

Project Name: Native American Historical Trauma and Traditional Healing Innovation Project: A New Model for Collaboration with Mental Health Providers

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wishes to make use of it.

The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a “new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges” (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)

An “Innovative Project” means “a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports” (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project “shall have an end date that is not more than five years from the start date of the Innovative Project” (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project “only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project” (*CCR, Title 9, Sect. 3905(a)*). Further, “The County shall expend Innovation Funds only to implement one or more Innovative Projects” (*CCR, Title 9, Sect. 3905(b)*). Finally, “All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847” (*Welfare and Institutions Code, Sect. 5892(g)*).

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be **more specific or detailed** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Native American Historical Trauma and Traditional Healing Innovation Project

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

I. Project Overview

1) Primary Problem

- a) **What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.**

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need ... to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

The incidence of mental illness in the Native American population is higher than in the general population,

- Native Americans are 1.5 times more likely to experience "serious psychological distress", and
- Twice as likely to experience post-traumatic stress disorder.
- "The most significant mental health concerns today are the high prevalence of depression, substance use disorders, suicide and anxiety".ⁱ

The most recent data shows that despite the increased prevalence of serious mental illness, very few Native American individuals seek treatment services in Napa County.

- In Napa County, the estimated prevalence of Serious Mental Illness for Native Americans is 8.7%, twice the rate for the general population (4.1%).
- In 2014, 51 individuals who identified as Native American were eligible for public mental health services. Eight received services.ⁱⁱ In 2015, 42 individuals qualified and 4 were served.ⁱⁱⁱ

Mental Health America explains that Native American worldviews can be useful in finding more effective ways to provide support.

There have not been many studies about Native American attitudes regarding mental health and mental illness. There is a general Native American worldview that encompasses the notions of connectedness, reciprocity, balance and completeness that frames their views of health and well-being. Studying this experience may help lead to the rediscovery of the fundamental aspects of psychological and social well-being and the mechanisms for their maintenance.^{iv}

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There are few culturally-competent resources available to the population of Native Americans in Napa County. Those that exist are not focused on increasing the cultural competency of the mental health system though the estimated incidence of serious mental illness for Native Americans is higher than in other populations. This project is designed to address the gap in culturally-competent services by sharing the information about historical trauma and healing practices with mental health providers.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Napa County is an urban/rural area with an officially listed terminated tribe. This has resulted in a diverse Native community. After many meetings with elders, native community healers, tribal members and assimilated Native Americans, a consensus was reached that a safe unrestricted land base was an integral component to addressing intergenerational grief and healing. This base, Suskol House, is currently under construction in Pope Valley, an unincorporated area of rural Napa County. As the local Native community awaits this resource, they have begun to use the land for healing ceremonies.

Suscol Intertribal Council's current work through the Mental Health Services Act Prevention and Early Intervention funding has brought education about traditional healing to mental health consumers and their family members. Some of the workshops have been held at the Innovation Community Center. These workshops often begin with smudging, a traditional practice to cleanse a space using the smoke of sage. Over time, consumers, family members, and providers have asked the Native American educators how to use the smudging. Can they grow sage themselves? Can they burn sage at home?

This curiosity led to the development of this work plan. The educators have had several informal conversations with curious individuals about the cultural context and purpose of the smudging as well as how to use it. This project expands this informal work to a more structured approach and moves the information to providers themselves.

Additionally, during the Scoring Committee's review of the originally submitted idea, many of the reviewers indicated that they were not familiar with historical trauma. Suscol Intertribal Council considered how to combine the community's

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curiosity about wellness and healing with knowledge of culture, experiences and historical trauma.

Suscol Intertribal Council has been educating individuals in Napa County about historical trauma and its impact on the Native community since 1992. They have noted that often the information is difficult for individuals to hear the first time. One of the ways to help people receive the information is to also share ways to heal the trauma as they learn about it.

By combining information about cultural strengths and the historical trauma with the experience of a healing tradition, Suscol Council hopes to change providers understanding of and compassion for the Native American experience and encourage each participant to use and share the traditional Native American healing practices in their personal lives and professional service delivery.

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)).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. 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?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

A review of the literature found that the link between historical trauma and mental health in the Native American community had been studied and examined by several authors. There was also evidence about the importance of traditional healing ceremonies and providers’ cultural identity.

We did not find literature about how educating mental health providers about historical trauma and healing traditions impacts their compassion and advocacy for the Native American communities and/or how it changes their treatment plans

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or self-care. The typical cultural competency training about Native American culture for western providers did not provide the combination of cultural and historical trauma information and experience with the healing options.

Historical Trauma

The study that is cited most frequently in the literature about historical trauma in the Native American communities was done in 1998 by Maria Yellow Horse Brave Heart, PhD, and Lemyra M. DeBruyn, PhD.^v The authors describe the impact of historical trauma and the interventions used to heal trauma in traditional ceremonies and in “modern western treatment modalities”.^{vi}

A research summary related to historical trauma in the American Indian and Alaska Native communities was created by the University of Minnesota Extension: Children Family and Youth Consortium. This summary is focused on working with families in the child welfare system, and incorporates the historical trauma research from Maria Yellow Horse Brave Heart and extends it to a “colonial trauma response” which brings in “the contemporary and individual responses to injustice, trauma or microaggression.”^{vii}

Traditional Healing

There are additional studies describing the importance of traditional healing for Native American individuals, and offering ideas to healthcare providers about how to “integrate indigenous healing”^{viii}

Today Native Americans frequently combine traditional healing practices with allopathic medicine to promote health and wellbeing. Ceremony, native herbal remedies, and allopathic medications are used side by side. Spiritual treatments are thus an integral part of health promotion and healing in Native American culture.

