

Executive Summary

“A Vision of Wellness”

A. Introduction to the Assessment Process

This Assessment is the product of a collaborative effort among the tribal communities of Lake County and the agencies that serve them. The process was a tribal-led, tribal-staffed, community-wide effort to identify what is most important to Lake County’s tribal communities and create a resource to support them.

When the assessment process began, the tribal communities developed a Vision of Wellness that included all of the required data elements and adapted them to produce a holistic, culturally-appropriate document. The Six Components of the Vision are:

- 🍷 Healthy Moms & Babies
- 🍷 Healthy, Happy Successful Children
- 🍷 Alcohol and Drug Free
- 🍷 Personal & Family Wellness
- 🍷 Family Strengthening: Strong, Autonomous, Self-Sufficient Families
- 🍷 Community Strengthening: Proud, Strong, Native Communities

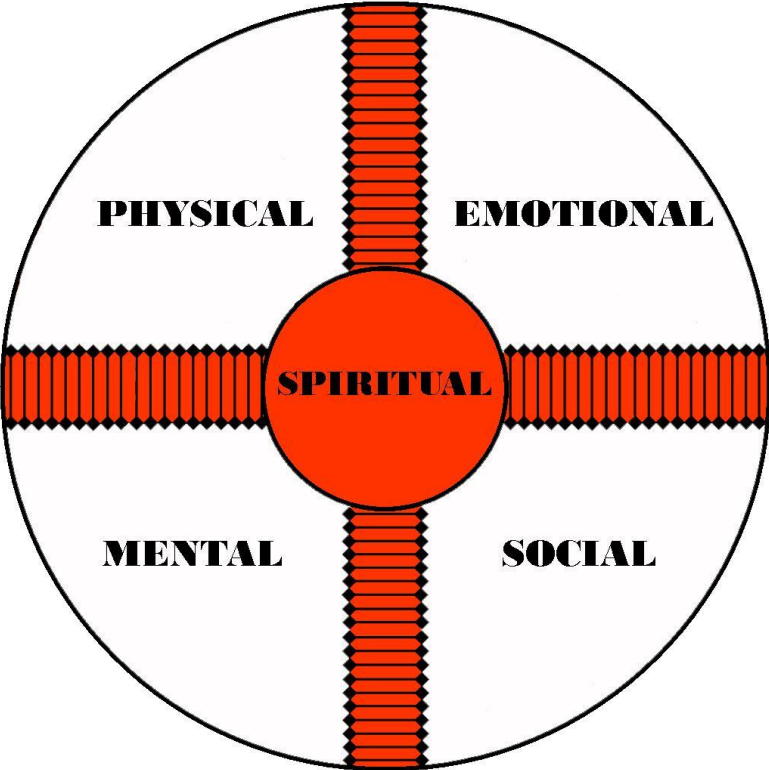
The elements required by the Administration for Children and Families (“ACF”) were folded into this tribal design. The data collection process involved both quantitative and qualitative data, plus supporting research, to provide local, state, and national tribal and non-tribal data. The qualitative process reached out to 882 individuals, about 23% of the County’s entire Native population. They participated in Community Dinners, Talking Circles, focus groups, an elders’ group, and in one-on-one interviews and contacts.

The participants identified ten top priorities to achieve the Vision, in order:

- 🍷 Alcohol & Drug Free Pregnancy
- 🍷 Substance Abuse Treatment
- 🍷 Relapse Prevention
- 🍷 Cultural/Community Events
- 🍷 Prenatal Care
- 🍷 Infant & Baby Care
- 🍷 Learning & Understanding the Culture
- 🍷 Counseling for Families
- 🍷 Anger Management Classes
- 🍷 Learning the Language

These priorities are woven into the community-created assessment design.

In addition, Lake County’s tribal communities used the process to re-discover elements of their cultural heritage, to converse with each other on what is important, and to mobilize individuals, families, and communities to work together. The process revealed consensus on what Wellness looks like in the lives of tribal individuals and communities.



