

Addictions and Mental Health Division
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Position Paper on Native American Treatment Programs and Evidence-
Based Practices

The Addictions and Mental Health Division (AMH) is working with its community partners and other stakeholders to expand the use of evidence-based practices in mental health and addictions treatment and prevention services. This collaborative effort aims to help ensure that, by the 2009-2011 biennium, 75% of AMH expenditures will support evidence-based practices. Progress in reaching this goal has been substantial. However, the AMH efforts to date have raised concerns of Native American providers and stakeholders. This paper addresses how AMH intends to address those concerns.

Native American providers and researchers have expressed concern that the overall framework established by AMH for defining EBPs and for measuring the adoption of EBPs places Native American programs at a disadvantage. The body of formal research related to practices delivered by Native American programs remains relatively small and few researchers have focused on evaluating culturally validated practices. Under these circumstances, Native American providers may feel pressured to replace practices that have strong cultural validation with practices from the AMH list that may not necessarily be effective for Native Americans. Some providers fear that resisting the adoption of practices on the formal list in order to maintain culturally validated practices could result in loss of funding.

AMH does not believe that an evidence-based practice from the AMH list should be assumed to be better than a culturally validated practice unless the assumption is supported by scientific evidence. Because scientific evidence for imposing practices on Native American providers is lacking, AMH concludes that we need a different framework for working with Native American stakeholders. Native American stakeholders must take the primary role in defining what works for Native American clients.

To obtain a framework that makes sense to the Native American community, AMH will consult with Native American researchers and providers, requesting that these researchers and providers design and develop a framework for evaluating and disseminating effective practices that makes sense in the context of Native American culture and values. AMH anticipates that this framework would incorporate elements of the recommendations contained in “Oregon Tribal Evidence Based and Cultural Best Practices” (Spence and Cruz, 2005).

The principles of fairness and cultural competence require that AMH not use the EBP initiative, or the associated EBP definition and list, as a justification for reducing funding for any Native American program. Nor would AMH recommend that any other state agency reduce funds to Native American programs based on the current AMH definition and associated list of EBPs. In the words of Spence and Cruz (2005), the “Oregon Tribes should be allowed time to design research and evaluation tools relevant to their communities, and Native American researchers and evaluators should be consulted on culturally appropriate methods.” Culturally competent and culturally validated programs should not be discounted because the dominant culture has not included those programs in its evaluations or has been incapable of conducting a culturally competent evaluation.

Oregon has a particularly strong and vibrant community of Native American providers and researchers working in addictions and mental health. AMH will focus on collaborating with this community to establish and maintain an EBP framework that is consistent with the culture and values of Native Americans. Working closely with these partners, AMH will be better placed to help find, forge, and make available the tools, resources, and research necessary to improve services to Native Americans.