Yet, the role of spirituality in health promotion and wellness is uncomfortable for many allopathic providers. Advanced practice nurses with their tradition of holism that embraces the bio-psycho-social-spiritual nature of health have an opportunity to suggest new ways to care modeled on traditional [Native American] practices. The inclusion of family and community in treatment plans decreases the isolation often found in allopathic care. And, thinking about the lack of person-environment harmony and balance may important clues for the diagnostic process^{ix}.

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Importance of Culture in Care

One study noted the link between how closely health care providers identify with the Native American culture and level of agreement on the patient's health status. The study examined 115 patient reports and compared each to the physician's reports. Individuals who identified more closely with each other were more likely to have similar health status reports. Since all seven of the physicians who participated in the study identified strongly as White-American, the study showed more agreement when the patients more strongly identified as White-American.^x Those who identified as American-Indian were less likely to agree with the physician's assessment of their health. We did not find a similar study that included mental health professionals or providers who identified strongly with Native American cultures.

- b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

Though we found efforts that were similar to pieces of this work plan, there were several limitations:

- We did not find an evidence-base for these types of programs,
- We did not find a program focused on training mental health professionals through a combination of education and experiential learning, and
- We did not find evaluated interventions.

Provider Training about Historical Trauma

We found several examples of training for professionals working to address health and/or substance use in the Native American community. We did not find examples of training for mental health providers that combined education about historical trauma and experiential learning about healing traditions.

Native American students seeking careers in public health are trained on historical trauma at Stone Mountain College^{xi} in Montana. The curriculum used spans three college courses and “uses a spiral model ...for in-depth and repeated explorations of the key concepts of historical trauma from different perspectives, always with a focus on: What does historical trauma look like? How does it feel? What does it feel like to be healed?”^{xii}

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The Native American Training Institute in New Mexico is “devoted to addressing alcohol substance use/abuse prevention, intervention and treatment from a distinctly Native American perspective.”^{xiii} This organization provides an annual conference for service providers in Albuquerque, New Mexico.

Changing Treatment Practices

We did not find models specific to changing the personal self-care practices of mental health professionals in order to change their professional practices.

We found one example of a narrative that offered techniques to change mental health practices, but it was exercises for therapists to do with clients, not an immersive experience with traditional healing methods.

Leslie E. Korn, MPH, PhD wrote a book titled, “Rhythms of Recovery,” that describes how historical trauma is addressed in the health care industry.^{xiv} She notes that the treatment of mental health is separate from physical health and there is a need to think about health as a whole, not in pieces. This book “includes participatory exercises for therapists and clients...designed to increase self-awareness of both for a more effective therapeutic relationship.”^{xv}

3) The Proposed Project

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).

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.

a) Provide a brief narrative overview description of the proposed project.

This Innovation Project is focused on combining education about varied Native American cultures, histories and historical trauma with training on traditional wellness and healing practices. The project is a series of workshops that take providers through the use and benefits of smudging, writing/art, drum circles, clapper sticks, drum making and drum blessings. The workshops will include the

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production of videos that will be used to share the learning and will be available for training purposes after the project concludes.

Recruit Advisors

To begin, the project staff will reach out to Native American Cultural Advisors with expertise in Native American history, experience and healing practices and Mental Health Advisors with experience in the public mental health system.

These Advisors will be asked to assist in the curriculum development, to refine the evaluation framework and tools, to review the learning from the project and to share the learning with their colleagues and peers. This is the first time in Napa County that Native American Cultural Advisors will lead an advisory group that includes mental health professionals to develop a culturally-relevant curriculum to change the mental health system.

Develop Curriculum

The curriculum for the workshops will be developed by project staff with the input of Cultural Advisors and Mental Health Advisors. Though each workshop will highlight a different traditional wellness and healing practice, each will use the following outline:

- The varied culture and history of Native Americans in California, including strengths of cultures, experience with trauma and impact of historical trauma.
- Introduction to traditional healing method and its use for wellness and healing.
- Context of traditional healing method, how to acquire materials, and how to use it appropriately and respectfully.
- Use of method for self-care
- Use of method in professional practice
- Discussion about how to continue the Native American narrative to begin healing from historical trauma.

Recruit Participants

Prior to beginning recruitment, the project staff will send a survey to mental health providers in Napa County to better understand individuals' current familiarity with Native American culture, history, experiences and healing traditions.

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A workshop led by project staff and the Advisors will be held in Napa County to share the survey findings. Napa County mental health providers will be invited to attend the introductory workshop and interested providers will be encouraged to participate in the Innovation project.