B. User's Guide

This Assessment document has an innovative design. Rather than measuring “needs”, it presents data to measure *assets*, i.e., how well Lake County’s tribal communities are doing in general and relative to others. Tables and narratives are structured to emphasize strengths and assets. Tribal data is presented first, with general population data offered as context. Any gaps are presented as opportunities for positive change. Data charts, graphs, and tables are included within each chapter. Sources are cited in footnotes. Although the data are presented under headings and categories for ease of retrieval, the contributors to wellness are inter-related, as the tribal communities demonstrated.

The Assessment demonstrates how areas of wellness inter-relate, e.g., how alcohol- and drug-free pregnancies contribute to tribal strength. Specifically, children born substance free start life with healthy brains and bodies. They can control their impulses, learn from experience, make friends, and are likely to complete high school. Graduating from high school strongly predicts a better life course for the individual and his/her family. Every healthy baby creates a strong community. Healthy tribal families nurture healthy children who grow up achieving their full potential.

Each narrative section seeks to answer the core question:

- ✓ What is the status of Lake County’s tribal communities?

The narratives include many bullet-point lists, as follows:

- ✓ Items listed with a check are “just the facts”, whether tribal or non-tribal
- 🌰 Items listed with an acorn are tribal resources, comments, or outcomes

The acorn was a major food source for the traditional Pomo. The oak tree symbolizes how something big and strong can grow from something small. Small steps or simple interventions can catalyze major changes.



C. Data Highlights by Chapter

The Assessment has six Chapters (titles summarized):

- ✓ Chapter One: Introduction to Lake County's Tribal Communities
- ✓ Chapter Two: Strong, Healthy, Native American Communities
- ✓ Chapter Three: Existing Home Visiting Capacity
- ✓ Chapter Four: Substance Abuse Treatment & Counseling Capacity
- ✓ Chapter Five: Integrated Early Childhood System Capacity
- ✓ Chapter Six: Process and Overall Lessons of Assessment Process

Data collection results are summarized below, by Chapter.

Chapter One: Introduction to Lake County's Tribal Communities

- 🍷 Lake County's tribal population has risen to 3,654 (American Indian/Alaska Native, plus one or more other races).
- 🍷 Tribal people now comprise 5.7% of Lake County's population, compared to only 1% of the State's population and 1.7% of the nation's population.
- 🍷 Lake County's tribal communities include tribal people self-identifying from at least 111 different tribes, plus those with Indian Ancestors Living in California before June 1, 1852. Of the 111 tribes, 17 are Pomo and 3 represent multiple tribes, including Pomo. Twenty of California's 22 Pomo tribes are represented here.
- 🍷 Tribal populations are rising; from 2000-2010, Lake County's tribal population rose over 30%.
- 🍷 The seven federally-recognized tribes are:
 - 🌿 Big Valley Rancheria Pomo
 - 🌿 Elem Indian Colony of Pomo Indians of the Sulphur Bank Rancheria
 - 🌿 Habematolel Pomo of Upper Lake
 - 🌿 Koi Nation (Lower Lake Tribe)
 - 🌿 Middletown Rancheria of Pomo Indians (and Lake Miwok)
 - 🌿 Scotts Valley Band of Pomo Indians of California
 - 🌿 Robinson Rancheria Pomo Indians
- 🍷 About 80% of the non-Pomo tribes have fewer than 5 households.
- 🍷 The three largest tribal communities are located in the Lakeport zip code (32.2%), followed by Clearlake (16.6%), and Upper Lake (12%).
- 🍷 The tribal communities are younger than Lake County's total population: 32.3% are under age 18.
- 🍷 There are about 166 tribal households with children aged 0-5 and about 188 tribal children aged 0-5.

