



A Sound Investment: Connecting with Tribes and Native American Populations

Building FASD State Systems
Nashville, TN
May 6, 2010



Panel Members

- Jeri Museth and Genevieve Casey
- Louise Ashkie and Cynthia Beckett
- Carolyn Hartness and Suzie Kuerschner



**Navajo Nation
Fetal Alcohol Spectrum Disorder Project:
Collaboration in the State of Arizona**

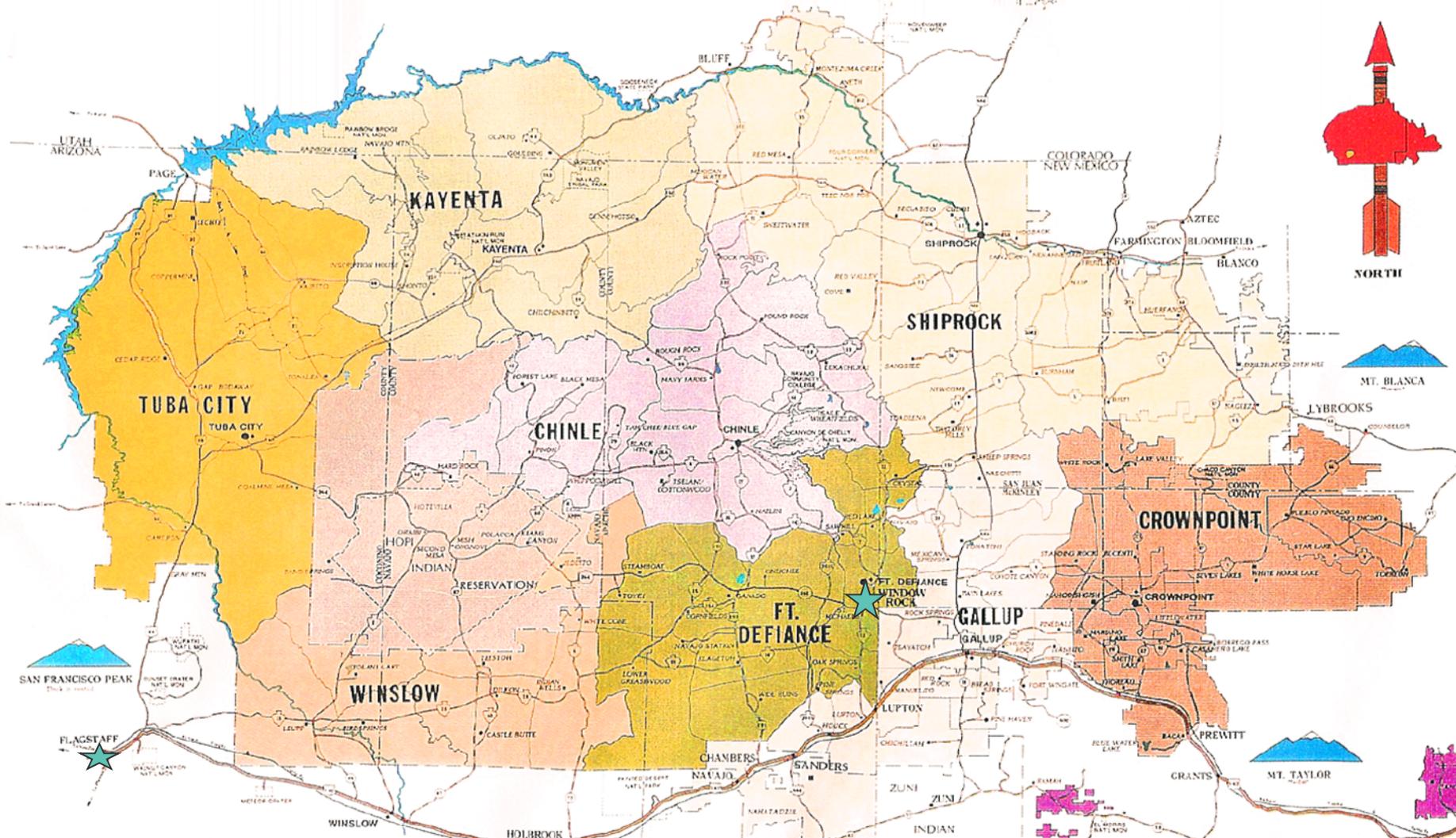
**Cynthia D. Beckett, PhD, RNC-OB, LCCE,
Louise Ashkie, and Veronica Garnenez**