Facilitate Provider Workshops

The workshop series are designed for up to 30 participants in each of the two cohorts. The first cohort of 30 participants will occur from April to August 2018, and the second cohort will occur from September to January 2019. In February and March 2019, all cohort participants will be invited to a drum making and drum blessing ceremony at the Suskol House.

Each workshop will be led by a Native American educator, and will address the culture and history of Native Americans in California, the context and use of a healing method and how the method can be used personally and professionally. The workshops will include the production of videos that will be used to share the learning and will be available for training purposes after the project concludes.

Every workshop will end with time for participants to journal about their experiences and learning. The journaling prompts will include reflections on how to use the learning in their personal and professional pursuits. Journals will be used by participants to reflect on their learning, but will NOT be reviewed or collected by project staff or evaluators.

- b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**

This project makes a change to an existing practice in the field of mental health.

Currently, historical trauma is taught to mental health providers in an academic or western setting without the experience of the traditional healing methods. Our research showed that traditional healing methods are taught to Native American community members, rather than mental health providers working in the public mental health system.

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This project is shifting the education about culture, history and historical trauma and about traditional wellness and healing methods to the providers currently working in the public mental health system. The workshops combine education and experience and encourage the use of the practices in providers' own self-care as well as with the individuals they serve. This project is the beginning of a healing process to mend relationships between the mental health system and Native American communities in Napa County.

- c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

Both the education and healing approaches are currently in use. The education component is used in both the mental health provider and the Native American communities, and the healing traditions are currently used with the Native American community. This project is testing the hypothesis that combining the two will result in providers adopting the practices for personal and professional use.

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?

- a) **If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.**

This project is shifting the education about Native American culture, history and historical trauma and the experience of using traditional wellness and healing methods from Native American individuals and providers to western mental health providers currently working in the public mental health system.

We believe this is important because we'd like to understand how both traditions (cultural healing practices and public mental health services) can be used to promote mental wellness and address mental health concerns for Native American individuals. We are also interested in how this learning can be sustained to improve collaboration between Native American communities,

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Native American healers and mental health providers.

- b) **If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?**

Traditional Native American healing practices are being introduced to public mental health providers. These practices are used to address trauma in Native American communities, and are not familiar to or used by providers in the mental health system. The innovation is sharing the traditional Native American healing practices and encouraging mental health providers to use them in their own self-care as well as within their professional practice with Native American individuals in need of mental health services.

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. *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.*

- a) **What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?**

Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

Do providers integrate the learning into their own self-care? Why or why not?

Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

- b) **How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?**

Integrating the education about historical trauma and an immersive experience with traditional healing for Mental Health Providers

Area of Inquiry: Different levels and intensities of information about trauma and traditional healing.

Learning: Does the workshop series change mental health providers'

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understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

Area of Inquiry: Different settings for the trainings: mental health providers' offices, Suscol Council's offices in Napa, and the Suskol House property in Pope Valley.

Learning: Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

Area of Inquiry: How does information about historical trauma and traditional healing relate to a provider's personal history and experience? Do they recognize any part of their own experience?

Learning: Do providers integrate the learning into their own self-care? Why or why not?

Area of Inquiry: What changes can/will a provider make in how they address historical trauma with the Native American individuals they serve?

Learning: Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

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?**

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As part of the recruitment and evaluation, an online survey will be sent to mental health providers in Napa County to assess familiarity with Native American culture, experiences and healing traditions.

The 60 cohort participants will all be included in the surveys and focus groups. The participants will be recruited by project staff in March 2018 and August 2018.

- 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.**

The quantitative data will be collected on use of practices, including frequency and breadth of use both personally and professionally. Qualitative data will be collected through focus groups to understand shifts in attitudes and behavior that occur throughout the project. Data collection tools will be developed in the first three months of the project and participants will keep personal journals so they can reflect on learning at the end of the workshop series. Journals will NOT be collected or reviewed by project staff or evaluators.

- 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)?**

A pre and post-test survey will be used with all participants in each cohort. The surveys will be administered at the start of the workshop series, and the end of the series and again after the drum ceremony. Focus groups will be conducted at the end of the workshop series and at the end of the drum ceremony. Participants will keep personal journals throughout the project to aide them in reflecting on their experiences when the data is collected. Journal prompts will be used by the project staff to help focus participant reflections for evaluation. Journals are for the use of participants only and will not be reviewed or collected by project staff or evaluators.

- 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)?**

The participant surveys will be administered to all participants at the first and last workshop and at the end of the drum blessing ceremony.

The focus groups will occur at the final workshop for each cohort and at the end

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of the drum blessing ceremony.

The survey distributed to all mental health providers in Napa County at the beginning of the project will be an online survey and will be distributed electronically.

e) **What is the *preliminary* plan for how the data will be entered and analyzed?**

The survey data will be collected in hard copy and/or online and entered into the statistical software, Statistical Package for the Social Sciences (SPSS), for analysis.

Focus group recordings will be transcribed and the transcripts will be used for summary and analysis.

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?

Napa County Mental Health will be contracting out the Innovations project evaluation. The County values and understands the importance of maintaining a healthy relationship with both the evaluator and contractor. The planning process was reflective of that as it involved County staff, evaluation staff and potential contractors working together to ensure that the Innovations plan aligned with Innovations regulations while at the same time ensuring that the plan communicated the desires of the specific stakeholder group and needs of the community. The evaluation staff that have been contracted to work on this process hold those key pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period.