Chapter Two: Strong, Healthy Native American Communities

Section 2.1: Healthy Moms & Babies

- 🍷 **Three of the top 10 priorities are related to Healthy Moms & Babies: Alcohol and drug-free pregnancy (1); Prenatal Care (5); Infant & Baby Care (6)**
- 🍷 Tribal women are at enhanced risk of substance abuse during pregnancy, based on self-reported rates of parental or partner use, risk of domestic violence, and depression.
- 🍷 Higher rates of maternal alcohol use predict higher Fetal Alcohol Spectrum Disorder (FASD) prevalence. FASD affect brain and body development, cognition, judgment, and behavior, creating lifelong difficulties, including difficulty in parenting.
- 🍷 Nationally, the rate of FASD is 29.76 for Native Americans/Alaska Natives, compared to 3.57 per 1,000 births for all women.
- 🍷 Based on clinical evidence, observation, and history, 70.6% of the children and youth served by LCTHC's Human Services Department are affected by FASD.
- 🍷 *FASD and its consequences are 100% preventable.*
- 🍷 About half (47%) of Lake County's tribal mothers who were screened by the 4Ps were not smoking.
- 🍷 Prenatal exposure to tobacco and continuing exposure, even to second-hand or third-hand smoke, affects children's healthy development and life course.
- 🍷 Total substance use decreased by 28% among women after they learned they were pregnant.
- 🍷 Lake County's tribal mothers reported elevated rates of depression, at 40%, compared to 27% of tribal mothers statewide.
- 🍷 The Lake County tribal birth rate is about 10x greater than the state tribal birth rate.
- 🍷 The Lake County tribal rate of prenatal care (9.4) exceeded the County's rate and is nearly double the California tribal community rate (5.8).
- 🍷 More Lake County tribal babies are being born full-term and at a healthy birth weight.
- 🍷 The Lake County tribal teen birth rate has dropped steadily since 2007
- 🍷 Diagnosed diabetes prevalence among the Lake County tribal communities is at least 12.1%.
- 🍷 Lake County's reported tribal maternal overweight or obesity rate of 37% is lower than the reported national and state tribal obesity alone prevalence rate of 30%.
- 🍷 Lake County's tribal children are more likely to be obese than other tribal children, at 31%, compared to 23%-24% of children served by other tribal health programs or in all Indian Health Service areas.
- 🍷 The average age of onset of substance use in Lake County is age nine (9).

- 🍷 Tribal youth are endangered by others who drink, drive, and allow them to be passengers in the car.
- 🍷 Tribal youth are resisting tobacco: 73% of high school youth have never smoked a whole cigarette.
- 🍷 About 27% of families with young children are stable/self-sufficient, while 73% reported at least one concern placing them in crisis/at-risk.
- 🍷 Therefore, about 121 households with children aged 0-5 are in crisis/at-risk, affecting about 137 children aged 0-5

Section 2.2: Healthy, Happy Successful Children.

- 🍷 Tribal adults report higher Adverse Childhood Experience (“ACE”) scores than the general population: (a) 67% had lived with someone who had a substance abuse problem, compared to 53% Countywide; and (b) 59% reported they had lived with a household member who was depressed or mentally ill or had attempted suicide. ACEs are correlated with life course difficulties, including substance abuse, depression, and heart disease.
- 🍷 Parental nurturing can reverse the effects of childhood stress and prevent or mitigate the impact of ACEs on children.
- 🍷 Lake County’s tribal families have a lower incidence of reported child maltreatment than California’s tribal families.
- 🍷 The rate of substantiated allegations, however, appears to confirm higher rates of actual (versus suspected or reported) maltreatment in the local tribal population.
- 🍷 However, the rate of substantiated allegations among local tribal families has dropped significantly over the past five years. The percentage of substantiated allegations among local tribal families is now lower than that of either California’s tribal or general population.
- 🍷 There has been a steady drop in the rate of entry of local tribal children into the Child Welfare System (“CWS”).
- 🍷 Lake County’s tribal children have very low rates of unintentional injury, at only 1.7% of the 419 injuries reported from 2003-2007.
- 🍷 Lake County’s tribal children have low rates of intentional injury, at only 4.1% of the 98 intentional injuries reported from 2003-2007.
- 🍷 Based on a five-year annual average reported by a non-criminal justice agency, at least 16% of Lake County’s tribal women are exposed to domestic violence or intimate partner violence. This percentage includes only women who seek help and self-identify as Native American.
- 🍷 Lake County’s tribal high school youth report dating violence at a higher rate than California’s tribal youth: 10%, compared to 8.9% for the same period. The recently-reported tribal youth dating violence rate is about twice the local general population rate: 12% compared to 6%.
- 🍷 Risk of domestic violence/intimate partner violence is a risk factor for prenatal substance abuse.
- 🍷 Only about 3% of the state preschool enrollment is Native American. Most tribal children who go to preschool attend tribal preschool services at: (a) the Parent

and Child Development Center, operated by Lake County Tribal Health Consortium (“LCTHC”); and (b) the Robinson Rancheria Child Care Center.