**BFSS Conference-Nashville,TN
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Project Objectives

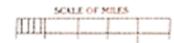
- Provide prevention education and information about birth defects, Fetal Alcohol Spectrum Disorders (FASD) to the following:
 - Populations at large
 - High risk groups-teens/youth/expecting mothers and pregnant women
 - DBHS staff, clients, and their families
 - Collaboration with multiple state agencies and work groups



NAVAJO NATION U.S.A.
P.H.S. — INDIAN HEALTH SERVICE
SERVICE UNIT MAP

LEGEND

	INTERSTATE		CAPITAL
	PAVED ROAD		AGENCY
	GRADED ROAD		TOWN
	STATE		CHAPTER
	COUNTY		HOUSE
	RESERVATION		P.H.S. SERVICE UNIT OFFICE
	CHAPTER		RIVER
	PARKS		LAKE



U.S. PUBLIC HEALTH SERVICE
 SAAVEDRA AREA INDIAN HEALTH SERVICE



Community-Based Interventions and Research

- Identifying community strengths
- Identifying community challenges
- Peer education program
- Collaboration/strategies for developing prevention & intervention programs



Identifying Community Strengths

- Strong community connections and support through families/extended families
- Navajo Nation Department of Behavioral Health-FASD trainings for staff and educational activities for women, men, youth, and families.
- Strong beliefs in traditional cultural practices including: ceremonies and prayers to achieve harmony and balance
- Strong spiritual connections: Native American Church, Church of Latter Day Saints, and Christian Churches



Identifying Community Challenges

- Large geographic region-difficult for transportation to services for prevention and intervention
- Coordination issues for on and off reservation
- No treatment programs specific for childbearing or pregnant women for perinatal alcohol and drug abuse (methamphetamine & cocaine) or dependency
- Need community-based educational programs for prevention and intervention activities (build on existing programs within Navajo Behavioral Health)
- Need parenting classes specific to the needs of families who have a child with alcohol related birth defects



Community Stakeholders

(Those with a real interest in improving birth outcomes and preventing FASD)

- Community members
- Chapter leaders
- Healthcare providers for women and children
- Principals and Teachers
- Counselors
- Local, regional, and state representatives





Community Attitudes, Values, and Beliefs

- Traditional beliefs and practices- ceremonies to prevent and treat
- Involvement of extended family in childrearing and family support
- Harmony and Balance in mind, body, and spirit
- Strong desire to manage own needs
- Importance of teaching language, culture, and history to new generations.



Community-Based Prevention Program

Peer Education
among Native
American Youth
for FASD
Prevention



Alcohol Related Birth Defects Education by Peers to Peers



- Learning difficulties
- Social/behavioral challenges-violence
- Substance use/abuse
- Mental health challenges



Project Responsibilities

- Provide training for peer educators, healthcare providers and community members
- Derive site specific project goals & objectives
- Identify realistic partnership/collaborative goals
- Conduct survey & evaluation of project activities
- Gather or provide guidance to NOFAS on any site specific data & information that may be helpful for reports



Project Responsibilities

(continued)

- Identify if there are any strategies & barriers to sharing information about the program with the rest of the world
- Keep a record of methods, progress, time logs, & lessons learned during the course of the project
- Mentor other groups across the state and serve as a resource (in Arizona and New Mexico)



Community Strategies for Prevention

- Provide education to community members, healthcare providers, teachers, counselors
- Form partnerships with schools, local clinics, hospitals, and regional medical centers
- Develop collaborative prevention program for perinatal substance abuse with drug/alcohol treatment and counseling for woman and family.



Community Targets for Prevention

- Childbearing women
- Children ages 12 and older-youth camps to educate about alcohol/drug issues
- Community members to help them understand FASD and the parenting challenges
- Healthcare providers
- Principals & Teachers
- Counselors
- Chapter and community leaders.



Cultural Enablers to FASD Prevention

(Those who will assist in getting prevention programs on the Navajo Nation)

- Navajo Division of Behavioral Health community agencies/counselors alcohol treatment and prevention services
- Navajo Division of Behavioral Health-Fetal Alcohol Syndrome Project-Louise Ashkie Program/Project Specialist
- Medicine Man Association



Cultural Barriers to FASD Prevention

- No woman's specific alcohol "perinatal substance" abuse treatment program on the Navajo Nation or in Northern Arizona.
- Very limited resources across Arizona.
- Need cultural specific treatment programs for women, men, and families.
- Need resources available within each community due to transportation limitations and large geographic area.



