



VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Mental Health Services Act Innovations
Mixteco Project: *Healing the Soul*
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HEALTH, RECOVERY & WELLNESS

I. Project Overview

1) Primary Problem

- a) What primary problem or challenge are you trying to address?
- b) Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county.

a) Indigenous people around the world have used the services of traditional healers for generations. According to the World Health Organization, 80 % of the world's populations consult traditional healers (2002). This finding indicates that there is a need for western mental health providers to learn and understand the practices and perspectives of indigenous communities across the globe. In Ventura County (hereinafter referred to as the County) there are 17,500 indigenous Mexican farmworkers according to the 2009 Farmworkers Indigenous Study (IFS). A more recent article in The Ventura County Star updated that number to be over 20,000 individuals –making the County the second largest concentration of indigenous people living in the state. The majority of which are working in labor intensive agricultural work as farmworkers. Despite their growing numbers, indigenous Mexican individuals are not utilizing County mental health services at a comparable rate. During the most recent three-month period, Ventura County Behavioral Health (hereinafter referred to as VCBH) received a bill for just six exchanges needing language support for the indigenous Mexican population. Of these six contacts three were for calling the access and referral line, two were on the crisis line, and just one was for actual treatment. These low numbers are significant given that there is a documented need for services. A study by the National Institute of Mental Health found that anxiety disorders affect 18% of the farmworker population. The notable absence of this population in county mental health services caused the Mixteco/-Indigena Community Organizing Project (hereinafter referred to as MICOP), a non-profit organization, to ask why?

b) The indigenous Mexican community might be deterred from county services for any number of reasons. However, it is essential to note that there are a unique set of circumstances facing indigenous workers that include cultural and linguistic issues, legal status, social isolation, work conditions, family, and substance abuse (Grzywacz and Talton 2012). For the indigenous Mexican communities, linguistic issues cause even more of an impact on daily life in comparison to that of other Mexican communities that speak Spanish. Instead of Spanish, the indigenous Mexican population speaks Mixteco or other indigenous languages that are exclusive to each region of origin. Language barriers leave this community especially isolated. A system such as VCBH that does not speak the language could cause an already closed

community to withdraw further or distrust county government services. In addition to the language barrier, indigenous cultures have a very different perspective on how to describe and treat mental health issues. Differences extend even to the vocabulary used for describing mental illness. Traditional Mexican folk illnesses are important to the understanding of mental health among this population. For example, *susto* is a condition that can include several symptoms including disturbed sleep, depression, gastrointestinal issues, and listlessness that are brought on by a sudden frightful event (Rubel, O'Neil, Collando-Ardon, 2003). *Susto* is seemingly similar in its description to Post Traumatic Stress Disorder. *Nervios* has characteristics of generalized anxiety disorder with a set of symptoms that can include worrying, jumpiness, irritability, depression, agitation, and nervousness (Roberta, Weller and Garcia, 2003). One study of farmworkers along the U.S.-Mexico border found that 41 percent of participant reported *nervios*, 37 percent reported depression and 17 percent reported *latidos* (or heart palpitations), which would be attributed to a variety of anxiety diagnoses in traditional mental health understanding (Weigel, Hall, et. All, 2007). This misuse of descriptive words has caused a well-documented issue for practitioners without exposure or knowledge of cultural traditions (Moodley & West, 2005). There could be even further discrepancies between the traditional Mexican definitions and the indigenous Mexican' descriptors.

Given the population's need for mental health services VCBH, in turn, should strive to develop a more culturally competent perspective that could help encourage treatment. Disparities in mental health treatment of minority cultures exist because of service inadequacies rather than any differences in need for services or access-related factors, such as insurance status (Smedley et al. 2003). One way to start this process is to learn more about how the local indigenous Mexican communities currently treat symptoms of mental health imbalances. To cope with mental health symptoms such as stress, many indigenous families in the County have relied on their traditional indigenous practices. Some of their cultural traditions include creating art using natural sources, such as clay or palm leaves, attending a sweat lodge to help family members balance their spirituality, burning copal (tree resin) to help individuals find equilibrium or rituals that involve taking children to throw white flowers in the river while singing. These practices provide perceived mental health benefits including relief from feelings of anxiety and sadness. These indigenous practices exemplify how different this community's treatment of mental health and wellness are from that of western ideology.

Knowledge about the mental health status of the indigenous Mexican community is sparse in part due to the absence of a written language. The uniqueness of the language and the lack of a written format means any mental health assessments are

very time intensive requiring a one-on-one translator if there is one available at all. These difficulties could mean that individuals needing treatment are forced to rely on their community for help which further insulates the already isolated community. This reaction leaves the professional community in the dark when it comes to indigenous Mexican mental health needs in general and a lack of understanding about their traditional healing practices.

Whether or not indigenous healing practices are a successful model for treating stress, anxiety, or depression is also unknown. Mental health providers will need more information about the local indigenous community before they can consider changing the way they are providing services to be more culturally adaptive. Utilizing a culturally appropriate approach has been shown to have positive effects on treatment outcomes (Griner & Smith 2006). This benefit is especially true for Cognitive Behavioral Therapy (CBT) which is the treatment modality that VCBH providers use. Clinician's with higher levels of cultural competence experience more favorable outcomes with their clients (Sue, 2001), utilizing multicultural competency to tailor CBT effectively seems to better serve the mental health needs of marginalized populations (Graham, Sorenson, Hayes-Skelton, 2013).

In light of these considerations, MICOP is proposing a research project that would explore indigenous Mexican healing beliefs, practices, and their perspectives on mental health treatment. These initial findings will be used to gauge whether or not those practices can be adapted and evaluated as a behavioral intervention tool or a cognitive thought process; the two predominate CBT treatment strategies. If so, the agency in partnership with VCBH will test the strategy(ies) as an intervention for symptoms of stress, anxiety, and depression. The combined outcomes of the information gathering and the evaluation stage, if effective, will result in evidence-informed tools that the county can use to adapt CBT treatment for indigenous Mexicans here in the County.

2) What Has Been Done Elsewhere To Address Your Primary Problem?