County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship is maintained and consistent throughout the project period.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

- a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements.”
- c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.”

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

- d) Documentation that the source of INN funds is 5% of the County’s PEI allocation and 5% of the CSS allocation.

Note: All certifications will be completed prior to submittal to the MHSOAC as required above.

2) Community Program Planning

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing 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

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regarding the specific purposes and MHSA requirements for INN Projects.

Napa County Community Program Planning

The planning process for Innovations began in September 2016 with presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Community outreach began in October 2016 with outreach to over 350 community providers and individuals who have previously participated in Mental Health Services Act (MHSA) planning. This email outreach was supplemented with phone calls to several individuals who do not have email accounts, and several packets of mailed information to individuals who requested hard copies of the planning documents.

In addition to the presentations with the Mental Health Board and the MHSA Stakeholder Advisory Committee, Mental Health Division staff and consultants presented to consumers and family members at the Innovation Community Center (the local Adult Resource Center), to the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub-Committee. This outreach was done to be sure the community's Innovation questions were addressed.

This process resulted in twelve innovation ideas being submitted in November 2016. Each of the agencies submitted ideas based on the data they had available and community reports compiled by the Mental Health Division about what was not working in the mental health system^{xvi} and based on input from their staff and/or individuals about what could be different. These ideas were reviewed by Mental Health Division staff for adherence to the Innovation guidelines. Nine of the ideas were forwarded to the Innovations Scoring Committee for further review and discussion.

Innovations Scoring Committee

The intent of the Innovations Scoring Committee was to provide a proxy for the public, local and state review process. Because of the reversion timeline, the Mental Health Division wanted to ensure the ideas that were developed into workplans were viable.

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

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The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. Based on the scores and comments from the Scoring Committee, the Mental Health Division selected four ideas to develop into workplans.

This work plan was developed from an idea submitted by Suscol Intertribal Council, a local agency whose mission is “the preservation of Native American Culture and the continued maintenance and development of ‘Suscol House,’ a safe land base to practice traditional ceremonies. Suscol also works in conjunction with other community based organizations to protect indigenous sacred sites and human rights globally.”^{xvii}

Suscol Intertribal Council Community Planning

This planning process is also described previously in the Project Overview Section 1b. This process was how the Suscol Intertribal Council developed the idea and chose to develop it for consideration by the Scoring Committee.

Napa County is an urban/rural area with an officially listed terminated tribe. This has resulted in a diverse Native community. After many meetings with elders, native community healers, tribal members and assimilated Native Americans, a consensus was reached that a safe unrestricted land base was an integral component to addressing intergenerational grief and healing. This base, Suscol House, is currently under construction in Pope Valley, an unincorporated area of rural Napa County. As the local Native community awaits this resource, they have begun to use the land for healing ceremonies.

Suscol Intertribal Council’s current work through the Mental Health Services Act Prevention and Early Intervention funding has brought education about traditional healing to mental health consumers and their family members. Some of the workshops have been held at the Innovation Community Center. These workshops often begin with smudging, a traditional practice to cleanse a space using the smoke of sage. Over time, consumers, family members, and providers have asked the Native American educators how to use the smudging. Can they grow sage themselves? Can they burn sage at home?

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This curiosity led to the development of this work plan. The educators have had several informal conversations with curious individuals about the cultural context and purpose of the smudging as well as how to use it. This project expands this informal work to a more structured approach and moves the information to providers themselves.

Additionally, during the Scoring Committee's review of the originally submitted idea, many of the reviewers indicated that they were not familiar with historical trauma. Suscol Intertribal Council considered how to combine the community's curiosity about wellness and healing with knowledge of culture, experiences and historical trauma.

Suscol Intertribal Council has been educating individuals in Napa County about historical trauma and its impact on the Native community since 1992. They have noted that often the information is difficult for individuals to hear the first time. One of the ways to help people receive the information is to also share ways to heal the trauma as they learn about it.

By combining information about cultural strengths and the historical trauma with the experience of a healing tradition, Suscol Council hopes to change providers understanding of and compassion for the Native American experience and encourage each participant to use and share the traditional Native American healing practices in their personal lives and professional service delivery.

Revisions

Mental Health Division staff and consultants assisted Suscol Intertribal Council in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with and approved by Suscol Intertribal Council's Cultural Committee.

3) 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

4) MHSa Innovative Project Category

II. Additional Information for Regulatory Requirements

Which MHSA Innovation definition best applies to your new INN Project (select one):

- a) Introduces a new mental health practice or approach.
- 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.

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?

This project is designed for mental health providers working with individuals in Napa County and does not include direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance.

- 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.

This project is designed for mental health providers working with individuals in Napa County. Recruitment efforts will include specific outreach to peer professionals, as well as individuals that reflect the racial and ethnic diversity of our county. The recruitment for participants will include outreach to a variety of organizations serving all gender identities, age groups, sexual orientations and geographic areas.

- 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.

Mental health providers will be recruited from the Napa County HHSA Mental Health Division peer and professional staff, community agencies providing mental health services, and private providers. There are no additional eligibility criteria. If more than 30 providers are interested in participating in a cohort, a selection process will be used to maximize the diversity of the group.