Community Resources to Sustain

FASD Prevention Programs in Navajo Communities

- Navajo Behavioral Health Service agencies
- Hospitals and clinics across the Navajo Nation and Arizona to provide services for women, children, and families for healthcare, counseling, and education
- Principals & teachers in schools across the Navajo Nation and border towns
- Opportunities for collaboration with Northern Arizona Healthcare-Flagstaff Medical Center for program development in the areas of prevention and interventions for women, children, and families



Partnerships

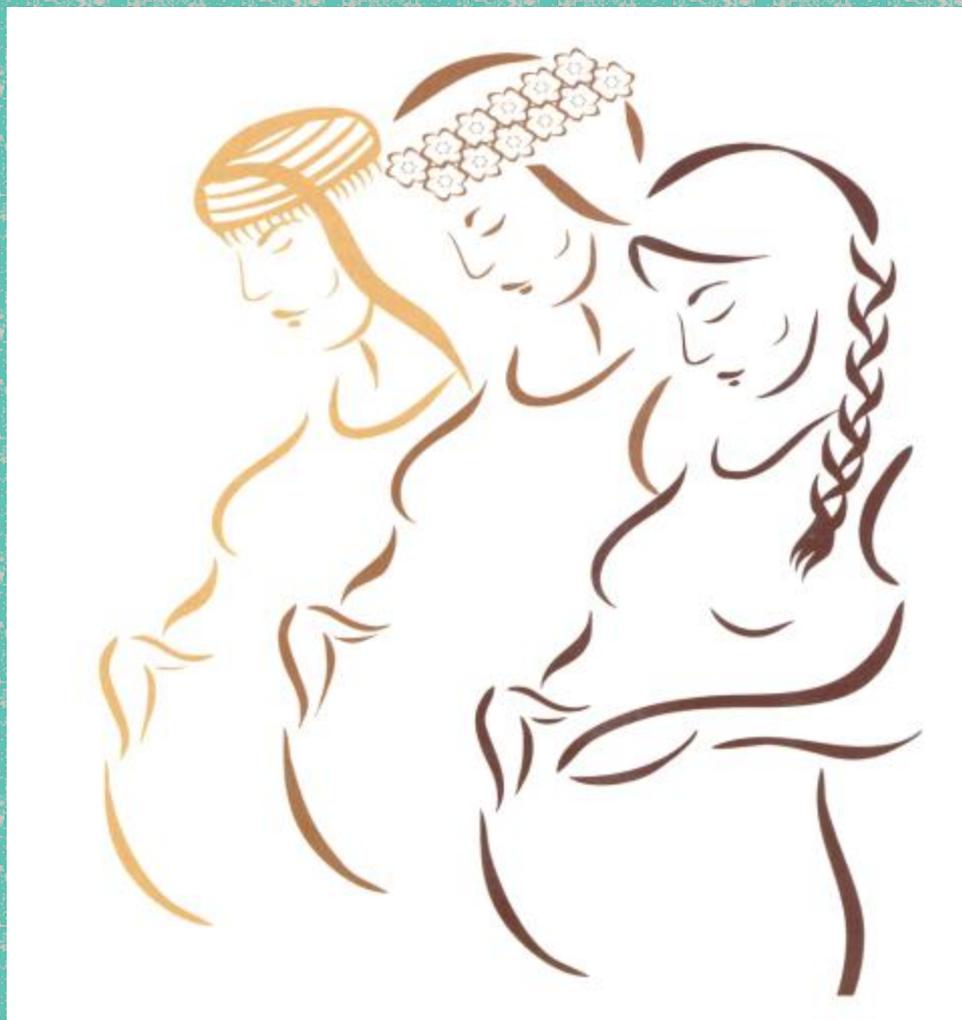
- Arizona Governor's Task Force for the Prevention of Prenatal Exposure to Alcohol and Other Drugs
- Brief Intervention FASD Research Project
- FAS Arizona (Tucson, AZ) Teresa Kellerman
<http://www.fasarizona.com/>
- FASDNA-Family Support Group/Resource Center, (Flagstaff, AZ) Cindy Beckett/Jean Richmond-Bowman
- NOFAS



Partnerships (cont.)

