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Denver Indian Family Resource Center's Keeping the Circle Whole

U.S. Department of Health and Human Services
SAMHSA Circles of Care Project

Community Needs Assessment Report

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*With gratitude to the hundreds of
American Indian/Alaska Native community members
and their allies
who contributed their wisdom and insight*

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Denver Indian Family Resource Center's Keeping the Circle Whole Community Needs Assessment Report

Executive Summary

In 2005, the Denver Indian Family Resource Center (DIFRC) was awarded a three-year planning grant from The United States Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) to address the needs of youth who suffered from severe emotional and behavior disorders (SEBD). The project is titled Keeping the Circle Whole, and the grant was one of only seven in the country awarded to Native American-serving agencies. The mandate of the grant was twofold.

- Gaining community-wide vision of and participation in the development of a service delivery plan to support mental health for Native American youth
- Using community input as well as additional data collection strategies to conduct a thorough *community-based needs assessment* to inform a *system delivery model* and to conduct a *feasibility study* for the model

This report summarizes the results of Keeping the Circle Whole's in-depth community needs assessment.

The Unique Nature and Challenges of Denver's Indian Community

Denver's American Indian/Alaska Native (AI/AN) community faces its own unique challenges of an urban Indian population. While Denver sits on land that was once home to the tribes of the Great Plains and Rocky Mountains, its present-day tribal diversity is a consequence of multiple punitive federal policies and the migration of individuals seeking economic opportunities, as well as returning World War II veterans. As a result, the Denver Native community consists of representatives of more than 200 tribal communities that are dispersed over 8,551.82 square miles and seven counties.

Needs Assessment Process

The project was launched with a participatory spirit. Consumer/community members, providers and administrators met in facilitated workgroups and agreed on a community definition of SEBD. The Keeping the Circle Whole Steering Committee then combined these into a single, community definition.

The final community definition of SEBD is: *Children and youth requiring assistance to fulfill their spiritual, emotional, physical and mental potential by building on the strengths of the individual, family and their community.*

Using this definition as groundwork, and with the assistance of JVA Consulting, LLC, an outside evaluation team, Keeping the Circle Whole staff launched the largest needs assessment of metro Denver's AI/AN community ever conducted. Over the course of nine months, data were gathered from each of these sources over seven counties:

- Over 15 hours of key informant interviews
- 11 focus groups of youth, mainstream and traditional health providers, education specialists and parents
- Over 700 surveys from youth and adult community members, 53 administrator and providers surveys and 13 crisis intervention education specialist surveys
- Rigorous review of the literature and U. S. Census research

Key Findings and Themes

Needs Assessment findings as reported are organized into three main areas of concern:

- *Risk and resiliency factors* in the metro Denver AI/AN community
- *Current service delivery systems offered* within the community to youth and families, their accessibility, cultural competency, effectiveness and referral systems, as well as gaps in what is offered
- *Community attitudes and recommendations* regarding mental health, barriers to accessing effective services and treatment, and ideas for a system that would support AI/AN youth and their families

Resiliency and Risk Factors

Resiliency	Risks
<ul style="list-style-type: none"> • Strong cultural identity, sense of history and pride in being Indian • Spiritual events and activities that bind the community together • A commitment to helping on the part of many community members 	<ul style="list-style-type: none"> • Poverty • Geographic dispersion and isolation • High rates of substance use and unhealthy living • High rate of co-occurring mental health disorders such as depression, anxiety, self-medication • Family violence • High rate of AI/AN high school dropouts (graduation as low as 51% in Denver Public Schools and 59% in Arapahoe and Jefferson County Public Schools) • Loss of culture, language and connection to elders • Cultural identity confusion for youth compounded by racism

Top concerns in the community as reported by youth coincide considerably with that reported by adults:

- Teenage drinking (66% youth, 61% adults)
- Dropping out of school (63% youth, 53% adults)
- Peer pressure (62% youth, 50% adults)
- Racial prejudice (62% youth, 46% adults)