6) MHSA General Standards

II. Additional Information for Regulatory Requirements

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSa 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

The project was developed with the input of current consumers, providers and community members. Their questions and curiosity led to the idea of sharing the culture, history and healing traditions with a wider range of professionals in the community.

The project incorporates a community component by inviting Mental Health and Cultural Advisors to assist in developing curriculum, discussing the learning from the project and making recommendations. The intent of this process is to be sure the learning is embedded in both systems of care.

b) Cultural Competency

Cultural competency will be addressed by inviting Cultural Advisors to develop the curriculum, review the learning and participate in sharing the findings. This is the first time in Napa County that Native American Cultural Advisors will lead an advisory group that includes mental health professionals to develop a culturally-relevant curriculum to change the mental health system.

Additionally, all workshops will be developed by and led by Native American educators.

c) Client-Driven and Family-Driven

The project was developed after noting the curiosity of individuals with Serious Mental Illness and their family members. Their questions about the context and appropriate use of healing methods prompted the Native American educators to think about how to share the information with the broader mental health community to make it more widely available to interested individuals.

d) Wellness, Recovery, and Resilience-Focused

This project aims to improve the wellness of providers as well as to address the wellness, recovery and resilience needs of individuals using mental health services. The healing options discussed in the workshops are designed to

II. Additional Information for Regulatory Requirements

directly address trauma and the project is focused on providing more options for individuals seeking care.

e) Integrated Service Experience for Clients and Families

The use of the Cultural and Mental Health Advisors is to bring the learning into the Native American community as well as the public mental health community. It is expected that through discussion and the development of recommendations, the mental health system will learn how to provide more culturally-competent and effective services to Native American clients and their families.

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.

This project is designed for mental health professionals and will not provide services to individuals with serious mental illness.

8) INN Project Evaluation, Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.

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.

The evaluation plan for this project has been developed and designed by Suscol Intertribal Council, a Napa County non-profit agency that works to promote and support the local Native American Community. To further ensure cultural competence, the Suscol Council's Cultural Committee has reviewed the workplan, the intended learning and the evaluation.

Suscol Council intends to recruit one to two technical experts who have experience in program evaluation, the mental health community and the Native American community. These experts will refine the evaluation framework and

II. Additional Information for Regulatory Requirements

help to develop the tools to be used in the evaluation. Additionally, the Cultural Advisors for this project will review the evaluation framework, tools and results.

- b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *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.*

The intent of the Advisors in this project is to involve both the Native American stakeholders and stakeholders in the public mental health system to help develop the curriculum, refine the evaluation design and tools, review the learning and create recommendations.

Suscol Council intends to recruit one to two technical experts who have experience in program evaluation, the mental health community and the Native American community. These experts will refine the evaluation framework and help to develop the tools to be used in the evaluation.

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

There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support for successful components after the project is completed.

It is anticipated that the successful elements of the project will be integrated into the participants' practices and agencies.

The workshops will include the production of videos that will be used to share the learning and available for training purposes after the project concludes.

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The decision about whether and how to continue the project will be addressed throughout the project. As successful elements are identified, the Advisors will discuss how to use the learning in both the Native American and public systems of care, and the participants will reflect on how to use the elements in their personal and professional lives.

After all of the data is collected, Advisors will share the learning with the regional Native American health and mental health providers and with the regional mental health communities. The Advisors and interested participants will be encouraged to co-present the findings and the recommendations.

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?

This project includes the development of training videos for use during the provider workshops. It is anticipated that these videos can be used to assist in disseminating the learning during the project and after the project has ended.

To distribute the learning in the Native American community, advisors and participants will be asked to assist project staff in presenting the findings to the following groups:

- Suscol Intertribal Council's Cultural Committee: Individuals on this committee represent several nearby counties
- Regional Native American community and/or service providers: Lake County Tribal Health, Feather River, Santa Ynez, Shingle Springs, and other regional providers.
- Indian Health Services (IHS) annual conference

To disseminate the findings to the mental health community, advisors and participants will be asked to assist project staff in presenting the findings to the following groups:

- Napa County Stakeholder Advisory Committee

II. Additional Information for Regulatory Requirements

- Napa County Mental Health Board
- Napa County Health and Human Services, Mental Health Division staff
- Napa Valley Coalition of Non Profits Behavioral Health Committee
- Innovation Community Center (the local Adult Resource Center)

b) How will program participants or other stakeholders be involved in communication efforts?

The learning from the project will be shared with advisors and project participants as it is developed. Advisors and project participants will be encouraged to assist in developing materials to summarize the learning, and to participate in the local and regional dissemination of the findings.

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.

- Educating Mental Health Providers about Historical Trauma and Traditional Healing Practices in the Native American Communities
- How mental health providers integrate Traditional Healing Practices into their work with clients
- How mental health providers integrate Traditional Healing Practices into their own self-care

11) Timeline

a) Specify the total timeframe (duration) of the INN Project:

One Year, Six Months

b) Specify the expected start date and end date of your INN Project:

Note: Please allow processing time for approval following official submission of the INN Project Description.