“A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (CCR, Title 9, Sect. 3910(b)).

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

2) A literature review was conducted to review how other agencies are integrating traditional approaches into western therapies. A broad scale view demonstrates many studies that cite the need for more cultural integration therapy. Roy Moodley writes, "Minority clients have mistrusted counseling psychologists and psychotherapists arguing that they misunderstand minority clients' illness representations and presentations, and use culturally insensitive methods (see Bhugra & Bhui, 1998; Kareem & Littlewood, 1992; Moodley, 1999a, b; 2000; Moodley & Palmer, 2006). As a result, many still depend on their cultural and traditional healing practices" (Moodley & West, 2005). Findings such as these have created a push for research to be done on how to serve multicultural clients better. Canada and Australia have pioneered the study on how providing indigenous populations with culturally adaptive interventions that utilize traditional rituals can improve outcomes. Even government services in Australia, Queensland in particular, have gone so far as to write up mandates that include the importance of incorporating indigenous perspective and knowledge into program services, practices, and education courses to improve indigenous access and mental health and well-being (Dudgeon & Ugle 2014).

One study also demonstrated the benefits for farmworkers in particular. When cultural elements were integrated into treatment, mental health outcomes improved for the farm worker community in areas such as depression and anxiety (Hiott, Grzywacz, and Davis, 2008). Approaches that integrate traditional healing practices with Western-style medicine can be effective in establishing trust and lead to increased access and utilization of services, and ultimately to improved health outcomes (Hiott, Grzywacz, and Davis, 2008). California has several programs that provide traditional healing methods such as sweat lodges for Native Americans communities and horticultural therapy programs for the Hmong community. However, few services offer cultural competent treatment for indigenous Mexican populations. After a preliminary search, translation services were as close as any counties in California came to having a focus on the indigenous Mexican populations. The high concentration of indigenous Mexican people is cause for the County's interest in supporting and learning more about how to better serve this culture. The Healing the Soul project will be the first of its kind to evaluate the inclusion of indigenous interventions as having a potentially positive effect on adverse mental health symptoms in the region.

In general, CBT is recommended as an easily adaptive theory especially for treating stress and anxiety (Deacon and Abramowitz, 2004). Generally, CBT is based on the perspective that the client's dysfunctional thought process has led to changes in their emotions and behaviors (Beck and Beck 2011). Therefore a therapeutic relationship that does not take into consideration a client's cultural perspective can run the risk of alienating a client whose beliefs may be dismissed or identified as maladaptive instead of a cultural norm. CBT can be utilized with a variety of cultures or religions. The use of CBT from a multicultural perspective, the provider is trained to use their client's beliefs as strengths and to use them as motivating factors for change (Hays, 2009). CBT has been used to treat stress, anxiety, or depression

successfully with cultural modifications for the following populations: Latino youth (Pina et al., 2003). , Chinese Immigrants, Immigrants from Central America (Weiss et al., 2011), American Indian and Alaska Native children (BigFoot and Schmidt 2010). Based on the county’s literature review that used scholarly journal articles, internet searches, and county service plans there were no examples of CBT being adapted for indigenous Mexican populations.

<p>3) The Proposed Project</p>
<p>Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).</p>
<p>Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.</p>

3) MICOP is proposing a research project that would evaluate adapted indigenous healing practice(s) as a mental health intervention(s) to reduce symptoms of stress, anxiety, and depression in indigenous Mexicans. The program will first evaluate the effectiveness of indigenous cultural practices and perspectives on mental wellbeing and then assess the feasibility of integration of those results with the CBT approach. Information gathered from the indigenous Mexican community will inform recommendations on their acculturation process to further ensure that the adaptations are congruent. In summation, the project will learn about, evaluate, and adapt indigenous practices and perspectives for use as a culturally congruent modification of Cognitive Behavioral Therapy to treat indigenous Mexicans in the County.

For this document, the term intervention will reference the adapted indigenous strategies that will be evaluated. The use of treatment will refer only to clinical therapy provided by licensed professionals.

The project will begin with the establishment of an advisory board made up of Mixteco, Zapoteco, and other indigenous populations local to the area; as well as advocates and community health professionals who are familiar with the indigenous Mexican community in the County. The advisory board’s purpose will be to provide stakeholder input for a stronger community driven program from start to finish. The board will be comprised of ten people that will convene once a month for the first

year and quarterly in the following years. The board will be actively involved to help recruit 150 local indigenous Mexican community members to participate in either a focus group or a structured survey. The focus group will be an in-depth discussion on the topics and questions that will eventually be included in the structured surveys. Topics for the focus groups will include traditional healing practices for treating adverse mental health symptoms; values and beliefs about mental health; acculturation, the likelihood of using available Western mental health services; and prevalence rates of mental illness. The later created structured survey will be quantitative-style questions designed to incorporate a multitude of perspectives on the aforementioned topics. Results from the surveys will be compiled for two purposes, first to assess whether or not any of the practices can be adapted into a structured, time-limited strategy that could be used by a provider using CBT. Second, to inform a cultural learning card that will be developed at a later stage of the project. If the practices identified from the surveys cannot be adapted into a CBT congruent strategy, the project will be concluded.

The strategy(ies) will be tested by recruiting 300 community members to participate in the intervention trial. Interested participants who are over 18 and identify as belonging to the indigenous Mexican culture or whose parents or grandparents speak indigenous languages will take part in one of the intervention strategies facilitated by a local healer/Promotoras(es). The intervention strategies will take place over six weeks. For evaluation purposes, participants will complete the intervention in cohorts of twenty until 300 individuals have participated in one of the intervention strategies. Participants will be assigned to a strategy based on availability until one strategy has 150 participants. Participants will take a pre and posttest to assess whether or not the intervention had an effect in alleviating levels of stress, anxiety, or depression symptoms. Results will be analyzed and if successful, VCBH clinical staff will advise how the strategies can be utilized by clinicians administering CBT with indigenous Mexican clients. If the board and VCBH do not agree or think an adaption of the strategies is possible, the project will conclude.