- There is no tribal Early Head Start or Head Start.
- Overall, 49% of Native children with preschool experience were ready for school at kindergarten entry, compared to 30% without it. “School readiness” includes social interaction, language, cognitive, math, and literacy skills.
- Early experiences predict future outcomes; children who have difficulty reading in kindergarten or first grade are likely to continue to have the same difficulties in higher grades.
- Success in learning and success in social-emotional development are strongly linked. Low literacy achievement in early grades predicts higher aggressiveness in later grades.
- Based on a four-year average, Native Americans comprise about 5% of the County’s public school enrollment, compared to 0.7% of the State’s public school enrollment.
- High school graduation is a strong predictor of a positive life course, including employment, income, health status, housing, and parenting resources.
- Local tribal high school graduation rates have risen sharply since 2006-2007, from about 46% to 79%, although local tribal 9-12th grade 4-year drop-out rates are higher than the local or state drop-out rates (46, compared to 16.3 and 21.5).
- As of 2010, tribal 10th graders’ California High School Exit Exam results are comparable to both the local general and State tribal results. Native results have risen steadily since 2008.
- It appears that tribal students have lower rates of school attendance and higher rates of truancy than the general population.
- However, tribal students report almost exactly the same rates of high school connectedness as their non-tribal peers. “School connectedness” is a powerful protective factor promoting healthy child development and school success.

Section 2.3: Alcohol and Drug-Free

- **Achieving freedom from substance abuse is the top tribal community priority. The first 3 of the top 10 priorities are related to it: Alcohol & Drug Free Pregnancy (1); Substance Abuse Treatment (2); and Relapse Prevention (3).**
- Nationally, Native people report lower rates of binge drinking than persons of multi-race, whites, or Hispanics.
- Local tribal data on adult marijuana use is not available. Nationally, 89.4% of tribal people reported “no” marijuana use in the past month.
- Based on national tribal data, 93.4% of tribal people reported “no” non-medical use of psychotherapeutic drugs (including pain killers) in the past month.
- Based on national tribal data, 90.5% of tribal people reported “no” use of illicit drugs, other than marijuana, in the past month.
- Lake County’s tribal people complete treatment with Alcohol and Other Drugs Services (“AODS”) at somewhat lower percentages than all people served, with 31.6% completing, compared to 39.1%.

- However, the percentage of tribal people who left before completing and had “satisfactory progress” (15.8%) was 1.68 times greater than the percentage of all people completing with “satisfactory progress” (9.4%).
- An estimated 70% of the tribal population receiving either substance abuse or mental health treatment have co-occurring conditions.

Section 2.4: Personal and Family Wellness

- Two of the top 10 priorities are related to Personal and Family Wellness: Counseling for Children and Families (8) and Anger Management Classes (9)**
- LCTHC is the primary provider of mental and emotional wellness services to all Lake County tribal communities. Its Human Services Department provides these services to an average of 60 unduplicated clients every month, offering one-on-one, family, and group counseling services. At least 70% have co-occurring disorders, i.e., both mental/emotional and substance abuse issues.
- LCMH serves only low-income clients with grave or serious mental illness and/or serious emotional disturbance, averaging about 32 tribal clients/year. An estimated 5.8% of Lake County’s tribal population or about 212 individuals may have a serious mental illness and be unserved or underserved.
- Between 83% and 86% of tribal people at the State and national levels are free from serious psychological distress. Lake County data are not available.
- The percentage of Lake County’s tribal people on the Lake County Mental Health Services caseload is about the same, or slightly less, than their percentage of the total County population.
- About 53% of local Native women reported smoking, higher than the northern California tribal prevalence rate of 30%.
- Children exposed to second hand smoke have higher rates of symptoms of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, depressive disorder, generalized anxiety, and conduct disorder.