- National Charity Relief Organization
- March of Dimes Arizona
- New Mexico Children with Disabilities
- University of Arizona, Dept. of Pediatrics- Dr. Cunniff
- University of New Mexico, Dr. Phil May & Jerome Romero

Pregnancy is Sacred





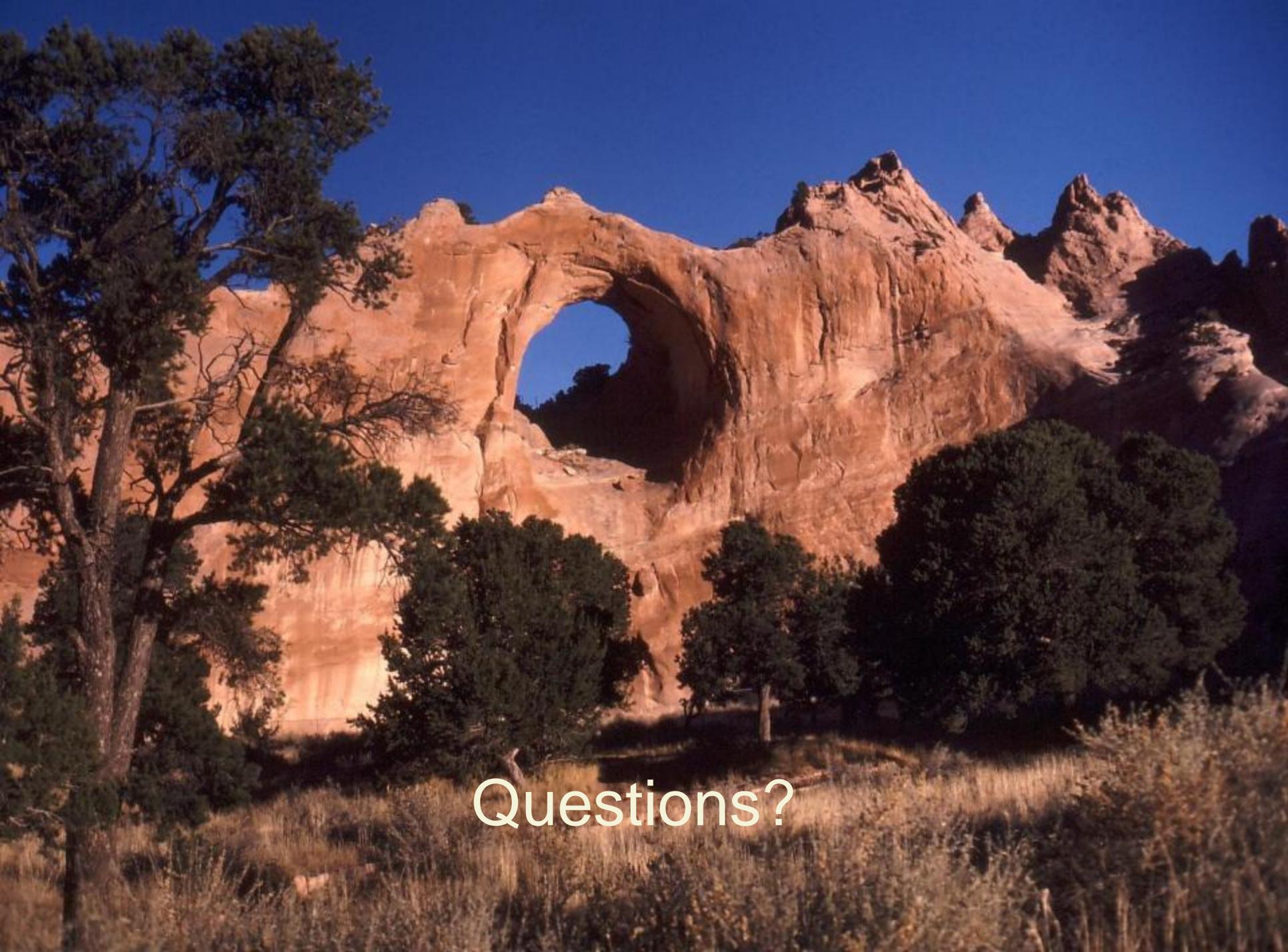
Resources & Recognition

- Louise Ashkie contributor to "Pregnancy is Sacred" SAMHSA FASD Center for Excellence American Indian/Alaska Native/Native Hawaiian Resource Kit
- Western Region American Indian/Alaska Native Women's Committee Wins National Perinatal Association 2009 Transcultural Award from the March of Dimes (11/19/09)



Navajo FASD Project Enabler

- Department of Behavioral Health Services
Louise Ashkie
Program & Project Specialist
Fetal Alcohol Syndrome Project
Navajo Division of Health
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- Northern Arizona Healthcare-Flagstaff Medical Center
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Questions?