The secondary purpose for the structured surveys is to develop a cultural learning card. The card imagined as a half page sheet will be for mental health providers to use and for new indigenous Mexican clients to bring with them when they are beginning treatment. The card is meant to facilitate conversation between the client and mental health provider about how their indigenous background will be included and acknowledged in their treatment. The learning card, designed to be completed in collaboration with the client and their provider, will be used for the following purposes: establish client rapport, provide psychological education, and to inform both parties of the client's personal acculturation process. The card will also provide brief background information to the mental health provider assuming they are unfamiliar with the indigenous Mexican culture.

The final part of the project will include a training workshop provided by VCBH staff in partnership with MICOP for mental health providers in the County. The workshop will review the synthesized data from the structured survey's covering community values and beliefs on mental health, as well as the unmodified

traditional healing practices. The purpose of reviewing this data will be to share language and perspectives that mental health providers can use to inform clinical treatment of indigenous Mexican clients. The workshop will train the providers on how to utilize the modified intervention strategies in conjunction with CBT and how to use the cultural learning cards with their clients.

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

4) Mental health services that acknowledge or incorporate the indigenous Mexican beliefs in treatment do not exist in the County. The primary accommodation currently being made is the option to have a translator who speaks Mixteco present during treatment. The Healing the Soul Project, would create services designed specifically for the indigenous Mexican population and incorporates traditional healing practices. The project will evaluate the mental health outcomes of an adapted mental health intervention. The purpose of the evaluation is to increase the quality of mental health services for the indigenous Mexican population in the County. Through developing and evaluating an adapted approach to CBT intervention, there will be an opportunity for the VCBH community to learn if the adapted approach(s) can help to relieve symptoms of stress, anxiety, and depression in indigenous Mexican clients. The project will also teach VCBH about the values and perspectives of this emerging community to continue to improve the quality of clinical services. Mixtec, Zapotec and other indigenous groups are characterized as underserved groups due to language barriers, economic circumstances, and lack of cultural awareness on the part of providers.

Existing mental health providers frequently lack cultural awareness and knowledge of the indigenous immigrant population in the County. Providers that are aware and strive to adapt their services are in need of direction and operate currently on little information. As previously described, indigenous perspectives and customs for addressing mental health issues are different. County providers need more material on the local indigenous community in order to provide improved mental health services to this community. This project will allow the VCBH community to learn about the perspective and practices of the indigenous Mexican culture while providing a new integrated approach especially for this population that can be used with the county's preferred treatment modality. The results of this study will honor the culture, investigate the effectiveness of traditional perspectives, as well as ultimately inform culturally sensitive clinical practice with the population. This unique project evaluates the mental health outcomes of an adapted intervention including traditional practices of indigenous Mexican people and will benefit service providers in the County, potentially offering an intervention for reducing stress, anxiety, or depression symptoms.

5) Learning Goals / Project Aims

Describe your learning goals/specific aims. What is it that you want to learn or better understand over the course of the INN Project? How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

5)

- To learn the mental health status of the indigenous Mexican community in the County.
- To know the traditional healing beliefs and strategies of indigenous Mexican community members.
- Does the chosen intervention strategies based on the traditional healing practices have an effect on symptoms of stress, anxiety, and depression?
- Does providing educational training to VCBH mental health providers, improve knowledge and acceptability regarding the integration of indigenous healing into the mental health services delivery for indigenous Mexicans?

6) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?
b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.
c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?
d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?
e) What is the <i>preliminary</i> plan for how the data will be entered and analyzed?

A. MENTAL HEALTHCARE-COMMUNITY COLLABORATION

Research that emerges in the community has been recognized as a viable mechanism for addressing mental health disparities in underrepresented communities and is often rooted in community-based research methods (CBPR). Over the course of several years, VCBH and the MICOP have developed a strong collaborative relationship, uniting partners with a shared vision of addressing the mental health needs of the indigenous Mexican population. Through this collaboration, the proposed research study aims to assess the feasibility, acceptability, and efficacy of a culturally informed, community-based traditional healing intervention for indigenous Mexicans. Study findings will be utilized to guide mental health service delivery approaches to effectively address the mental health needs of this at-risk, under-served population.

Proposed Study. The proposed innovative program will work with a researcher (to be named), as well as the county’s third-party investigator (Evalcorp), to examine the implementation and impact of the Healing the Soul study. Upon funding, MHSA and MICOP will develop a fully articulated research plan. Similar to the intervention itself, the study will follow a participatory approach in which members of the Community Advisory Board will be asked to provide input on fundamental aspects of the study.

B. HEALING THE SOUL COMMUNITY ADVISORY BOARD

Engaging the broader indigenous Mexican community in the research and evaluation process will be critical to advancing the traditional healing intervention from a community-based evidence standard to a promising evidence-based practice standard. The indigenous Mexican community will be involved in this study through the establishment of the **Healing the Soul Community Advisory Board** (hereafter referred to as community advisory board), comprised of approximately ten members. Members will consist of indigenous Mexican community residents, advocates, and community health professionals familiar with the indigenous

Mexican community in the County. Input from these stakeholders will ensure stronger, more dynamic alliances for implementing the proposed research project aimed at identifying and overcoming mental health disparities among this underserved community. The community advisory board will be led by two co-chairs, one from the community and one from MICOP. The community advisory board will provide guidance on the following:

- Participant recruitment
- Data collection measures and procedures
- Interpretation of study findings and results dissemination

C. RESEARCH QUESTIONS AND SPECIFIC AIMS

1. What is the mental health status of indigenous Mexicans?

Aim 1.1: Conduct focus groups with community stakeholders, to determine the mental health status of indigenous Mexicans.

Aim 1.2: Conduct interview administered surveys with indigenous Mexican participants, to determine the self-rated mental health status.

2. What are the traditional healing beliefs and strategies of indigenous Mexicans?

Aim 2.1: Conduct focus groups with community stakeholders, to identify traditional healing beliefs and strategies of indigenous Mexicans.

Aim 2.2: Conduct interview administered surveys with indigenous Mexican participants, to document indigenous healing beliefs and strategies.

3. Does the chosen intervention strategies based on the traditional healing practices have an effect on symptoms of stress, anxiety, and depression?