Section 2.5: Strong, Autonomous, Self-Sufficient Families

- Local tribal poverty rates have not yet been released by Census 2010. As of 2009, 30.7% of California’s tribal children were living below poverty, a proxy indicator for Lake County’s tribal people.
- Poverty is directly correlated with poor health outcomes for people of all ages, from newborns through elders.
- Local, current tribal unemployment rates are unavailable. In 2000, local tribal unemployment was reported at 30.2%, compared to 9.7% for whites. As of 2005 (most recent year available), average tribal unemployment was 40.5%. Different tribes reported very different rates, ranging from 6% to 77%.
- In 2010, Native American unemployment rose to 49.5% nationally.

- 🍷 Based on the State poverty rate for tribal children (30.7%), an estimated 367 tribal families could access CALWORKs, an estimated 1,256 people could use Cal-Fresh; and an estimated 1,931 people could be on Medi-Cal CMSP. [Note: People using the Commodities Foods program cannot use Cal-Fresh or WIC.]
- 🍷 The Commodities Foods Distribution Program estimates it serves 150-200 Lake County tribal families or individuals every month.
- 🍷 The California Tribal TANF Partnership estimates it serves an average of 201 families and 286 children per year. It estimates at least another 50-60 families could be eligible for services.
- 🍷 The California Indian Manpower Consortium (“CIMC”) provided training, employment, and other work-related activities to 50 Lake County tribal residents over the last three years.

2.6 Proud, Strong, Native Communities

- 🍷 **Three of the top 10 priorities are related to Proud, Strong, Native Communities: Cultural/Community Events (4); Learning & Understanding the Culture (7); Learning the Language (10).**
- 🍷 Tribal adults are arrested and booked in the Lake County jail at rates disproportionately higher than their percentage of the total population. In 2009, 10.7% were arrested and 7.8% were booked, but the tribal population was about 3%-4% of the total population.
- 🍷 From 2008-2010, tribal youth comprised 9% of Probation’s juvenile caseload and 15.5% of Juvenile Hall residents.
- 🍷 Tribal communities are increasing investment in cultural resources and participation in cultural and traditional activities.

Chapter Three: Quality and Capacity of Existing Home Visiting Programs in Tribal Communities

- ✓ There is no tribal-led, tribal-designed program with home visiting as the primary service delivery strategy serving tribal families with children aged 0-5.
- ✓ There are 14 programs or agencies which offer home visiting services to tribal communities or to both tribal and non-tribal communities. Their service populations include children aged 0-3, teen parents, new mothers, children at risk of developmental delay, and families at risk of CWS involvement. These programs collaborated in the assessment and planning process.
- ✓ Home visiting is a service delivery strategy which increases family access to services, either directly or through completed referrals.
- ✓ Despite efforts to become culturally competent, most existing programs struggle to engage tribal families in home visiting services due to lack of cultural knowledge and sensitivity.

- During the assessment process, tribal communities identified a need to have services come to them and to be connected to other families through group activities.
- Partnership with Parents is developing a pool of qualified staff to serve as home visitors, providing them with relevant training, experience, and supervision.
- Existing programs will collaborate with Partnership with Parents for better services and outcomes to tribal families.

Chapter Four: Community Capacity for Providing Substance Abuse Treatment and Counseling Services

- There are three tribal-led programs offering substance abuse treatment and counseling: LCTHC's Human Services Department, Scotts Valley's Relapse Prevention Program, and Red Road.
- LCTHC offers one-on-one counseling, Relapse Prevention group, behavioral wellness, and 4Ps. Its evidence-based, evidence-informed models, practices, and instruments include: Cognitive Behavioral Therapy, 4Ps Plus Screen, and 12-step facilitation.
- Red Road is a tribal-model relapse prevention group, led by a volunteer.
- ✓ The two in-County residential programs also serve tribal people.
- ✓ There are no in-County tribal-led residential programs that include traditional healing and culturally competent practices and serve tribal people only, whether for adults, youth, and/or families, in which children can live with their parents.

