

YOUTH

Gathering of Native Americans (GONA)

March 22 - 24, 2016

NAYA Family Center

Portland, Oregon



The Future Generations Collaborative (FGC) is an effort to reduce substance-affected pregnancies in the local Native community. One area of focus is providing opportunities for healing for the community. To respond, the FGC is providing a third “Gathering of Native Americans” with the focus on middle and high school youth. The following agencies have been involved with the planning: NARA, NAYA and the Native Wellness Institute.

Youth GONA Objectives

1. To bring together Native youth community members of the Portland metropolitan community, Chemawa Indian School and youth representatives from the Oregon tribes, for a personal and community healing and training gathering.
2. To learn how historical events and trauma of Native people continues to impact the individual, family, and community today (i.e., alcohol, drugs, suicide, meth, domestic violence, etc.) and influences substance-exposed pregnancies and Fetal Alcohol Spectrum Disorder (FASD).
3. To learn new skills and ways to restore balance in our families, our communities, and within ourselves, and to plan ways to prevent substance abuse, suicide, substance-exposed pregnancies, and FASD through increased collaboration and resources.
4. To learn about self and community healing through our own traditional tribal values: belonging, mastery, interdependence, and generosity.



Youth GONA Agenda

Tuesday, March 22, 2016

| | |
|---|---|
| 9:00 am - 10:00 am | Registration/Continental Breakfast (provided) |
| BELONGING - All My Relations - Team Building | |
| 10:00 am | <ul style="list-style-type: none">• Drum Call & Opening Ceremony• Welcome, Introductions• Why We're Here• Medicine Tie Ceremony |
| Noon | Lunch (provided) |
| BELONGING - Identity with Cultural Strengths | |
| 12:45 pm | Establish GONA Norms, Building Team Clan Assignments, Creating Shields |
| MASTERY - Starting the Path | |
| 2:30 pm | <ul style="list-style-type: none">• Storytelling: "The Origin of Basket"<ul style="list-style-type: none">- Family Patterns• Culture Walk - You Are Not Alone<ul style="list-style-type: none">- Substance abuse, suicide, violence, unhealthy relationships• Closing |
| 5:00 pm | Adjourn |