Aim 3.1: Administer a baseline and post-intervention survey to assess stress, anxiety, and depression

Aim 3.2: Administer a baseline and post-intervention survey to assess stress, anxiety, and depression outcomes.

4. Does providing educational training to VCBH mental health providers improve knowledge and acceptability regarding the integration indigenous healing into the mental health service delivery for indigenous Mexicans?

Aim 4.1: Administer a pre- and post-training survey to mental health providers' to assess change in knowledge and perceived self-efficacy regarding integrating indigenous healing into the service delivery for indigenous Mexicans.

Process Aim. Guided by the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework, examine the study's success in: 1) Reaching a representative segment of the population (reach); increasing participant satisfaction through a well-implemented intervention (implementation); and (3) Creating an intervention that can be adopted by and maintained or integrated by VCBH (adoption/maintenance).

D. RESEARCH DESIGN AND METHODS

This study employs a sound scientific methodology to develop and evaluate the feasibility and effectiveness of Healing the Soul in a culturally and linguistically appropriate manner. This **mixed methods research design** involves qualitative (focus groups), and quantitative (interview

administered surveys) approaches conducted in three parts. Part one consists of conducting focus groups with approximately 20 community stakeholders and interviewer-administered surveys with 150 indigenous Mexican participants to 1) examine the mental health status and 2) healing beliefs and strategies used to manage mental health distress among indigenous Mexicans. Part two will test the acceptability, feasibility, and utility of the traditional indigenous healing intervention. The testing will follow a pre-post-test research design to compare baseline to post-intervention changes in coping skills and mental health outcomes. Part three will test an educational training to County mental health providers, in improving knowledge of traditional healing beliefs and strategies and acceptability of integrating indigenous Mexican cultural factors into mental health service delivery.

1. Target Population and Participant Recruitment

Focus Group Participation. To be eligible for the focus group, participants will be 1) 18 years of age or older; 2) self-identify as indigenous Mexican; 3) possess strong familiarity with the indigenous Mexican community in the County.

Survey and Indigenous Healing Intervention Participation. To be eligible for the survey and traditional healing intervention, participants will be 1) 18 years of age or older; 2) self-identify as indigenous Mexican; and reside in the County. Indigenous status will be assessed by asking respondents if they self-identify as indigenous, or if they, their parents or their grandparents spoke an indigenous language. Linguistic and self-identification criteria have been typically used in previous research with indigenous Mexican-origin populations. Study staff interviewers will describe the study to participants and obtain informed consent in accordance with Human Subjects Research Committee requirements.

Mental Health Provider Training. To be eligible for the training, participants will be 1) 18 years of age or older; and 2) employed as a mental health provider.

2. Participant Recruitment.

Participants will be recruited from MICOP and county community partners. Members of the study's community advisory board and outreach staff at partnering community agencies will also assist with recruitment. Because these individuals are in positions of trust, they will make initial contact with potential participants to inform them about the study, and then provide study staff with their contact information for follow-up.

3. Data Collection Procedures

Focus groups with community stakeholders (N = 20)

A CBPR approach will be followed to engage community stakeholders to obtain feedback about the mental health status and healing strategies of indigenous Mexicans. Focus group methods will stem from previous literature and the prior experience working with the target population. Focus groups will follow methodology recommended by Kreuger (2008) including the use of focus group facilitators of the same racial/ethnic background as group members, holding the session in an environment that promotes discussion, providing refreshments, audio-taping the session and following a prescribed set of questions. Focus group scripts will be developed through an iterative

process with the community advisory board. Focus groups will include 8-10 participants each and will last approximately 90 minutes.

Survey participation with indigenous Mexicans (N = 150)

A comprehensive survey, consisting of existing measures informed by the literature, will gather background information (demographic and cultural factors) and mental health outcomes (e.g., overall mental health wellbeing, stress, depression, anxiety). Surveys will also include open-ended questions to gather qualitative information related to participants' healing beliefs and traditional healing strategies. Whenever possible, instruments will have been validated in Spanish and/or for use with the person who speaks indigenous languages.

Healing the Soul Intervention with indigenous Mexican participants (N = 300)

The evaluation will involve the implementation and delivery of a traditional healing intervention(s) with 300 participants to examine the efficacy and effectiveness of the use of a traditional healing in addressing mental health symptoms (N = 20 per group). Interview-administered surveys will be used to assess program outcomes at two points in time including baseline (administered immediately prior to the first intervention class session), and post-intervention (administered immediately following the final intervention class session). This part of the study will test whether participant’s symptoms and mental health outcomes improve from baseline to post-intervention.

Indigenous Mexican Healing Training for Mental Health Providers (N = 40)

The workshop training will involve administration of a baseline and post-training survey to measure increased knowledge about indigenous healing among VCBH mental health providers who attend the training workshops. The training workshops will provide mental health providers with an understanding of indigenous healing and recommendations rooted in the research literature, study findings, and recommendations from health organizations such as the Pan American Health Organization. Informed by knowledge of indigenous healing practices, mental health providers may be able to recognize potential similarities and differences between indigenous and Western healing approaches and may begin to bridge gaps between traditional healing and the cultures of the individuals they serve.

4. Measures

Study materials including data collection tools will be developed with the target community in mind. For this study, all data collection, and intervention materials will be formatted, with the priority population in mind, in a manner that allows them to be accessible and usable to the population. The survey employed in the interview process will draw from a combination of questionnaires already reported in health research with indigenous Mexican samples. In addition, some items will be developed specifically for this study. Items not available in Spanish will be translated and back-translated and cultural and linguistic adaptations appropriate for use with indigenous Mexican population will be emphasized.