Filling Our Basket of Hope
Weaving Sustainable Systems
and Collaborative Circles of Care
for
Tribal, County and State
F.A.S.D. Service Integration



A Vision of Well Being



Planning Goals

- ❖ **Facilitate integrated service delivery from a family focused, Collaborative Circle of Care model that insures culturally congruent and developmentally appropriate case coordination**
- ❖ **Facilitate community design of systems to include mentors, natural helpers and elders that can increase the frequency and duration of support**



Provider Partnerships

State, county and tribal systems model multi-disciplinary trust, promoting a climate conducive to positive collaborative relationships with families



Creating and Facilitating Collaborative Community and Provider Systems



- ❖ **Create and demonstrate respectful integration of professional and community members and volunteers**
- ❖ **Identify and list community specific resources**
 - **inclusive of providers, natural helpers and elders**
- ❖ **Conduct community readiness assessments**

Forming a Task Force



Potential Task Force Team Members

“Who should participate and be represented?”

❖ Educators

- ❖ Healthy Start
- ❖ Early Intervention
- ❖ Early Childhood
- ❖ Head Start
- ❖ Special Education
- ❖ Elementary through High School
- ❖ Post Secondary/College

❖ Behavioral Health

- ❖ Mental Health Providers
- ❖ Drug and Alcohol Treatment Counselors

❖ Parent Educators

❖ Public Health Providers

- ❖ C.H.R.s
- ❖ M.P.H.
- ❖ W.I.C. staff
- ❖ Medical staff: doctors and nurses

❖ Indian Child Welfare

❖ Vocational and Career Development Counselors

❖ Corrections providers

- ❖ Juvenile Services
- ❖ Adult Corrections
- ❖ Probation Officers

❖ Families affected by fetal alcohol

- ❖ Biologic
- ❖ Adoptive
- ❖ Foster

❖ Middle and high school students

❖ Community leaders/tribal council members

❖ Elders

❖ Spiritual advisers and religious leaders (relevant to community context)

