LOCAL EVALUATION REPORT

IPP: Indian Health Council

CDEP: REZolution

Priority Population: Native American

Local Evaluation Time Period: January 2019- June 2021

This report was made possible by the support of the California Department of Public Health – Office of Health Equity, through a California Reducing Disparities Project Phase 2 grant funded by the Mental Health Services Act (MHSA)

Submitted November 1, 2021

Table of Contents

Executive Summary

Introduction: REZolution is one of thirty-five Implementation Pilot Projects within the California Reducing Disparities Project (CRDP), administered through the Office of Health Equity (OHE) within the California Department of Public Health (CDPH). REZolution is administered by Indian Health Council, Inc. (IHC) and aims to promote healthy self-expression and increase the access and utilization of behavioral health services among the rural Native American communities in southern California which constitute IHC's governing consortium of nine federally recognized tribes in San Diego County. This is the first mental health equity project of its kind to be administered throughout California. This grant has allowed for the development of best practices to achieve the foregoing goals through culturally informed and tailored programming to address behavioral health utilization. Implemented as the REZolution project at IHC, the CRDP grant works with youth from a specific reservation to create a community event for their tribe, promoting healthy self-expression and encouraging the utilization of behavioral health services at IHC.

Purpose: IHC's CRDP Project - REZolution - is a Community Based Participatory Research (CBPR) project which begins with the basic principles of CBPR, mainly community participation, and connects with a health promotion/prevention program where creative self-expression is the key to the elevation of personal, tribal and intertribal health. Specifically, the purpose of the REZolution project using self-expression as a coping skill has three components: A) Events across different tribal reservations that are organized by local youth from the host reservation, that engage and transform the AI/AN communities through self-expression as a coping skill for unresolved grief, loss, trauma, historic trauma, abuse, and neglect. B) Increase the number of therapeutic services available to community members and increase number of visits to therapeutic services. C) The main component goals are to encourage personal growth and wellness, increase mental and behavioral health referrals and use of services, and to destigmatize counseling services in rural AI/AN populations.

Methods: Youth Performers and Planners consisted of tribal youth ages 10-18. They were the study population for Local Evaluation and Statewide Evaluation (SWE) surveys. Youth Performers and Planners were invited to take the SWE survey pre- and post- participation in the REZolution program as well as the Local Evaluation surveys after their tribal REZolution event. The Local Evaluation planner survey included four instruments: Sense of Community scale, Herth-Hope Index, Tribal Connectiveness Scale, and Connor-Davidson Resiliency Scale. Moreover, audience members at each REZolution event also completed a general survey to assess their experience at the REZolution event. This Local Evaluation audience survey had a secondary target population that included tribal youth through elders living in the Indian Health Council service area.

The evaluation questions proposed by the REZolution program included the following:

Evaluation Question 1: Self-perception of: AI/AN identity, tribal and family pride, Sense of Community, Hope for the future (Outcome Measures)

Evaluation Question 2: Baseline and periodic measures of visits/participation rates in the following: IHC Behavioral Health and outside agency participation as well e.g. AA, NA, Al-Anon (Outcome Measures)

Evaluation Question 3: Rates of participation in existing IHC programs e.g.: Drum Group, Women's Empowerment Circle, Stitch to Wellness, Craft to Wellness (Outcome Measures)

Evaluation Question 4: Track Number of participants at the 3 Community Events along with demographic data (Outcome Measure)

Evaluation Question 5: Evaluation of each community Event from 1) Event Coordinators; 2) Participants; 3) Audience (Process and Outcome)

Evaluation Question 6: Measure community perception of success of the REZolution Program at intervals (Outcome Measures)

Evaluation Question 7: Does artistic Self-Expression when shared in a community environment influence positive changes in health behaviors related to coping (Outcome Measure)