Table 1. Overview of Study Indicators

Aim	Indicator	Measures/Sources being considered
Aim 1	Demographic information Cultural factors	Age, gender, education, income, marital status County of origin, language spoken at home

Aim 1 Aim 2	Clinical Profile	Diagnoses, substance use Mental Health Service history (type and frequency)
Aim 1 Aim 2*	Mental Health Status/Quality of Life	Healthy Days Core Module (CDC HRQOL-4) Mental Illness and Stigma (BRFSS)
Aim 1 Aim 2*	Depression	Patient Health Questionnaire-9 (PHQ-9)
Aim 1 Aim 2*	Anxiety	Generalized Anxiety Disorder-7 item (GAD-7)
Aim 1 Aim 2*	Stress	Hispanic Stress Inventory Patient Stress Questionnaire
Aim 1 Aim 2*	Cultural Bound Syndromes	<i>Nervios</i> (“nerves”), <i>susto</i> (“fright”), and <i>coraje</i> (“anger”) DSM-IV-TR (American Psychiatric Association, 2000)
Aim 1	Healing Beliefs Healing Strategies	Traditional healing beliefs Use of traditional healing strategies
Aim 2*	Coping	Coping skills questionnaire Confidence in ability to use indigenous healing strategies
Aim 2*	Mental Health Knowledge	Improved knowledge of, and connectedness to, mental health services.
Aim 3*	Mental Health Provider Cultural Knowledge	Knowledge about indigenous healing beliefs and strategies
Aim 3*	Mental Health Provider Self-efficacy	Self-efficacy regarding incorporating traditional healing information into service delivery

Note. *Aim 2 and Aim 3 will administer baseline surveys and post-intervention surveys to assess change.

E. DATA ANALYSES

Quality control procedures and data inspection. To ensure data quality, the research team will receive training in human subjects research, and specific protocols and measurement techniques relevant to their roles. The research team will take active steps to ensure data completeness, including careful training, and weekly review of all data forms. Measures taken to maximize participant retention will also contribute to data completeness. Data will be inspected and subjected to quality control procedures. Descriptive statistics for each study variable will be examined to ensure that values are within expected ranges and eliminate entry errors. All data collection and quality control procedures will be included in the formal study protocol to guide study implementation and dissemination.

Identifying Confound Variables. To control for confounding effects related to study outcomes, a preliminary analysis will be conducted to identify potential confounds to control them in the analyses.

Qualitative data analysis. Data from the focus group will be qualitatively analyzed. Organization and analysis of audio-recorded focus groups will be conducted using Microsoft Word. Audio-recordings will be transcribed verbatim, Spanish transcripts will be translated into English, as will Mixteco to English, and double-checked for transcription errors by project staff. The transcripts will be analyzed using a methodology of coding consensus, co-occurrence, and comparison and content analysis. Project staff will code each transcript independently and then meet to discuss and finalize the codes. Relevant themes will be reported in study reports as important considerations in the development of the traditional healing intervention and mental health provider training curriculum.

Quantitative data analysis. Quantitative data will be aggregated, analyzed, and synthesized according to the methods outlines for each measurement tool. Analyses will include descriptive and inferential statistics and integration of findings from the qualitative and quantitative analyses. Descriptive analyses will be conducted to describe participants' background characteristics, including means and proportions and measures of variability. Analyses will be examined overall, by gender, and by clinical data then Chi-square and independent t-tests will be calculated. Statistics will be calculated for each time of assessment and change between baseline and post-intervention will be calculated.

Process Evaluation. The Re-AIM model will be used to evaluate feasibility, acceptability, and dissemination potential. Process evaluation approaches will be finalized with input from the Community Advisory Board.

7) Contracting
If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

7) MICOP is a current contractor with a proven record of success in outreach to the indigenous Mexican population and program implementation. They currently provide outreach to the indigenous Mexican community to provide access and linkages to county services. They have a good standing relationship with the County and are held in high regard by the local community for their cultural competency. The County will provide project management, data analysis, technical support, regulation compliance, and evaluation throughout each of the three phases of the project.

II. Additional Information for Regulatory Requirements

1) **Community Program Planning**

Please describe the County's Community Program Planning process for the Innovative Project, encompassing the inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

1) **Community Leadership Committee (CLC)**

The CLC is composed of stakeholders from a variety of sectors. It includes representation from public entities, including the Board of Supervisors, directors of the Health Care Agency, Human Services Agency, Public Health, and Probation. Also included are representatives from the Behavioral Health Advisory Board and its committees, the various MHSA components, education, underserved communities and the faith-based community. At least half of its members must be consumers and family members, representing the range of ages served by the Department. The CLC was originally created as working sub-committee of the Behavioral Health Advisory Board.

The Workgroup consists of high-level representatives from:

- County Departments and Social Services Agencies:
 - Behavioral Health (executive, program, and fiscal staff)
 - Human Services Agency
 - Sheriff
 - Probation
 - Public Health
 - Ambulatory Health Care
- Behavioral Health Advisory Board:
 - Board Chair; Representatives from Adult and Children's committees
- Consumers and family members representing children, TAY, adults, and older adults
- Community-based (non-County) mental health provider representatives
- Underserved Populations
- Latino Townhall

Behavioral Health Advisory Board

The Behavioral Health Advisory Board (BHAB) exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code as amended by SB43 (McCorquodale, Chapter 564 of 1993). The purpose of the board is to

review and evaluate the community's behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families, and communities affected by mental health and/or substance abuse issues. The Board further serves the community by advising the director and department based on their reviews and evaluations of these matters. Recommendations may include programmatic, policy and fiscal pieces.

Proposal Planning Process

The Mixteco project proposal was reviewed initially by the innovations work group which are made up of members of the Community Leadership Committee as well as county employees and community-based organizations. The innovations workgroup convened on April 26th for training on MHSA Innovations Regulations prior to reviewing any project proposals. A PowerPoint presentation that reviewed the primary purpose, project categories and other regulations took place as the first order of business.

The workgroup met three times to review the initial indigenous Mexican proposal: April 26th, 2016, May 11th, 2016, and June 7th, 2016. During these meetings, the committee concluded that the original outreach proposal designed in 2011 no longer met the requirements for innovations and asked MICOP to update the proposal. The proposal from MICOP was put forth to the Community Leadership Committee.

The Community Leadership Committee (CLC) met on August 4th to review and vote the proposal to be submitted to the BHAB, however, there was no quorum. The meeting was rescheduled for August 10th 2016 where a quorum was reached. The CLC approved the proposal be sent to the Behavioral Health Advisory Board (BHAB).

