs are you experiencing right now that are related to the crisis?	How do you understand this crisis through the eyes of your life and community?
Have you reached out to any support systems or professionals for assistance? If yes, who have you contacted?	What guidance or support from your community, elders, or traditional healers has helped?
Are you currently at risk of harm to yourself or others?	Are you feeling safe and secure, both physically and emotionally?
Have you noticed any physical symptoms accompanying this crisis?	Are there any signs or imbalances that your body is telling you right now?

Indigenous Inquiry

Mainstream Questions	Cultural Adaptation for Native Patient
Are there any immediate actions or decisions you are contemplating as a result of this crisis?	Is there something you are being guided to do or a path you feel called to follow at this moment?
How has this crisis affected your daily functioning (e.g., work, relationships, self-care)?	In what ways has this crisis impacted your daily life, relationships, and connection to self?
Have you been able to obtain adequate rest or sleep recently?	How have you been resting and taking care of your well-being, including sleep?
Are there any immediate actions or decisions you are contemplating as a result of this crisis?	Is there something you are being guided to do or a path you feel called to follow at this moment?

Follow-up and Referrals

Establish continuous care pathways that honor cultural needs and preferences.

- » Connect individuals to culturally competent mental health and substance use treatment providers for ongoing support. (BHIN 23-025 Requirement about good faith effort to identify if the beneficiary is a tribal member, and preference for connection with an Indian Health Care Provider).
- » Authentic and meaningful relationships with community partners and service providers is fundamental. Relationally driven care is vital in California Indian country.

Data and Ethical Requirements



Data-Driven Evidence for Cultural Responsivity



- » Research has consistently shown that being culturally responsive is not just an ethical mandate but has tangible and positive impacts on healthcare outcomes.
- » A lack of cultural connectedness creates additional barriers to building patient relationships, negatively impacting treatment outcomes.

Highlight Core Research

- » There is a proven efficacy of cultural adaptations in mobile crisis services.
- » Research validates traditional healing methods.
- » Some of the most effective crisis teams for tribal and urban Indian communities have been traditional or community-based.
- » The intersection of empirical research and traditional wisdom substantiates the imperative for mobile crisis services to adopt a culturally nuanced approach for optimal efficacy.

Ethical and Legal Requirements

- » Laws such as the Civil Rights Act and guidelines from the National Association of Social Workers (NASW) make it clear that healthcare providers must not discriminate and must provide culturally responsive care to all.
- » American Psychological Association (APA) issued a [statement](#) in November 2021 apologizing not only for the APA's role in perpetuating systemic racism, but for the role psychology, as a field of study, has also played in systemically harming people of color for decades.



Case Studies



Scenario #1: Suicidal Thoughts in an Urban Indian Health Clinic

You receive a call from an Urban Indian Health Clinic in San Francisco about Sarah, a 25-year-old woman expressing suicidal thoughts. The clinic's resources are limited, and they request immediate assistance.



Responding to Suicidal Thoughts in an Urban Indian Health Clinic

Skills Needed

- » Knowledge of both Evidence-Based Practice (EBP) and Practice-Based Evidence (PBE).
- » Trauma-informed approach.
- » Treatment protocols, including awareness of available culturally competent mental health and SUD providers.

Questions

- » How would you assess Sarah's immediate risk, considering cultural factors and available treatment options?
- » What would you do if there are no Native-experienced mental health providers in the area?

Native and Strong Lifeline

<https://www.youtube.com/watch?v=fAN5ryoHknQ>



Tips for Mobile Crisis Teams



Recommendations

Recognize the significance of tribal kinship systems and the role of extended family in providing support during times of crisis.

- » Involve extended family early in crisis response.
- » Utilize kinship insights for de-escalation.
- » Include family in decision-making processes.
- » Standardize kinship integration for mobile crisis teams.

Recommendations

- » Participate in cultural responsiveness training.
 - UCLA Integrated Substance Abuse Programs –Tribal and Urban Indian Trainings [Tribal Trainings \(uclaisap.org\)](https://uclaisap.org/tribal-trainings)
 - California Disparities Reduction Project
 - CLAS Standards – Think Cultural Health

- » Prioritize inclusion of Indigenous lived experience in crisis care protocol policy.

- » Reach out to Tribal and Urban Indian health programs and communities they serve.
 - Develop genuine relationships with tribal people.
 - Seek tribal community feedback on how to improve mobile crisis services.
 - Attend Tribal behavioral health conferences to expand your tribal network and deepen knowledge.

Counteract Stereotypes

- » Cognitive restructuring to avoid implicit bias during mobile crisis service.
 - Change the way we think about a situation or a person.

Actionable Tip

When feeling rushed to label a situation as high-risk, pause and challenge that thought. Ask yourself, "Is this assessment based on the individual's behavior and words, or am I being influenced by preconceived notions?"

Key Take Aways

- » Mobile crisis teams should be aware of cultural norms, social structures, and traditional healing practices within diverse Indian communities in California.
- » There are specific assessment tools, intervention strategies, and approaches to crisis resolution that are culturally responsive for Indian communities.
- » Tips for culturally responsive de-escalation (such as tone and pace of conversation, appreciating silence, and respecting tribal culture) were gained through discussion of tribal case study scenarios.



Questions

Resources

Culturally Adapted Tools Information

AI-SUPERPFP

- » Availability: Public Domain
- » Notes: Developed specifically for American Indian communities to measure psychological risk and protective factors.

OQ-45.2

- » Availability: Copyrighted
- » Notes: Measures outcomes in psychotherapy, has been used in various cultural settings including Native communities.

CBCL (Child Behavior Checklist)

- » Availability: Copyrighted
- » Notes: Widely used, including within tribal settings, for assessing behavioral issues in children.

Resources

Culturally Adapted Tools Information

CRAFFT Screening Tool

- » Availability: Public Domain
- » Notes: Substance abuse screening tool for adolescents; has been used with Native American youth.

The WICOZANI Instrument

- » Availability: Copyrighted (Consult Original Sources)
- » Notes: Developed for Dakota Sioux youth to assess wellness in several life domains.

Native American Spirituality Scale (NASS)

- » Availability: Copyrighted
- » Notes: Measures levels of spirituality and its impact on well-being in Native American individuals.

Cultural Connectedness Scale-California

- » Availability: Copyrighted
- » Notes: Assesses cultural connectedness and has been adapted for use with Native Californians.

Closing and Thank You



Your feedback is important to us!

Survey

Post-Survey, attendees must opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion.

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

**Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!**

Appreciation!

Thank you

Contact Us



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