Youth GONA Agenda

Wednesday, March 23, 2016

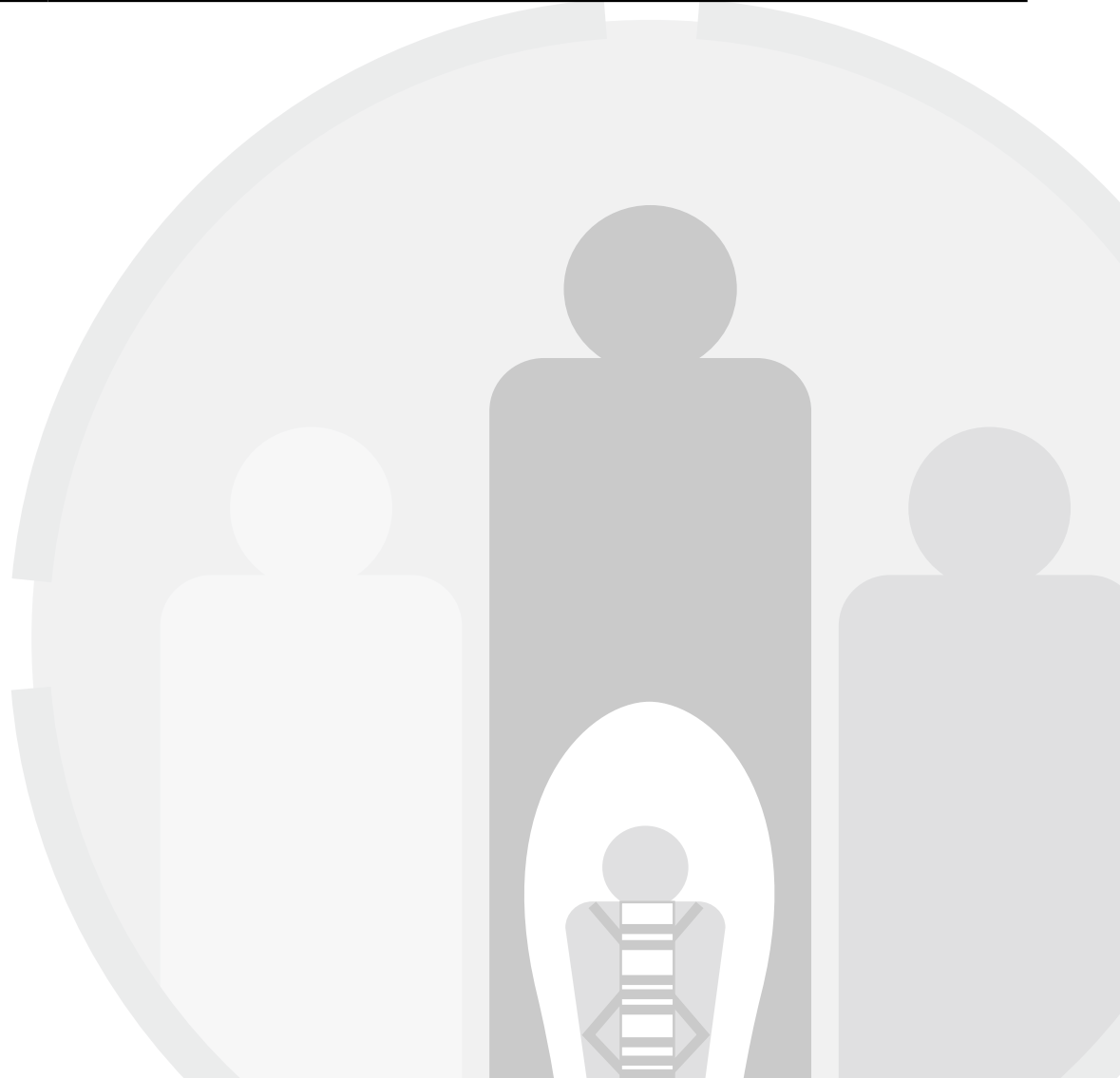
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|---|--|
| 8:30 am - 10:00 am | College Prep Workshop/Continental Breakfast |
| 9:00 am - 10:00 am | Sign In/Continental Breakfast |
| MASTERY - Historical Context | |
| 10:00 am | <ul style="list-style-type: none">• Drum Call & Opening Ceremony• Multigenerational Trauma and Cultural Oppression• Healing |
| 11:00 am | <ul style="list-style-type: none">• Resiliency and Healing Factors, Rites of Passage• Healing Stations: Traditional Games, Rock Ceremony, Traditional Crafts, Drumming and Singing |
| Noon | Lunch (provided) |
| MASTERY - Rites of Passage | |
| 12:45 pm | <ul style="list-style-type: none">• Drum Call• Guided Visualization: Imagery for Rites of Passage• Healing Stations: Traditional Games, Rock Ceremony, Traditional Crafts, Drumming and Singing, Canoe Family Curriculum |
| INTERDEPENDENCE - Responsibilities | |
| 2:15 pm | <ul style="list-style-type: none">• Interdependence and Renewal Strategies• Healing Stations: Traditional Games, Rock Ceremony, Traditional Crafts, Drumming and Singing, Canoe Family Curriculum |

Youth GONA Agenda

Wednesday, March 23, 2016

INTERDEPENDENCE - Fostering Personal and Community Development

| | |
|-------------------|---|
| 3:30 pm | Healing Stations: Traditional Games, Rock Ceremony, Traditional Crafts, Drumming and Singing, Canoe Family Curriculum |
| 4:30 pm | Closing |
| 5:00 pm | Adjourn |
| 5:00 pm - 7:00 pm | Dinner and Community Health Focus Group (dinner for focus group participants) |



Youth GONA Agenda

Thursday, March 24, 2016

| | |
|---|--|
| 8:30 am - 10:00 am | College Prep Workshop/Continental Breakfast |
| 9:00 am - 10:00 am | Sign In/Continental Breakfast |
| GENEROSITY - Tradition of Giving Back to Community | |
| 10:00 am | <ul style="list-style-type: none">• Drum Call & Opening Ceremony• Welcome• Review Clan Shield/Values• Develop Team Plan |
| Noon | Lunch (provided) |
| 1:00 pm | <ul style="list-style-type: none">• Drum Call• Elder Panel• Sharing Plans |
| GENEROSITY - Community Give Away | |
| 2:30 pm | <ul style="list-style-type: none">• Generosity of Our People• Give Away & Presentation of Certificates• Open Expression & Sharing• Evaluation: Self Administered Form |
| 4:00 pm | Closing Reception |
| 5:00 pm | Adjourn |