The BHAB met on August 15th and voted the proposal to be posted for a 30-day public review. The Healing the Soul research proposal was posted for 30-day public comment and review from Friday, August 16th, 2016 through Sunday, September 18, 2016. The BHAB then discussed the project at the public hearing on September 19, 2016. After which, it was approved by the BHAB to be submitted to the Board of Supervisors for approval to send the project proposal to the Mental Health Oversight and Accountability Commission.

2) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

- a) Increase access to mental health services to underserved groups
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes

d) Increase access to mental health services

2) This Project will increase the quality of mental health services, for the indigenous Mexican population of the County.

3) MHSA Innovative Project Category
Which MHSA Innovation definition best applies to your new INN Project (select one):
a) <u>Introduces a new mental health practice or approach</u>
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

3) Healing the Soul will introduce a new mental health practice by evaluating traditional approaches as a mental health intervention(s) and offer recommendations and training for adapting the CBT approach to indigenous Mexican clients seeking treatment in the county mental health system.

II. Additional Information for Regulatory Requirements (continued)
5) Population (if applicable)
a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?
b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.
c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

a) The project does not provide direct clinical services. If individuals with serious, persistent mental illness (henceforth referred to as SPMI) come in contact with the

project, staff will be trained on how to refer them to VCBH services. Following the referral, these individuals will continue to be eligible and encouraged to participate in the study. The intervention described in the study is not designed to take the place of clinical intervention.

- b) For the Healing the Soul Project, 500 community members will participate in the project. All participants will be over the age of 18 and be comprised of men and women. Participants will be of varying legal status and will be of indigenous Mexican origin and speak primarily Spanish or Mixteco. All demographic data will be collected per the MHSAs Innovations regulations.
- c) The project’s focal population are Indigenous Mexican community members living in The County. Eligibility to participate will include participants that self-identify as Mixteco, Zapoteco, Purepecha, Otomi or other indigenous Mexican groups and reside in The County. Indigenous Mexican status will be assessed by asking respondents if they self-identify as indigenous, or if they, their parents or their grandparents spoke an indigenous language. Participants can be male or female and must be over the age of 18.

6) MHSAs General Standards
Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSAs General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.
a) Community Collaboration
b) Cultural Competency
c) Client-Driven
d) Family-Driven
e) Wellness, Recovery, and Resilience-Focused
f) Integrated Service Experience for Clients and Families

- a) The project idea came from the community. MICOP clients (stakeholders) that are suffering from or who have family members with have mental health issues, were the ones who helped the administration identify the lack of understanding and relatability in existing mental health services. The traditional stakeholder process was also followed by incorporating feedback and approval from the following: Innovations Work Group, Community Leadership Committee, Behavioral Health Advisory Board, the public, and the Board of Supervisors.

- b) The driving purpose of this project is to address issues of engaging and retaining individuals of a diverse and underserved population. There is a current disparity that the county is attempting to address; this project is a direct approach to learning more and better serve and engage the underserved Indigenous Mexican Communities. The Indigenous Mexican community members on the advisory board will participate in all phases of the project to ensure community buy-in and accurate service delivery. The larger community will provide their feedback and perspective through the structured survey and focus group participation.
- c) Clients will participate in the project voluntarily and may leave the study at any point in time. Clients will also be referred to county mental health services if they display symptoms considered to be SPMI or if the participant requests to be referred. Those who are determined to be SPMI will continue to be eligible and encouraged to participate in the project post referral.
- d) Not applicable this program.
- e) Healing the Soul takes a strengths-based approach to mental health by incorporating cultural perspectives throughout the intervention. Program intervention will utilize cultural norms and integrate them into treatment services through CBT. Treating minorities with a culturally competent approach has been shown to have positive effects on treatment outcomes (Griner & Smith 2006).
- f) The project as a whole proposes to enhance integration by building on the county's knowledge base and strengthening the County's relationship with the local Indigenous Mexican community. Healing the Soul will also offer an integrated experience for participants through MICOP's multiple programs and referrals. Other services as needed: housing, food assistance, employment, public health, legal, and any other service needs will be offered through coordinated referrals and linkages between agencies.

7) Continuity of Care for Individuals with Serious Mental Illness
Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

7. Yes, in conjunction with clinical treatment. This research project is not designed to take the place of clinical treatment, and any SPMI individuals who might qualify for county services will be referred directly to the county system. Individuals who are considered SPMI will be encouraged post referral, to participate in the study, receiving both the intervention and clinical treatment concurrently. After the study ends, SPMI individuals that were participating in the study will continue receiving clinical treatment.

<p>8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.</p>
<p>a) <i>Explain how you plan to ensure that the Project evaluation is culturally competent.</i></p>
<p><i>Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.</i></p>
<p>b) <i>Explain how you plan to ensure meaningful stakeholder participation in the evaluation.</i></p>
<p><i>Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.</i></p>

- a) One of the principle purposes of the project is to enhance cultural competency within county provided treatment services. MICOP has worked with the local indigenous Mexican community and the county to design this research project from its conception. In order to maintain the cultural competency of the project throughout the timeframe, a local advisory board of ten indigenous Mexican community members will also convene throughout the project’s entirety to provide feedback and ensure cultural competency is maintained.
- b) The Healing the Soul project has community members and stakeholders involved in the program throughout the years of proposed funding. The advisory board members help recruit potential participants and will have a hand in developing and vetting the tools for the mental health care provider training to make sure they are culturally relevant. The local indigenous community will not only be actively involved they will be spearheading this project.

<p>II. Additional Information for Regulatory Requirements (continued)</p>
<p>9) Deciding Whether and How to Continue the Project Without INN Funds Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For</p>

example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

9) The research project will close after three years with the option to extend to a fourth should MICOP need more time to conclude all aspects of the program. The fourth year will ultimately be at the discretion of the County. Other stop gaps have been placed in the program's design in case the project findings indicate the end goal is unfeasible. The program will not be funded after year four or the close of the program at one of the stop gaps by county innovation funds. However, one of the major outcomes of the project is a useful CBT training for practitioners that focuses on building a knowledge base in order to be more culturally sensitive in treating the indigenous Mexican community. A cultural learning card will also have been developed for use between a mental health provider and indigenous person to discuss infusing treatment with a culturally sensitive perspective, psychological education, and acculturation processes. MICOP in partnership with VCBH will be able to continue a fee for services component by offering the workshop and training on the conversation tool throughout the county and beyond.