January 1, 2018: Start date

June 30, 2019: End date

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

- i. Development and refinement of the new or changed approach**

II. Additional Information for Regulatory Requirements

January to March 2018

- Recruit Advisors: Five Cultural and five Mental Health Advisors will be recruited to develop curriculum and review learning.
- Develop curriculum for all workshops (Overview, Smudging, Art/Writing, Clapper Stick, Drum Circle, Drum Making and Drum Blessing)
- Develop and distribute survey to mental health providers in Napa County.
- Present Community Workshop to share survey findings and encourage participation in project.
- Recruit Cohort One by doing outreach to county mental health staff, community providers and others who provide mental health services and supports in Napa County. 30 participants will be recruited, and 20 are projected to complete all of the workshops in Cohort One.

April to August 2018

- Facilitate five workshops for Cohort One. Workshops will occur monthly for five months. Each session will be two and a half hours long and will incorporate culture, history, historical trauma and learning about at least one of the healing methods.
- Recruit Cohort Two: In August 2018, recruitment will begin for the second cohort. 30 participants will be recruited, and 20 are projected to complete all of the workshops in Cohort Two.

September 2018 to January 2019

- Facilitate five workshops for Cohort Two. Workshops will occur monthly for five months. Each session will be two and a half hours long and will incorporate culture, history, historical trauma and learning about at least one of the healing methods.

February to March 2019

- Facilitate drum making and drum blessing workshops for both cohorts at Suskol House. Up to 40 cohort members are expected to participate.

ii. Evaluation of the INN Project;

The project evaluation will consist of a pre and post-test for each cohort series and focus groups with small groups of participants at the end of each cohort. The participants will use the journals during the workshops to reflect on learning throughout the project. The survey tools and the focus group protocols will be

II. Additional Information for Regulatory Requirements

developed with input and guidance from the project staff, the Suscol Intertribal Council's Cultural Committee, and the Cultural and Mental Health Advisors.

January to March 2018

- Develop data collection tools, including community survey, pre and post-test survey, journal prompts and focus group protocols
- Distribute mental health provider survey: This survey will assess the familiarity of Napa County mental health providers with the Native American culture, experience and healing traditions.
- Summary and analysis of data from Provider Survey (community-wide).

April to August 2018

- Collect data from Cohort One: The pre-test will be collected in the first workshop and journal prompts will be used in each workshop. In the final workshop in August 2018 the post test will be collected and small focus groups will be facilitated with participants. Participants will be encouraged to use the journal entries they have written at each workshop to reflect on their learning.

September 2018 to January 2019

- Summary and Analysis of data from Cohort One: All data collected in Cohort One will be summarized for review by participants and the project staff. Once reviewed, it will be shared with Suscol Intertribal Council's Cultural Committee and the Advisors. The project staff and Advisors will make adjustments to the project as indicated and the findings will be shared with the Native American and public mental health communities.
- Collect data from Cohort Two: The pre-test will be collected in the first workshop and journal prompts will be used in each workshop. In the final workshop in January 2019 the post test will be collected and small focus groups will be facilitated with participants. Participants will be encouraged to use the journal entries they have written at each workshop to reflect on their learning.

February to March 2019

- Summary and Analysis of data from Cohort Two: All data collected in Cohort

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Two will be summarized for review by participants and the project staff. Once reviewed, it will be shared with Suscol Intertribal Council's Cultural Committee and the Advisors. The project staff and Advisors will make adjustments to the project as indicated and the findings will be shared with the Native American and public mental health communities.

- Collect final data from all participants: At the end of the drum making and blessing workshop, a final survey and focus group will be conducted with all participants. Participants will be encouraged to use the journal entries they have written during the drum workshops to reflect on their learning.

April 2019

- Summary and Analysis of final data from all participants: All data collected after the drum blessing workshop will be summarized for review by participants and the project staff. Once reviewed, it will be shared with Suscol Intertribal Council's Cultural Committee and the Advisors. The findings will be shared with the Native American and public mental health communities.

- iii. **Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;**

April-June 2019

At the end of the workshops, the data for the entire project will be reviewed by the project staff, the Suscol Intertribal Council's Cultural Committee and the Advisors. With input from this review, the Advisors will develop recommendations about how learning can be used to improve wellness and address mental health concerns in both the traditional and western systems of care and will bring the learning to the local and regional Native American and mental health providers. These will discussions be used to decide whether and how to continue the project.

- iv. **Communication of results and lessons learned.**

The communication of the results will be ongoing throughout the project and learning will be shared as it is noted. Given the timing of the survey, the workshops and the data collection and analysis, the following key dates are anticipated:

March 2018

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Share summary of the mental health provider survey with the mental health provider community.

September 2018

Share the findings and learning from Cohort One with the Suscol Intertribal Council's Cultural Committee and the Advisors.

February 2019

Share the findings and learning from Cohort Two with the Suscol Intertribal Council's Cultural Committee and the Advisors.

April to June 2019

Share the findings and learning from the full project with the Suscol Intertribal Council's Cultural Committee and the Advisors. Bring learning to Native American provider community and mental health provider community. Presentations to be developed and delivered by project staff, participants and/or Advisors.