Metro Denver's Service Delivery Systems

Strengths in Existing Services	Barriers to & Gaps in Services
<ul style="list-style-type: none"> • Multiple quality services that serve early childhood; youth, adult and aging populations; and family needs • Sliding scale and no-cost services offered by some providers • Prevention, intervention and treatment services offered by providers • Referral systems and interagency relationships offered by some providers 	<ul style="list-style-type: none"> • Lack of outreach to AI/AN resulting in underutilization of existing services (27% of adults did not know about services in the community) • Fees for service (29% felt they cannot afford services) • Lack of community awareness/education about mental health (11% reported not wanting others to find out; 7% were afraid of what might happen) • Stringent Medicaid and tribal enrollment eligibility requirements, paperwork and limitations of usage, as reported by clients and providers • 16% of adults reported a lack of cultural competency of providers/schools; 41% did not think a non-Native provider would understand them • 14% of adults noted a lack of transportation • 12% reported inaccessibility of locations; others report inappropriate hours of operation • 33% of providers reported the need for interagency bridges, partnerships and referral systems • 50% of providers reported inadequate budget to meet their organizational goals

Top areas for providers in strengthening existing services:

- 75% are very interested in serving the Indian community
- 33% want training in cultural competency
- 33% want help knowing where to send patients when they cannot offer help

AI/AN Community Attitudes and Solutions Regarding Mental Health

Barriers to Access	Solutions for Accessibility
<ul style="list-style-type: none"> • Fear of being stigmatized, distrust of confidentiality • Lack of awareness or recognition of risk behaviors and symptoms of emotional distress • Risk behaviors prevalent among youth, their families and in the community • Distrust of non and Native providers 	<ul style="list-style-type: none"> • Public education and awareness campaign • Resource directories, hotlines and referral systems access • Early childhood education and screening • Cultural competency referral systems, and professional development for providers and educators • Transportation to and from services • Centralized, multipurpose provider center and school-based health services • Customized family wraparound services and in-home case management • Mentoring programs; elder/youth programs • Workforce development efforts to increase cultural competency of graduates, support the education of youth and graduate more Native providers

Top requests for support from youth illustrate a strong desire for educational and emotional support:

- Schoolwork (39%)
- Getting into college (31%)
- Deciding what to do after high school (31%)
- Dealing with anger (27%)
- Coping with grief and loss (13%)

Recommendations

Overall, stakeholders felt that mental health services in the metro Denver area need a significant overhaul to align with the needs of the AI/AN community. They also express a need for structures that would help serve youth and encourage youth and family involvement in the community.

Community and youth envision wraparound services. Adults and youth want support services that include mentoring; youth groups; and a center that houses a variety of family and community services that include, health, transportation to programs or services at convenient sites (such as schools) and academic support. Youth activities that received high marks are sports teams and ongoing youth discussion groups.

Providers require resources and training. Agencies report the need for ongoing professional development in the areas of cultural competency, referral resources (such as directories and training on interagency policies), comprehensive interagency collaboration and funding.

Public school specialists require additional staff and training to serve AI/AN youth. To eliminate educational disparities, educators recommend early childhood education programs for AI/AN youth, increased staffing, professional development, cultural awareness training, interagency collaboration and community outreach.

Workforce development specialists recommend systems to recruit and retain students. Educators stress the need for funding and multi-institutional systems to recruit, mentor and retain students, especially in the fields of social work, public health and pharmacy. Educators see a critical need to establish a continuum of education from early education through higher education. Youth need individualized postsecondary planning and assistance to ensure that they are prepared to make good choices about their future.

The community wants a center that offers chances to connect with culture, with each other and that assists with health and fitness:

- Intergenerational socializing
- Youth groups
- Sports leagues
- Support groups
- Mentoring
- Educational programming
- Health clinic

Components of a successful system of care would include a full range of customized strategies and supports from intake to service design: public education and awareness about mental health; financial assistance, support with intake and paperwork; centralized, confidential and welcoming services for all tribes; customized treatment based on what works for the family (such as a menu that ranges from traditional healers to Western approaches); assistance with transportation; a family advocate/case manager; and comprehensive wraparound services for the needs of the entire family.

A Heart for Helping

During a gathering of providers before a focus group convened, members stressed that youth are central to the heart of their communities, regardless of tribal affiliation. One informant described the community as having a “heart for helping.” Woefully misguided and manipulative federal government policies, historical traumas, and generations of grief and loss have ripped at the fabric of family unity and have caused some community members to lose their way. Nonetheless, there is a strong desire to reclaim the universal themes of a healthy and supportive community that honors and mentors its youth. As one community member reflected during an interview:

“When a disorder occurs, confidence crumbles and knocks out the poles that hold the house up. The vast majority wants to do better and wants the best for their kids and to live with a level of security. We need to create a community where that spark is honored regularly and fostered.”