10) Communication and Dissemination Plan
Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.
a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?
b) How will program participants or other stakeholders be involved in communication efforts?
c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

a) MICOP is planning two workshop trainings in partnership with VCBH for CBT providers. MICOP, as well as the County, can utilize this training model to inform clinicians and community base organizations throughout the county on how to be more culturally sensitive in treating indigenous Mexican clients. The training will provide invaluable information on the indigenous Mexican population that is relevant to other counties both in and out of state that can be disseminated through related conferences. Innovation updates will be added to the three-year annual update as well as the annual update reports to the state. Updates will also be provided at the BHAB general meeting that is open to the public. A final report on the project will be presented to the BHAB and the Board of Supervisors at the conclusion of the project.

- b) The steering committee and promotoras(es) hired from within the community will be a part of the planned trainings. Participants may also participate to share their perspectives at the trainings. Responses from the structured survey interviews will be used in the trainings. Providing a direct line of shared communication about cultural beliefs and community needs from the indigenous Mexican community to clinicians.
- c) Indigenous; Indigenous Mexican; traditional healing; mental health; Indigenous tool

11) Timeline
a) Specify the total timeframe (duration) of the INN Project: ___ Years ___ Months
b) Specify the expected start date and end date of your INN Project: ___ Start Date ___ End Date
<i>Note: Please allow processing time for approval following official submission of the INN Project Description.</i>
c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project’s timeframe will allow sufficient time for
<ul style="list-style-type: none"> i. Development and refinement of the new or changed approach; ii. Evaluation of the INN Project; iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project; iv. Communication of results and lessons learned.

- 11. a) The total timeframe of this project is three years with an option to extend to four years.
- b) The projected start date is April 1st, 2017

Year 1: 1 -15 months- Recruit and training new staff for the project, establishing a 10-member community advisory board, and identifying the community needs, perspectives, and healing practices among indigenous Mexican populations through structured interviews.

- Recruit and hire Promotores(as) and Project Director/Researcher, identify community members and establish the community advisory board.
- Facilitate focus groups to extrapolate further in-depth data on the survey proposed topics of mental health treatment, clinical treatment utilization, and indigenous traditional healing approaches.
- Utilize one-on-one structured interviews with 150 ingenious community members to identify traditional approaches commonly used, understand current beliefs about Mental Health (MH) services, usefulness, and the likelihood of their use. Survey to be developed based on the findings of the focus groups.
- The development of a recruitment plan to be designed for 450 participants. (150 for surveys and 300 participants)
- Train Promotores(as) and community advisory board members on survey tools for pre- and posttests.
- The advisory board, the county innovations position, and the Project Director/Researcher will choose, through consensus, strategies to adapt and evaluate that can be aligned with CBT approach of a behavior intervention or cognitive thought process.
- If practices cannot be adapted project will conclude

Year 2-3: 15-24 months- Evaluation process of traditional healing adapted intervention with up to 300 eligible participants tested.

- Ongoing enrollment of participants in cohorts of 20 for 15 cohorts or when 300 individuals have participated.
- Administer pretest to each cohort to assess symptoms such as stress, anxiety, and depression.
- Begin application of indigenous well-being intervention strategies.
- Complete posttest after the duration of traditional intervention takes place.
- If posttests do not show that the interventions had a positive effect, then project concludes.
- VCBH clinical staff assess with the advisory board if strategies can be conveyed as a culturally adapted CBT strategy if not project concludes.

Year 4: 6-12 months Data will be analyzed and written up for publication. Development and dissemination of tools and training resources will take place in partnership.

- The cultural learning card will be developed and vetted by the Project Director/Researcher, community advisory board, and VCBH clinical staff.
- Indigenous Mexican healing training workshops will be delivered to VCBH mental health providers’ topics will include: Structured survey results on indigenous beliefs, values, and attitudes towards mental health, ways to be more inclusive of indigenous Mexican culture, and a workshop on how to use the intervention strategies and cultural learning card in conjunction with CBT practice.
- Baseline and post-training surveys will be administered to evaluate increased knowledge and attitudes about the feasibility of integrating Indigenous Mexican cultural beliefs towards mental health.
- Disseminate the tools and findings from this research project throughout the county.

II. Additional Information for Regulatory Requirements (continued)

12) INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

- BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

A. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project.

A. Budget Narrative total of 4 years however year 4 is at the discretion of the County

PERSONEL COSTS

Salaries

Executive Director, 4 hours per week.

Executive Director will be in charge will general oversight of the project

Time to project 16hrs for 48 months FTE; TOTAL Project Salary: \$25,688

Associate Director, 4 hours per week.

Associate Director will supervise the Project Director/Researcher throughout the project

Time to project 16hrs for 48 months FTE; TOTAL Project Salary: \$20,696

Project Director/Researcher, FTE 40 hour per week.

Project Director/Researcher will be responsible for the supervision, oversight & implementation of the proposed project. Experienced in evaluation research.

Time to project 40hrs for 48 months FTE; TOTAL Project Salary: \$303,680

4 Promotores(as), Year 1 & 4: 20hrs/wk. x 4 healers x 26 weeks; Year 2 & 3: 20hrs/week x 4 healers x 52 weeks.

Promotores(as) will provide indigenous insight, in conjunction with the advisory board, for the formation of the cultural learning card and training workshop review. The Promotores(as) will primarily assist with focus groups, structured oral interviews, pre and posttest administration, and translation of the aforementioned. Promotores(as) will also assist as needed with implementing any aspect of the indigenous healing approaches in Years 2 & 3.

Time to project 80hrs for 33 months FTE; TOTAL Project Salary: \$202,800

Finance Manager, 3 hours per week.

MICOP finance manager will be in charge of budget oversee and management as needed

Time to project 10hrs for 48 months FTE; TOTAL Project Salary: \$19,864

Taxes & Benefits. Year 1: 17.5%; Year 2: 18%; Year 3: 18.5% and Year 4: 18.5%.