Timeline

	2018												2019					
Timeline Element	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

II. Additional Information for Regulatory Requirements

Development and refinement of the new or changed approach																		
<i>Recruit Advisors</i>																		
<i>Develop Curriculum</i>																		
<i>Recruit Participants</i>																		
<i>Develop and Distribute Provider Survey</i>																		
<i>Facilitate Provider Workshops: Cohort One</i>																		
<i>Facilitate Provider Workshops: Cohort Two</i>																		
<i>Facilitate Provider Workshops: Drum Making and Drum Blessing</i>																		
Evaluation of the INN project																		
Decision making about whether and how to continue project																		
Communication of results and lessons learned																		

12) INN Project Budget and Source of Expenditures

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

- a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the

II. Additional Information for Regulatory Requirements

project by funding category and fiscal year)

- c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources) –HHS to Complete

12a. 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. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Personnel Costs: FY 17-18: \$55,801 FY 18-19: \$111,603.; Total: \$167,404

- **Executive Director** Total of \$39,000 at \$50/hour for 10 hours/week for 18 months. The Executive Director will maintain major oversight of the program and will advise video consultant; assist in development of curriculum for cohort workshops. ED will oversee and coordinate all the details for Cultural advisors, mental health workers and Mental Health Stakeholders and report back to communities follow up after program completed.
- **Project Coordinator** Total of \$46,800 at \$30/hour for 20 hours/week for 18 months to handle office aspects of logistics e-mails, paperwork, billing, scheduling and program bookkeeping and reports. This person will develop recruitment materials and scheduling of office locations for monthly workshops. This person will work closely with and under supervision of Suscol Executive Director.
- **Workshop Facilitator** Total of \$46,800 at \$30/hour for 20 hours/week for 18 months to handle community recruitment and retention of individuals involved in program. Facilitator will be of Native American descent and familiar with cultural norms and practices to share in culturally sensitive ways the traditions of those involved. Facilitator will work with the Executive Director to recruit mental health care workers. Facilitator will also receive quarterly consultation with mental

II. Additional Information for Regulatory Requirements

health stakeholders and cultural consultants. This person will work closely with video consultant and under direction of Executive Director.

- **Administrative Costs** \$34,804 includes accounting and IT expenses, office communications phone, fax, and web site updates and internet access.

Operating and One-Time Costs:

FY 17-18 (Year 1): \$13,964; FY 18-19 (Year 2): \$36,579; Total: \$50,543

One-time equipment purchases:

- Laptop/Software: \$950 (Year 1)
- Journals for 60 @ \$15 each: \$900 (Year 1)
- Conference phone: \$187 (Year 1)
- Projector: \$299 (Year 1)
- Flip Charts/Easels/Markers: \$200 (Year 1)
- Adobe software editing subscription: \$1,440 (Year 1)
- Site preparation for project: \$ 12,617 (\$338 Year 1; \$12,279 Year 2)
- Drum making materials and drum making teacher costs: \$12,000 for 40 participants, two-day workshop (Year 2)

Operating Expenses

- **Food** \$13,500 (\$4,500 Year 1; \$9,000 for Year 2)
- **Office Supplies:** \$3,600 (Year 1)
- **Mileage:** \$3,800 (\$1,200 Year 1; \$2,600 Year 2)
- **Insurance costs** \$1,050 for 18 months of project (\$350 Year 1; \$700 Year 2)

Consultant Costs/Contracts: FY 17-18: \$23,680; FY 18-19: \$121,720; Total: \$145,400

- **Video Consultant** Total of \$39,000 at \$50/hour for 10 hours/week for 18 months. This person will have their own video equipment. They will be responsible for workshop videos. They will be responsible for editing and finalized working copies for sharing in public venues as education and documentation tools. Video consultant will also assist in production of 6 video documentaries to help convey messages of embedded trauma in Native Americans DNA. This person will work closely with workshop coordinator and under direction of the Executive Director.
- **Evaluation Expert** Total of \$2,000 for a total of 60 hours at \$35/hour. The evaluation expert will work closely with the Project Coordinator and will be familiar with Native American culture, and the mental health system. Will

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coordinate work with county supported evaluation consultant as well.

- **Cultural Advisors** Total of \$45,000 for five advisors at 10 hours/month for total at \$60/hour for 15 months of the program. The cultural advisors will be acknowledged elders proficient in Native American traditional skills such as ceremonial songs, dances or sweat lodge and smudge ceremonies. They will be available once a month for an 8 hour day collectively or separately as determined by needs of program. They will be available to review the program and evaluation design. The extra two hours would be allowed for program run-overs and prep time. They will work in coordination with Workshop coordinator and under direction of executive director. Stipend is inclusive of travel costs.
- **Mental Health Advisors** Total of \$5,400 at \$90/hour for a total of 20 hours for up to three of the five advisors (2 may potentially be County Employees and cannot accept stipends as part of their work). These five advisors will be involved in 10 meetings (maximum). The Advisors will be available for consultation overview to give feedback on relevance of information being gathered and disseminated as to relevance of Mental Health cultural competency and self-care.
- **Mental Health Participants** Total of \$54,000 at \$60/hour for 2.5 hours a month for 12 months for 60 participants, also inclusive of travel costs. County staff will not be separately compensated.