Registration Packet

Registration deadline: March 17, 2016

| |
|--|
| Name: |
| Group/Tribe you are attending with? |
| Do you have an in-take form on file with NAYA already? (circle one) YES / NO / NOT SURE |
| Are you interested in attending the Community Health Focus Group on Wednesday? (Dinner will be provided and each participant will receive a \$25 gift card. First 25 signed up will get to attend.) (circle one) YES / NO / NOT SURE |
| <p style="text-align: center;">Please bring a water bottle with you if you have one to help stay hydrated throughout the GONA.</p> <p style="text-align: center;">Come dressed comfortable/casual, physical activity will be a part of the GONA.</p> |

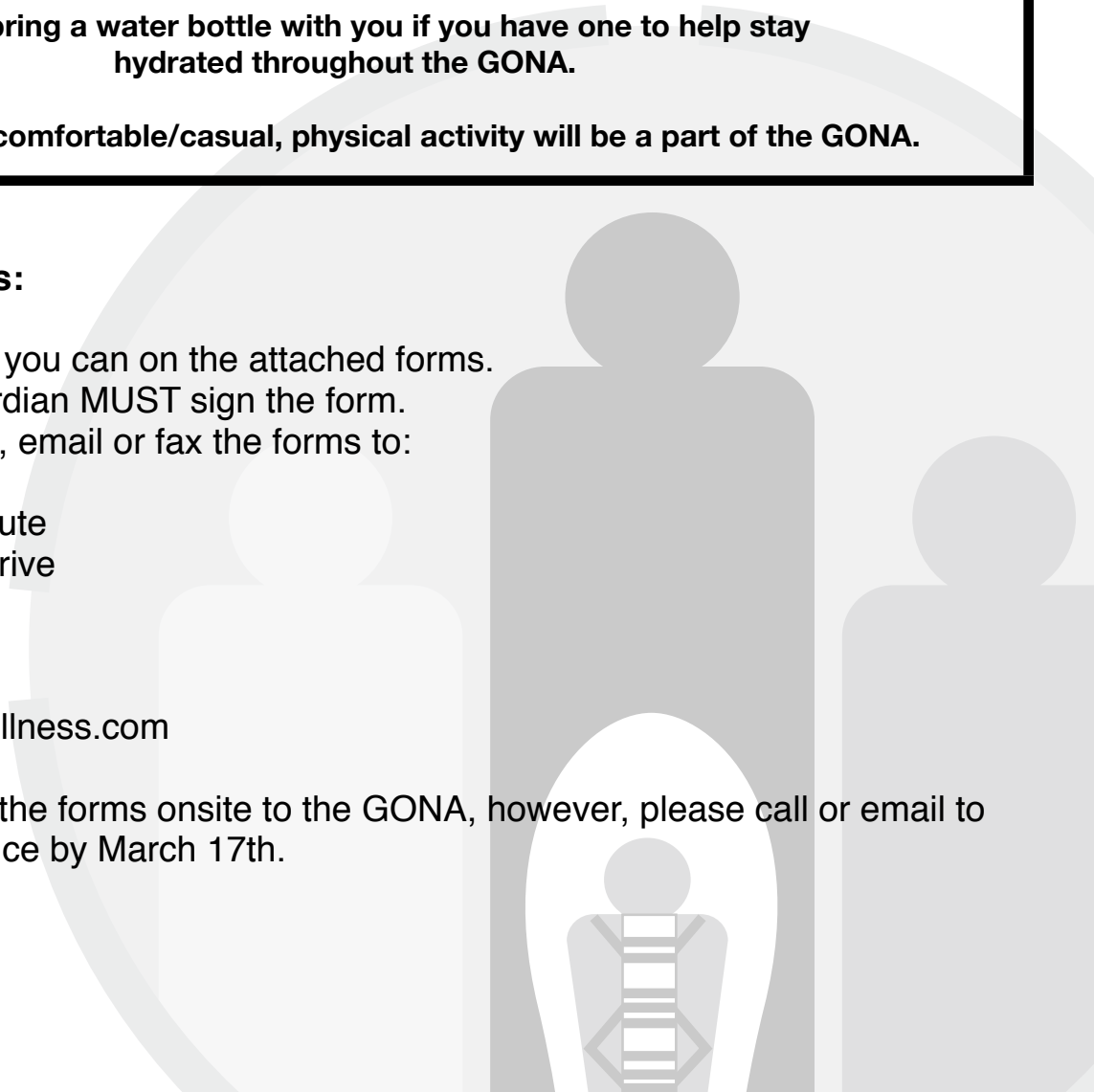
Registration process:

1. Fill out as much as you can on the attached forms.
2. Your parent or guardian **MUST** sign the form.
3. You can either mail, email or fax the forms to:

Native Wellness Institute
2830 SE Cleveland Drive
Gresham, OR 97080

Fax: 503-669-8339
Email: info@nativewellness.com

4. You can also bring the forms onsite to the GONA, however, please call or email to confirm your attendance by March 17th.





Native American Youth and Family Center

5135 NE Columbia Boulevard, Portland, Oregon 97218
P (503) 288-8177 | F (503) 288-1260 | www.nayapdx.org

NAYA Staff Use Only:
Date Received ____/____/____
ETO ID# _____

NAYA General Intake Form

Name, Address, Geography, DOB, Contact Info

First Name: _____ Middle Initial: _____ Last Name: _____

Nicknames: _____

Address: _____ Apt./Suite #: _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ County of Residence(R): _____

Are you a director, officer, contractor or volunteer of NAYA Family Center, or a relative of those listed?

No Yes (if Yes, complete NAYA's Conflict of Interest form)

Geographic Location Where You Live (R) (check only one): Reservation Rural Area Urban Area
 Suburban Area

How Long Have You Lived At This Address? In years? _____

Home Phone: _____ Work Phone: _____ Ext. _____

Cell Phone: _____ Other Phone Number: _____

Adult Client/Parent Email Address: _____

Youth Client Email Address: _____

Gender, Race/Ethnicity, Language, Tribal Info

Gender (R) (check only one): Female Male Two-Spirit

Race/Ethnicity (R) (check all that apply):

African African American/Black Alaska Native Asian Caucasian/White First Nations (Canada)
 Hawaiian/Part Hawaiian Hispanic/Latino Indigenous Group Outside U.S. Native American/American
Indian Pacific Islander (Tongan, Samoan, Fijian, etc.) Slavic/Eastern European Other : _____

Language Most Commonly Spoken at Home (R) (check only one):

Arabic English Native American Slavic Spanish Other: _____

Tribal Information I am NA/AN But DO NOT Know My Tribe?: Yes No (if Yes, skip to next section)

Self-Identified Tribal Affiliations (Please List): _____

Tribal Enrollment? Yes No (if no, skip to next section)

Tribe That You Are Enrolled With: _____

Tribal Enrollment Number: _____

Tribal Enrollment Contact Info (if available): _____



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School, Education, Housing, Health

Current School Enrollment Status (check only one):

Enrolled Part-time Enrolled Full-time Not Enrolled Youth Not Enrolled Adult

Does Anyone in Household Receive Free/Reduced Lunch (R)? (check only one): No Yes Not Sure

School Type, Current Status (R) (check only one):

Apprenticeship Community College Grade School (0-6) Graduate School High School (9-12)
 Independent/Home Schooling Middle School (7-8) Not Applicable University/Four Year School
 Vocational Training Working on GED Other, Please explain: _____

SSID # (same as a youth's lunch number, or number they use to log-in to a school computer): _____

If you are currently attending school (Elementary, Middle, High School, Apprenticeship, Vocational, Community College or University) please list the name(s) _____

If you are currently attending a Pre-K, Kindergarten, Elementary, Middle, or High School please check which grade you are currently in: Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th
 10th 11th 12th

Highest Education Level Achieved (R) (check only one): Grade 0-8 Some High School High School
Diploma/GED Some Vocational Training Vocational Training Graduate Some Community College
 Community College Graduate Some University/Four Year University/Four Year Graduate