TOTAL: \$104,917

OPERATING COSTS

Direct Costs

Advisory Board Stipend and Supplies TOTAL: \$10,500

10 Advisory board members will be given small stipend for meeting participation

Year 1: Advisory board will be meeting approximately once every other week for six months.

Board and Promotoras will be facilitating 150 interviews and two focus groups.

Year 2 & 3: Recruitment meetings pre and posttest administration will be meeting at least once a month

Year 4: meetings and workshop training will take place at least six meetings.

Any needed generic office supplies for the advisory board to accomplish their goals.

Advisory Board Supports

Miscellaneous Support Funds for Advisory Board Meetings. TOTAL: \$5,300

MICOP will be working with indigenous families who may or may not be employed and would like to be able to provide supports such as gas cards, bus passes, food, and incentives for

attending the board meetings so committee members can participate in the regular project responsibilities for the project's duration.

Client Supports

Food for Focus Groups, Structured Interviews, and Practices TOTAL: \$4,500

Year 1: Advisory board will be meeting approximately once every other week for six months.

Board and Promotoras will be facilitating 150 interviews and two focus groups.

Year 2 & 3: Recruitment meetings pre and posttest administration will be meeting at least once a month

Year 4: meetings and workshop training will take place at least six meetings.

Indirect Costs

Incentive-Participants. TOTAL: \$20,500

300 participants will be awarded \$50 incentive gift card for their full participation 400 participants will be recruited.

Mileage. TOTAL \$5,000

Mileage costs for Project Director/Researcher

Office Supplies. TOTAL \$6,000

This budget item includes the office supplies directly used by the project staff for program activities. It includes paper, printing, pens, binders, file folders, tape, staples, and other office supplies as needed.

Indirect costs include office rent.

Program Supplies. \$9,500

Program supplies include supplies for curriculum and traditional healing approaches.

Building Occupation \$27,292

Building rent, maintenance costs, etc.

NON RECURRING COSTS

Equipment (Onetime expense). \$2,500

Equipment, purchased on a one time bases includes: computer, printer, desk, chair, and phone stipend for Project Director/Researcher

CONSULTANT

Consulting Support, 1 hour per week. TOTAL: \$10,400

Consultant will support & mentor Research Project Director/Researcher and four indigenous healers throughout the project

Indigenous Traditional Therapy. TOTAL \$24,648

Indigenous Traditional Therapists will be needed to lead the indigenous healing practices to be authentic to the approaches chosen by the Steering Committee. They will guide the 300 participants. This will be implemented in the year 2, 3 & 4 at 6 hours per week.

B. PERSONNEL COSTS (salaries, wages, benefits)		FY 2017	FY 2018	FY 2019	FY 2020	Total
1.	Salaries	\$122,306	\$159,068	\$163,590	\$133,064	\$578,028
2.	Direct Costs	\$21,404	\$28,632	\$30,264	\$24,617	\$104,917
3.	Indirect Costs	\$	\$	\$	\$	\$
4.	Total Personnel Costs	\$143,710	\$187,700	\$193,854	\$157,681	\$682,945
OPERATING COSTS						
OPERATING COSTS		FY 2017	FY 2018	FY 2019	FY 2020	Total
5.	Direct Costs	\$4,000	\$9,500	\$4,500	\$2,000	\$19,500
6.	Indirect Costs	\$11,502	\$17,163	\$18,764	\$16,362	\$63,792
7.	Total Operating Costs	\$15,502	\$25,663	\$24,264	\$18,862	\$83,292

NONRECURRING COSTS (equipment, technology)		FY 2017	FY 2018	FY 2019	FY 2020	Total
8.	Equipment	\$2,500				\$2,500
9.						
10.	Total Non-recurring costs	\$2,500				\$2,500
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 2017	FY 2018	FY 2019	FY 2020	Total
11.	Direct Costs	\$2,600	\$11,960	\$12,584	\$7,904	\$35,048
12.	Indirect Costs	\$6,700	\$10,200	\$10,200	\$8,100	\$35,200
13.	Total Operating Costs	\$9,300	\$22,160	\$22,784	\$16,004	\$70,248

OTHER EXPENDITURES (please explain in budget narrative)		FY 2017	FY 2018	FY 2019	FY 2020	Total
14.						
15.						
16.	Total Other expenditures					

BUDGET TOTALS		FY 2017	FY 2018	FY 2019	FY 2020	Total
Personnel		\$122,306	\$159,068	\$163,590	\$133,064	\$578,028
Direct Costs (add lines 2, 5 and 11 from above)		\$28,004	\$49,092	\$48,348	\$34,021	\$159,465
Indirect Costs (add lines 3, 6 and 12 from above)		\$18,202	\$27,363	\$28,964	\$24,462	\$98,992
Non-recurring costs (line 10)		\$2,500				\$2,500

Other Expenditures (line 16)					
TOTAL INNOVATION BUDGET	\$171,012	\$235,523	\$240,902	\$191,547	838,985

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition of direct/indirect costs.

C. Expenditures By Funding Source and FISCAL YEAR (FY)						
Administration:						
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2017	FY 2018	FY 2019	FY 2020	Total
1.	Innovative MHSAs Funds	\$19,219	\$30,658	\$32,191	\$33,801	\$115,869
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Administration	\$19,219	\$30,658	\$32,191	\$33,801	\$115,869
Evaluation:						
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2017	FY 2018	FY 2019	FY 2020	Total
1.	Innovative MHSAs Funds	\$7,059	\$11,261	\$11,824	\$12,414	\$42,558
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Evaluation	\$7,059	\$11,261	\$11,824	\$12,414	\$42,558
TOTAL:						
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 2017	FY 2018	FY 2019	FY 2020	Total
1.	Innovative MHSAs Funds	\$26,278	\$41,919	\$44,015	\$46,215	\$158,427
2.	Federal Financial Participation					

3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Expenditures	\$26,278	\$41,919	\$44,015	\$46,215	\$158,427

*If "Other funding" is included, please explain.

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