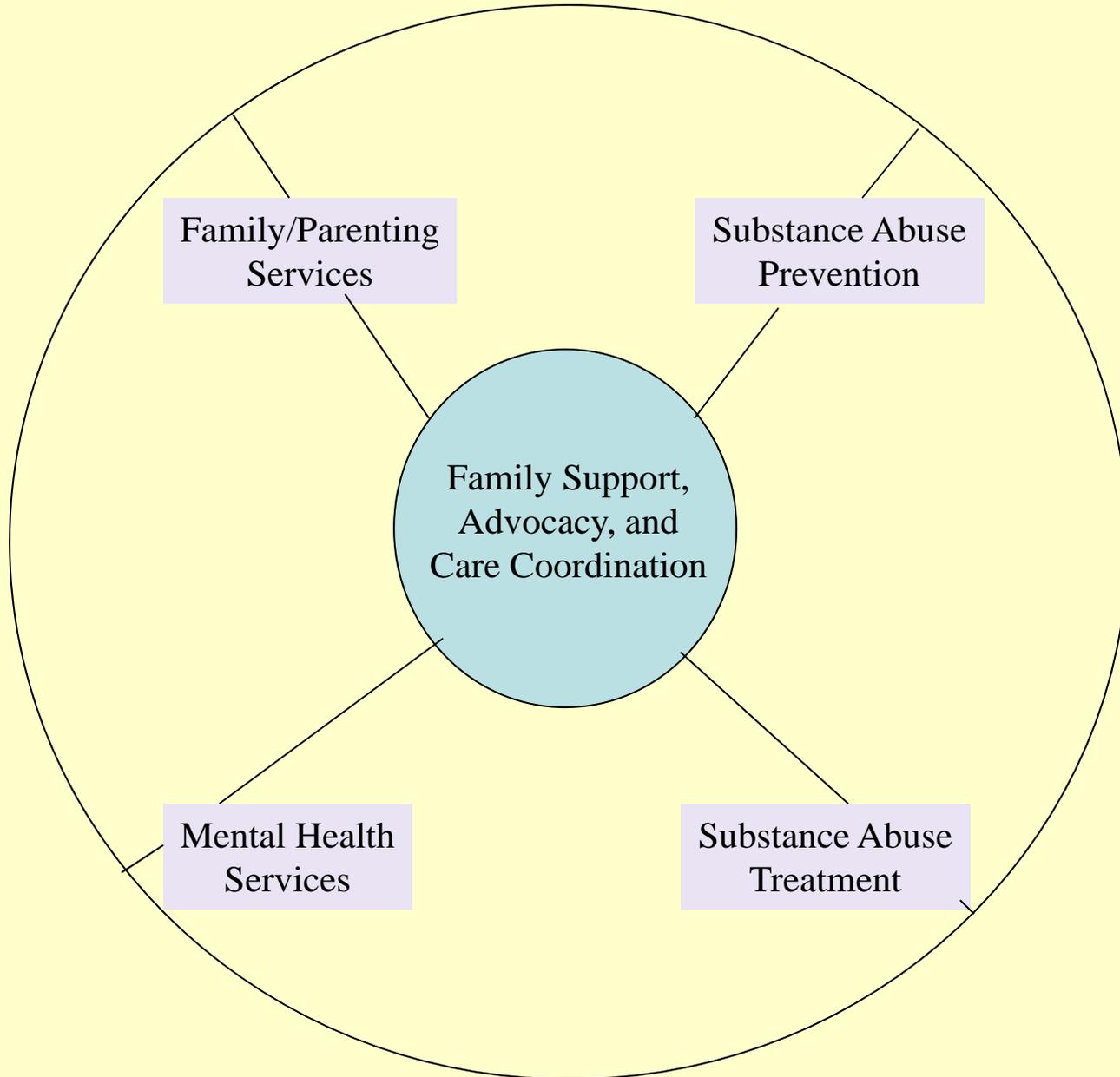
❖ Tribal and economic development staff

❖ Tribal and community recreation development staff

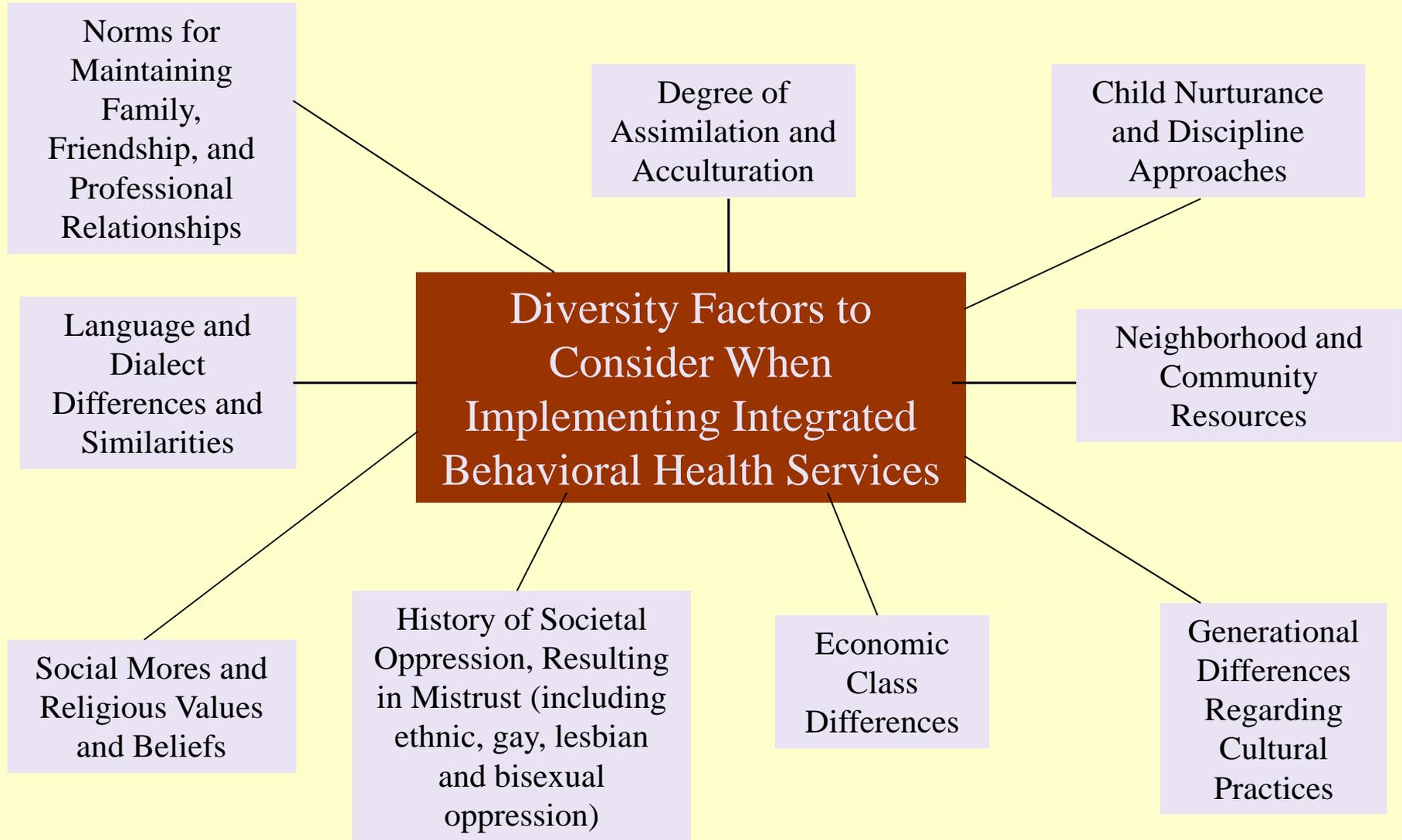
❖ Housing Providers

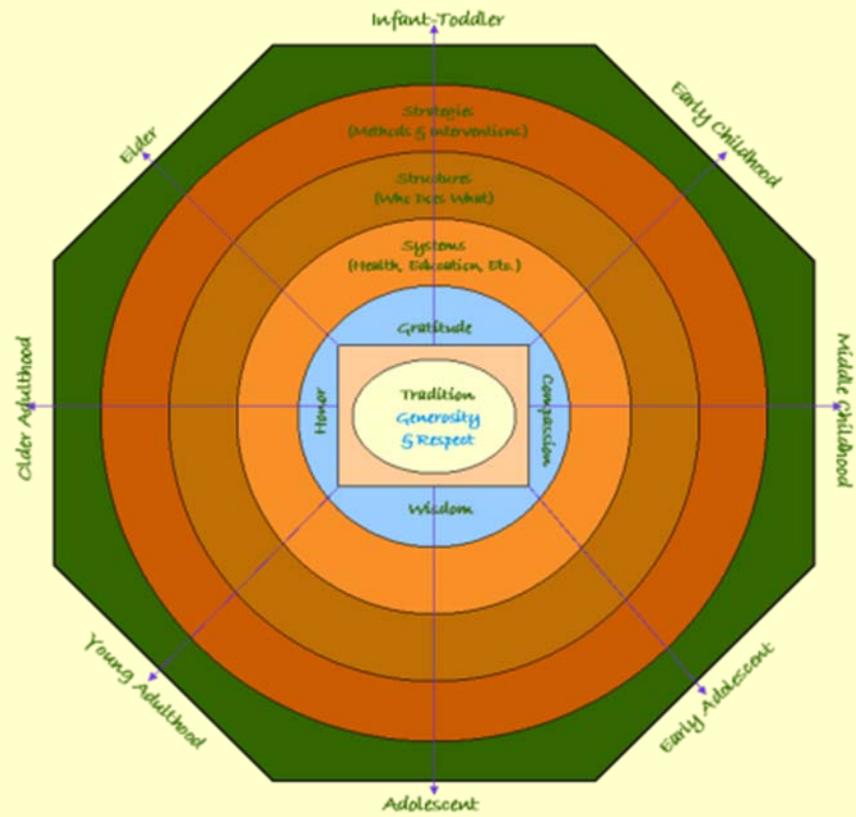
❖ Diagnostic team members

Behavioral Health Service Components



Considering Diversity Factors in Integrated Behavioral Health Service Delivery





SLBK

Systems are most successful when:

❖ All services proceed from an understanding of the barriers to readiness that come from shame, blame, grief and denial