Type of Family Client Lives In (R) (check only one): Foster Family Grandparents Raising Grandchildren
 Kinship Family Single Person Single Mother With Children Single Father With Children
 Two or More Adults, No Children Two Parents With Children Other, Please Specify: _____

Housing Status (R) (check only one): Adult Temporarily Living With Family Members
 Adult Temporarily Living With Friends Doubled Up Emergency Housing Homeless Home Owner
 Residential Treatment Rent Transitional Housing Tripled-up
 Youth Temporarily Living With Family Member Youth Temporarily Living With Friends Youth Foster Home
 Youth Group Home Other, Please Specify: _____

Number of People Living in Household (R): ___ **Number of Adults (18 and over) living in household (R):** ___

Number of Children (Under 18) Living In Household (R): ___

Updated: 8-25-14



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- Health Insurance Status (*check only one*):** Employer/Private Indian Health Insurance
Kaiser Permanente Charitable Health Coverage (CHC) Medicare No Health Insurance
Not known Oregon Public Health Insurance (Oregon Health Plan) Veterans Administration
Washington Public Health Other: _____

Health Insurance Private Provider, Specific Name: _____

Military Veteran? (R): No Yes

Disability Status? (R): Yes No Not Sure Disability Description: _____

Employment, Income

- Employment Status: Are You Currently Employed (R) (*check only one*):** Yes No Not Able To Work
Seeking Retired, No Longer Working Unknown Youth That Is Not Eligible To Work/Seeking Employment
If Employed, Where? _____

- Estimated Household Yearly Income(R) (*check only one*):** \$0-\$10,000/Year \$10,001-\$15,000/Year
\$15,001-\$20,000/Year \$20,001-\$25,000/Year \$25,001-\$30,000/Year \$30,001-\$35,000/Year
\$35,001-\$40,000/Year \$40,001-\$45,000/Year \$45,001-\$50,000/Year \$50,001-\$55,000/Year
\$55,001-\$65,000/Year \$65,001 and up/Year Elder: Refused to Answer Youth: Not Able to Answer

Relationship to Child Welfare/Foster Care System? (R) (*check only one*)

- Adult with child in foster care (0-21 years) Foster Parent Guardian
No Foster care relationship Youth currently or has been in Foster Care system (0-24)

Young Persons 10-24 Years Old Specific

- Pregnant or Parenting Person 10-24 Years Old?: Yes/True No/False
Has Ever Been Involved in the Juvenile Justice System?: Yes/True No/False
Ever Dropped Out or Stopped Going To School?: Yes/True No/False



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NAYA Staff Use Only:

Date Received ____/____/____

ETO ID# _____

NAYA Legal Consents and Releases

These consents are good for two years, except in the case of the Healing Circle where it is good for 90 days.

Permission/consent to photograph, video, interviews and quotations:

I give consent for myself or my child to participate in NAYA Family Center marketing activities, including interviews, the use of quotes, and the taking of photographs, movies or video tapes by NAYA Family Center employees. I grant NAYA Family Center the right to edit, use, and reuse said products for non-profit marketing purposes including use in NAYA Family Center grant writing and marketing in print, on the internet, and all other forms of media. I also hereby release NAYA Family Center and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I agree: **Yes** **No**

Please initial: _____

Permission/Consent to Be Contacted About Other NAYA Services & Events, and Other Community Events and Activities:

NAYA Family Center has my permission contact me or my child about other NAYA Family Center services and events, and other community events and activities by postcards, emails, phone calls, etc.

I agree: **Yes** **No**

Please initial: _____

Release of Liability/Assumption of Risk:

By participating in the programs and activities of the NAYA Family Center, I agree to hold harmless the NAYA Family Center, and release any and all rights or claims to damages that may arise in connection with or as a result of myself or my child's participation in the programs and activities of the NAYA Family Center. This release applies to the NAYA Family Center, including any and all officers, agents, employees, volunteers, sponsors, coaches, and/or damages.

I agree: **Yes** **No**

Please initial: _____

Consent to Emergency Care and Relevant Information:

In the event of an emergency, if reasonable attempts to contact persons listed are unsuccessful, I give consent to the NAYA Family Center to transport myself or my child to the doctor or to the Emergency Medical Department of the nearest hospital. If my doctor cannot be contacted, all medical treatments deemed necessary by the attending licensed physician, including examinations, anesthesia, operations, and diagnostic procedures, may be administered. I further acknowledge that I will be responsible for all fees and costs associated with the medical treatment that are not covered by my insurance.

