ATTACHMENT E

Oregon Addictions & Mental Health Division Evidence-Based Programs Tribal Best Practice Approval Form, Mk V

1. Name of Tribal Practice:		
2. Brief Description:		
3. Other Examples of this Tribal Pr	ractice:	
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>		
>		
4. Evidence Basis for Validity of the Connections:	e Tribal Practice: Historical/Cultural	
Longevity of the Practice in Indian Country	>	
Teachings on which the Practice is based	>	
Values incorporated in the Practice	>	
Principles incorporated in the Practice	>	
Elder's approve of the Practice	>	
Community feedback/evaluation of the Practice	>	
5. Goal/s Addressed by this Tribal	Practice:	
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6. Target Populations:

A.	Institute	of Medicine	Strategy (check one	of the following):

Universal
Selective
Indicated
Treatment

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B. Socio-demographic or other characteristics:

Age	
Sex	
Occupation	>
Living Conditions	>
Conditions	
Other	>

7. Risk and Protective Factors Addressed:

Domain	Risk Factors	Protective Factors
Community	>	>
Family	>	>
Peer	>	>
School	>	>
Individual	>	>

8. Tribal Practice-Personnel:		

>	
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9. Tribal Practice-Key Elements:	
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10. Tribal Practice-Materials:	

11	۱.	Tri	ibal	Pract	ice-O	pti	onal	Elem	ents:
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12. Outcomes:

Decrease	Increase	Specify
Avoidable Death	Longevity	>
Disease-Specific	Health	>
Morbidity		
Disability Handicap	Ability	>
Pain and Suffering	Wellbeing	>
Alienation/Anomy/I	Social/Community/	>
solation	Cultural	
	Connectedness	
Abuse/Dependency/	Abstinence Non-	>
Addiction	harmful use	
Unemployment	Employment	>
Education Failure	Educational	>
	Success	
Dysfunctional	Healthy Family	>
Family		
Delinquency/	Good Behavior	>
Crime		
Homelessness/	Stable Housing	>
Instability		
Unhealthy Attitude,	Healthy Attitudes,	>
Beliefs, Ignorance,	Beliefs, Skills,	
Lack of Skills,	Lifestyle	
Lifestyle		

13. Coding

14. Contact person for Agency Providing the Tribal Practice:

Name:	
Phone:	
E-mail:	

Practice A	Approval Date:	

See website: www.tribalbestpractices.com for instructions.