Project Evaluation: FY17-18:\$16,750; FY18-19: \$36,875; Total: \$53,625

This project includes 60 participants and 10 Advisors.

Monthly Meetings: During the 18 months of the project, monthly meetings will be held with project staff to document the project's progress and assess any changes in learning.

Journal Prompts: Each of the participant workshops will conclude with a journaling exercise for providers. The evaluation support will include assistance developing the journal prompts to help individuals focus on their learning and to help them recall it during data collection.

Participant Survey: Participants will complete a survey about their knowledge, attitudes and behaviors at the beginning and end of the workshop series and after the drum workshops. The survey will be developed at the beginning of the project with the input of participants and Advisors and will be refined based on feedback and analysis.

Focus Groups with Participants: Focus groups will be used at the end of each workshop series and at the end of the drum workshops. The participants will be divided into smaller groups each time to ensure all individuals are heard.

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Reporting: Three interim reports and a final report are included in this evaluation support. The first interim report will be the summary of the community survey. The rest of the interim reports will be developed for the project staff, participants and Advisors and a final report to the state will be completed in June 2019.

Budget

Tasks	Labor Hours		
	FY 17-18	FY 18-19	Total
Monthly Meetings	60	120	180
Journal Prompts	6	18	24
Community Wide Survey	28	0	28
Participant Surveys	30	44	74
Focus Groups with Participants	0	63	63
Reporting	10	50	60
Total Labor Hours	134	295	429

Native American Historical Trauma and Traditional Healing Innovation Project

12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
EXPENDITURES				
Personnel Costs (salaries, wages, benefits)		FY 17-18	FY 18-19	Total
1	Salaries	\$ 44,200	\$ 88,400	\$ 132,600
2	Direct Costs	\$ -	\$ -	\$ -
3	Indirect Costs	\$ 11,601	\$ 23,203	\$ 34,804
4	Total Personnel Costs	\$ 55,801	\$ 111,603	\$ 167,404
Operating Costs		FY 17-18	FY 18-19	Total
5	Direct Costs	\$ 9,300	\$ 11,600	\$ 20,900
6	Indirect Costs	\$ 350	\$ 700	\$ 1,050
7	Total Operating Costs	\$ 9,650	\$ 12,300	\$ 21,950
Non Recurring Costs (equipment, technology)		FY 17-18	FY 18-19	Total
8	One-time Equipment Purchases (in narrative)	\$ 4,314	\$ 24,279	\$ 28,593
9			\$ -	\$ -
10	Total Non-recurring costs	\$ 4,314	\$ 24,279	\$ 28,593
Consultant Costs/Contracts (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	Total
11	Direct Costs	\$ 23,680	\$ 121,720	\$ 145,400
12	Indirect Costs	\$ -	\$ -	\$ -
13	Total Consultant Costs	\$ 23,680	\$ 121,720	\$ 145,400
Other Expenditures (please explain in budget narrative)		FY 17-18	FY 18-19	Total
14		\$ -	\$ -	\$ -
15		\$ -	\$ -	\$ -
16	Total Other Expenditures	\$ -	\$ -	\$ -
PROJECT SUB-TOTAL				
Personnel (line 1)		\$ 44,200	\$ 88,400	\$ 132,600
Direct Costs (add lines 2,5, and 11 from above)		\$ 32,980	\$ 133,320	\$ 166,300
Indirect Costs (add lines 3,6, and 12 from above)		\$ 11,951	\$ 23,903	\$ 35,854
Non-recurring costs (line 10)		\$ 4,314	\$ 24,279	28,593
Other Expenditures (line 16)		\$ -	\$ -	\$ -
PROJECT SUB-TOTAL		\$ 93,445	\$ 269,902	\$ 363,347

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

Native American Historical Trauma and Traditional Healing Innovation Project

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	Estimated total <u>Evaluation</u> expenditures for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$16,750	\$36,875				\$53,625
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	\$16,750	\$36,875				\$53,625
County Administration (15%):							
B.	Estimated total mental health expenditures for <u>County Administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$16,631	\$45,915				\$62,546
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed County Administration	\$16,631	\$45,915				\$62,546
TOTAL INNOVATION PROJECTS COSTS:							
C.	Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$127,505	\$352,013				\$479,518
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	Total Proposed Expenditures	\$127,505	\$352,013				\$479,518
*If "Other funding" is included, please explain.							

ⁱ American Psychiatric Association. (2010). Mental Health Disparities: American Indians and Alaska Natives. http://www.integration.samhsa.gov/workforce/mental_health_disparities_american_indian_and_alaskan_natives.pdf, accessed 4/1/17.

Native American Historical Trauma and Traditional Healing Innovation Project

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- ⁱⁱ Mental Health Data Dashboard, Utilization Review Steering Committee, 02/16/17, page 3. Provided by Napa County Mental Health Division Staff, 03/01/17. For more information about this data contact Jim Diel, LMFT: Jim.Diel@countyofnapa.org, or (707) 253-4174.
- ⁱⁱⁱ Ibid.
- ^{iv} Native American Communities and Mental Health. Accessed at Mental Health America, <http://www.mentalhealthamerica.net/issues/native-american-communities-and-mental-health>, 04/01/17.
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