Chapter Five: Assessment of Capacity to Implement & Integrate Home Visiting Services

- Existing resources include tribal and non-tribal organizations which offer home visiting, early childhood services, and/or transitions to public school, e.g., kindergarten entry and ongoing K-12 supports.
- There is a strong collaborative foundation for implementation and integration, demonstrated by the 19-year history of multi-disciplinary collaboration among agencies serving children and families, including the public school system.
- LCTHC's stability and inter-tribal structure provide a sustainable governance structure for Partnership with Parents.
- There is well-developed local capacity to collect accurate and current data, centralized at LCTHC.
- There is local capacity to measure the quality of services, including multi-agency use of the evidence-based Family Development Matrix ("FDM"). The developer of the FDM has agreed to customize it for the proposed Program.
- LCTHC offers one of the two tribal early childhood programs and works with the other. It collaborates with the non-tribal other early childhood system providers and the public school system through its Parent/Child Development Center,

membership in the Healthy Start Collaborative, and the assessment's Technical Advisory Group.

- The assessment planning process strengthened these collaborative relationships.

D. Consolidated List of Resources & Assessments of What Is Needed

During the assessment process, tribal participants were asked to identify existing resources and what is needed. There were duplications, due to the inter-related nature of needs and strengths. These results are consolidated and listed below.

1. Resources:

- LCTHC: health care and education, behavioral wellness (including substance abuse counseling and treatment), Relapse Prevention, cultural wellness, Parent/Child Development Center, Partnership with Parents
- Tribal family support services: Tribal and ICWA social workers; other tribe-specific services; LCTHC
- Tribal education services: Preschool and after school programs for youth, GED preparation classes for adults, and scholarships and grants for higher education
- Tribal youth programs: Recreation and service clubs and camps
- LCMH's Native Outreach & Engagement services
- The inter-tribal elders group, The Circle of Native Minds
- Tribal facilities: community centers, meeting rooms, gymnasiums
- Tribal assistance programs: Commodities Foods, Tribal TANF, Tribal and ICWA Social Workers, housing supports, grants, scholarship programs
- Substance abuse counseling & treatment programs: LCTHC Relapse Prevention Services, Scotts Valley Relapse Prevention Services, Red Road, Hilltop Recovery Centers, various AA/NA groups
- Cultural activities and events: Talking Circles, Tule Boat Races, Community and Family Dinners, language classes, Cultural Wellness classes, traditional dances

2. What is Needed

- ✓ More capacity is needed in all systems serving tribal people
- ✓ Perinatal services: support for substance-free pregnancy, early and adequate prenatal care, infant & baby care, post-partum care for mothers and support for fathers
- ✓ Age-appropriate health education: nutrition, healthy habits, healthy homes
- ✓ Parent education and supports: nurturing parenting and child development classes, play groups, etc.
- ✓ More parent involvement in their children's development, including education
- ✓ Educational supports: tribal schools (all ages), preschool; after school and tutoring programs; college-going counseling, planning, & financial aid












- ✓ Substance abuse treatment: Relapse Prevention; Red Road; in-County residential rehabilitation dedicated to tribal youth, adults, and families; reimbursed 90-180 day rehabilitation options; support for existing resources
- ✓ Substance-free supports: Substance-free community activities; early intervention to keep children substance-free
- ✓ Family and individual counseling and supports, including anger management
- ✓ Tribal-generated entry-level and career-track jobs and support for professional education and careers
- ✓ Activities for children and youth: education, recreation, cultural
- ✓ Cultural and traditional healing practices incorporated in services
- ✓ More cultural and traditional activities and events: Community and Family Dinners, Talking Circles, etc.
- ✓ Age-appropriate language classes at multiple locations
- ✓ Age-appropriate tribal history classes at multiple locations and links to public schools
- ✓ Healing or Wellness Center for Native People
- ✓ Increased access to all types of resources: information, transportation, completed referrals, linkages
- ✓ Programs that organize or assist in the development of resources, such as newsletters with calendars of activities and events
- ✓ Programs that bring services and information out to tribal families

E. Consolidated Findings and Recommendations.

The assessment process developed an extensive set of inter-related findings and recommendations, which are consolidated and listed below.

1. Findings

- 🍷 Lake County's tribal communities are growing in numbers, recovering their lands, language, and culture, and developing resources and infrastructure.
- 🍷 Prenatal substance abuse prevention is a top community priority, which promotes the well-being of the mother, child, and, over time, the community.
- 🍷 Many of the conditions negatively affecting the well-being of tribal people are preventable with education and support to make and sustain healthy choices.
- 🍷 Early childhood experiences strongly predict the individual's entire life course, including physical, behavioral, and mental wellness, school success, high school graduation, and capacity to raise a healthy family.