I agree: **Yes** **No**

Please initial: _____

Consent to Emergency Care and Relevant Information (continued):

Emergency Contact Person 1

Name: _____ Relationship: _____

Phone Number: _____

Emergency Contact Person 2

Name: _____ Relationship: _____

Phone Number: _____

Medications:

Allergies:

Consent for Transportation in NAYA Vehicles and NAYA Staff Vehicles

I understand that NAYA Family Center programs and activities may include local and long distance travel, and give permission to the NAYA Family Center to provide transportation. The participant understands and agrees to abide by the following rules with being transported.

- All participants must be responsible for wearing seatbelts at all times.
- All children under 80 lbs. are required to be properly placed in a child seat or booster seat.
- Appropriate conduct will be mandatory when being transported.
- Smoking is not allowed in NAYA Family Center vehicles or personal staff vehicles when being transported.

A participant may be subject to suspension of transportation privileges if found in violation of any rules of transportation, or for disobeying the NAYA Family Center staff providing the transportation.

I agree: **Yes** **No**

Please initial: _____

NAYA Family Center Grievance Policy

The grievance process is provided to ensure that all NAYA Family Center participants have a clear path to follow for discussion of difference of opinion or specific complaints regarding services at NAYA Family Center. If informal discussions with a NAYA Family Center staff member or their supervisor have not yielded a successful resolution of a situation or concern, the participant or representative shall provide a written grievance in the form of a letter or an incident report (may be obtained at the front desk) to the Executive Director stating the following:

NAYA Family Center | Consents and Releases

NAYA Family Center Grievance Policy (*continued*)

- The situation identified as a problem,
- The date the situation occurred,
- Circumstances which created the grievance,
- All individuals involved,
- The specific relief sought.

A grievance must be submitted within seven working days of the time when the participants first knew of or reasonably could have known of the occurrence, act or omission on which the grievance is asked. No grievance shall be considered unless the client has first exhausted the informal remedies available through discussion with the NAYA Family Center staff member involved or their supervisor. The Executive Director shall conduct an investigation and provide the participant with a written decision within fifteen working days from when the notice was received.

Agency Policy of Denial of Services and Client Right to Access and Appeals Process Policy as described the APCM Program Instructions reads: Agencies must have documented Denial, Appeal, and Fair Hearing procedures for CSBG applicants satisfactory to Oregon Housing and Community Services (OHCS). These policies and procedures must be accessible to applicants upon request. Households that believe they have been discriminated against during local hearing processes may request to appeal with OHCS. The OHCS Program Coordinator must receive notification that a hearing was held. A copy of the notification should also be sent to the agency DCHS contract liaison.

OHCS Program Coordinators are located at the following address:

Attn: OHCS CSBG Program Coordinator
Oregon Housing and Community Services
P.O. Box 14508
Salem, Oregon 97309-0409

NAYA Family Center | Consents and Releases

Confidentiality at NAYA

It is the policy of NAYA that all information relating to any and all persons participating in NAYA services is to be kept strictly confidential, adhering to all applicable city, state, and federal laws and regulations. Any information sharing with other agencies, organizations or persons other than NAYA staff must be accompanied by a Release of Information (ROI) that is signed by either the participant and or the guardian. The primary purpose of confidentiality as it relates to participant records is to provide anonymity and protection for the participant and the family that is involved in a NAYA service. It is the premise of this protection that facilitates the establishment of a trusting relationship between the participant and NAYA staff. There are four general areas of exception to NAYA's confidentiality policy: 1) medical emergency, 2) legal-only when subpoenaed by a court of law, 3) Oregon law requires that any NAYA staff with knowledge of physical abuse, sexual abuse, or neglect which leads to harm of a child, elder, mentally ill, developmentally disabled or disabled person be reported to SCF immediately, 4) If a participant is in danger of harming themselves or others.

Participant signature (*if over 18 years of age*)

Date

Printed participant name

Participant parent/guardian signature (*if under 18 years of age*)

Date

Printed parent/guardian name

Printed NAYA staff name