❖ Cultural congruence is imbedded throughout all services and respect is paid to eliminate stigma and judgment

❖ Providers are educated about:

- child development**
- consequences of organic brain damage**
- components of behavioral health**
- parenting stressors and family life issues**

❖ **The approach is multigenerational drawing on the strengths of extended family and/or community**





- ❖ **Families feel equal in service relationships**
- ❖ **Delivery is not “done to” but “designed with”**
- ❖ **Participation in their lives is understood as a privilege by providers**

- **Case coordination reflects family focus and utilizes forms and delivery strategies that respect this focus and conform to laws of confidentiality**

❖ Frequency and duration of services are understood to be essential to building and sustaining skills; using natural community helpers, mentoring and volunteer resources

❖ Sustainable behavioral change is understood as the result of both skill acquisition and habituation over time

❖ Providers are knowledgeable about the special parenting challenges of parents who themselves may have special needs

Integrating Traditional Knowledge and Clinical Best Practice Through State, County and Tribal Systems



Two Community Models Expanding On Existing Structures

- ❖ **Fort Hall
Shoshone-
Bannock**
 - Large, rural,
land-based
reservation
model



Two Community Models Expanding On Existing Structures

- ❖ **Suquamish and
Port Gamble
S’Klallam**
 - **Small, more
urban, multiple
tribal model**



Health

- ❖ **Indian Health Service**
- ❖ **Public Health**
- ❖ **Tribal Health Services**
- ❖ **Behavioral Health**
 - **state, county and tribal**



Education



- ❖ **Early Intervention/I.F.S.P. Planning**
- ❖ **Early Childhood Education/Headstart**
- ❖ **Elementary Middle & Secondary School/I.E.P. Planning**
 - **Tribal and public education**
- ❖ **Post Secondary**
 - ❖ **College Support**
 - ❖ **Technical Training**
 - ❖ **Extension and Enhancement of Talents**
 - ❖ **Music**
 - ❖ **Arts**

Justice



- ❖ Assist arrested individuals in understanding court procedures
- ❖ Train courts and judges and assist with appropriate sentencing guidelines
- ❖ Train corrections staff and probation officers
- ❖ Develop and deliver case coordinated transition services

Employment & Living

- ❖ Vocational/technical education and training
- ❖ Career development
- ❖ “Housing as learning”
 - Proctor Homes



**Potential Forms
and
Possible Templates
for
Task Force Team Members**

Example for F.A.S.D. Teams

❖ **Vision Statement**

To provide a collaborative consortium of social, emotional, educational and vocational services that promotes holistic, integrated and culturally congruent access to children and families

❖ **Mission Statement**

To provide these social and educational services from a multi-disciplinary, multi-agency and family context that facilitates functional use of the service menu and integrates access to and implementation of individually designed strategies for resilience and development

❖ **Values Statement**

That prevention and intervention are reciprocal and that children and families can benefit from strategies that build upon their identified strengths and facilitate easy geographic, cultural and conceptual access to services that are integrated via an inter-agency site based model



Memorandum of Agreement

Date _____

Partners _____

This document acknowledges the conceptual and functional relationship of the above identified partners for the committed purpose of family focused, culturally congruent collaboration in addressing the comprehensive issues surrounding Fetal Alcohol Spectrum Disorder.

Signatures _____



Family Coordination Service Plan Cover Sheet

Family Coordination Team Providers

Family Coordinator

Client

Family

Community

Elders

Spiritual Advisors

Other

Educational Providers

Behavioral Health Providers

Medical/Physical Health Providers

Physicians

Public Health

Traditional

Other

Social Services

___ Housing

___ Indian Child Welfare

___ Adult and Family Services/T.A.N.F.

___ Vocational/Career Development

___ Child Protective Services

___ Corrections/Juvenile Services

Date _____

Parent/Guardian Signature _____



Family Release of Information

Medical/Physical Health

Physicians

Public Health

Traditional

Other

Behavioral Health

Social Services

Corrections/Juvenile Services

Elder/Spiritual Advisor

Drug & Alcohol Treatment

Indian Child Welfare

Housing

T.A.N.F.

Education

Early Intervention

Early Childhood/Head Start

Special Education/I.E.P.

Elementary/Middle School

High School

Post Secondary/College

Vocational/Career Development

Date _____

Parent/Guardian Signature _____

A Rosy Picture of Hope