-  Substance abuse treatment, counseling, and prevention are top community priorities, reflected in support for existing resources, demand for more resources, and support for interventions to protect children and youth.
-  Cultural identity, culturally-based services, and activities that link tribal people to their traditions are top community priorities and contributors to wellness.
-  Emotional, physical, behavioral, -social, and mental wellness are inter-related. Intervening to improve outcomes in one area improves outcomes elsewhere, i.e., reducing prenatal substance abuse reduces the rate of FASD and its consequences. Helping parents learn to nurture their children reduces the effects of ACEs. Their Children are able to learn, succeed in school, graduate, and are set on a positive life course.
-  Lake County's tribal people are highly effective at using existing resources to meet their needs, despite difficulties in accessing resources, such as lack of information, transportation, or completed referrals.
-  Lake County's tribal communities see peace, between individuals, within families, and among tribes, as fundamental to personal wellness, family well-being, and tribal strength.
-  Lake County's tribal communities endorsed the value of, and need for, a tribal-led program that brings services to them and links them to services and activities.
-  Existing resources are insufficient to meet the wellness needs of Lake County's tribal communities.
-  Due to Lake County's tribal diversity, inter-tribal service providers and programs are needed to ensure services are accessible.
-  Tribal and non-tribal agencies are collaborating more effectively to better serve tribal people, but non-tribal agencies need assistance to develop more culturally-sensitive services to do so.
-  There is no comprehensive tribal program that brings services to tribal families with children aged 0-5 and links them to services and activities.
-  Local tribal capacity to implement and integrate such services for tribal families is in place, including a collaborative early childhood services system linking tribal and non-tribal providers with each other and the school system; home visiting staff in training and development; a sustainable, inter-tribal governance structure; capacity to collect data and evaluate services; and support for quality.

2. Recommendations

- 🍷 Increase capacity throughout all systems serving tribal people.
- 🍷 Improve integration and coordination of services and collaboration among providers serving tribal people to strengthen the continuum of services available.
- 🍷 Expand perinatal services and supports to pregnant mothers and the fathers, to ensure substance-free, peaceful pregnancies and postpartum well-being of mother and infant.
- 🍷 Provide services and supports for parents so they can: (a) provide safe, nurturing homes for their children that promote their healthy development; (b) support their children's education, from school readiness at kindergarten entry to post-secondary programs (college, career technical, professional).
- 🍷 Increase tribal educational resources.
- 🍷 Strengthen existing resources for substance abuse prevention, treatment, and counseling.
- 🍷 Develop additional tribal resources for substance abuse prevention, treatment, and counseling.
- 🍷 Include smoking cessation as a component of substance abuse prevention, treatment, and counseling.
- 🍷 Provide age-appropriate, culturally-based health education.
- 🍷 Native Wellness and Healing Centers.
- 🍷 Create opportunities for tribal people to participate in planning and delivery of substance-free cultural and other activities..
- 🍷 Expand existing tribal job readiness and placement services for tribal people.
- 🍷 Develop entry-level and career-track jobs and on-the-job training programs within tribal organizations.
- 🍷 Develop or increase basic support services.
- 🍷 Improve tribal people's access to resources through completed referrals, transportation, and regularly-available information.

- Inter-tribal organization and/or sponsorship of services and activities offered throughout the County.
- Support age-appropriate language classes at multiple locations.
- Support age-appropriate tribal history classes at multiple locations and create curriculum for the public schools to use.
- Develop a program or programs that bring services out to tribal people and that link tribal people and families to services, activities, and social networks.
- Develop a tribal program that: (a) brings services to tribal families with children aged 0-5, emphasizing substance-free pregnancies, nurturing parenting, and other services to empower families to meet their own goals; and (b) links families to other services, group activities, and cultural/wellness activities and events.

The Word Cloud on the next page shows what was most important to the tribal communities who participated in the assessment process. The larger the word, the more often it was said, showing its importance.