Results: Indian Health Council's Community-Defined Evidence Practice (CDEP), REZolution, has illuminated several techniques to introduce and break down stigmas surrounding the use of mental health programs. Increasing access to mental health services was not relevant to our communities, as all Tribal members are eligible to receive mental health services at IHC. Therefore, REZolution focused on promoting healthy self-expression, reducing stigma around mental health services, and increasing the utilization of mental health services at IHC. From the first iteration of REZolution, it was clear that promoting culture and tradition was a pathway to bring community members together to promote mental wellness. Youth Performers and Planners were tasked with identifying and inviting community performers to showcase their form of healthy self-expression, and every REZolution cohort included a traditional/cultural performance (e.g., bird singing, drumming, and storytelling) at the event. The youth were given the opportunity to ask direct questions such as, "what does an intake appointment entail?" and "what you can talk to a clinician about?" since planning meetings included a clinician from the IHC Behavioral Department. We witnessed youth becoming interested in mental health services and willing to engage in self-empowerment exercises. If it hadn't been for REZolution, youth Performers and Planners may not have had the opportunity to interact with a behavioral health clinician in a non-clinical environment (or at all).

As a result of the intervention activities, IHC witnessed the community supporting and encouraging youth Performers and Planners, especially after promotional videos were released. Youth Performers and Planners were recognized for addressing challenging topics such as bullying, substance abuse, and isolation and for encouraging individuals to seek support from their communities. Once posted to IHC Social Media accounts, the videos, on average, had 2,500 views, with the most viewed promotional video viewed 5,000 times. REZolution created a safe space for youth to express themselves in a healthy way. They were able to "start the conversation" and work towards addressing mental health with their communities.

The average scores from the evaluations following the 2018 and 2019 events indicate that youth Performers and Planners and performers had high sense of community and high levels of hope, tribal pride, and resiliency after the events. They also show that those in the audience were highly satisfied with the events. Audience members reported that the events:

- Promoted respect for cultural differences,
- Avoided stereotyping,
- Enhanced cultural competence, and
- Encouraged self-expression.

In a review of electronic health records from the year before REZolution began (2017) to the present (Fall 2021), the IHC Behavioral Health Department recorded a substantial increase in

the number of intakes and visits by those under-18-year of age (intakes: up 45%; visits up 36%) as well as by transitional age youth 18-24 (intakes up 21%; visits up 35%). In fact, Behavioral Health Department visits by the entire client population (all ages) increased substantially (up 27%) during the time of REZolution (Evaluation Question 2). These findings suggest that Resolution's goal of reducing the stigma and increasing encouragement for seeking mental health was clearly met during this time.

The REZolution program is unique in that it allows youth to voice what mental wellness means to them and how they envision their communities to address mental health now and in the future. By letting the youth Performers and Planners create an event for their community, they can be seen in a positive light, and they can showcase their creativity and culture. Event planning and implementation allows them to work with community members and partners to teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings. REZolution demonstrated that cultural teachings are directly connected to mental and spiritual wellbeing.

The findings suggest that the REZolution Program is an innovative program to engage youth in conversation with their community about mental health prevention and promotion. Specifically, it connects the youth and their community to behavioral health services through youth leadership development, performance, and community event planning. The program is complex in that the youth create events that improve youth's mental health and confidence and improve community attitudes toward mental health and services.

This program would benefit from support for improvement in design and methods to track youth improvement over time and community improvement pre and post event. Another improvement to the evaluation could be completing reports on product (e.g., event promotional videos, event fliers and tribal mental health message posters) development. This could include tracking the number of sessions to develop the video, number of sessions by theme to develop the events and post event satisfaction with the products.

Overall, anecdotal and qualitative feedback, as well as the products developed, suggest that this program has impact.

Introduction/Literature Review

The risk factors addressed by this project include isolation leading to prolonged suffering, delayed access to or refusal to access services due to distrust and stigma, resulting in suicide, school failure and drop out, abuse, violence, and neglect resulting in family stress and removal of children from their home.

The 1990 National American Indian Adolescent Health Survey found discussing problems with friends or family, emotional health, and connectedness to family were protective against suicide attempts.[1] No association between beliefs (cognitive aspect of faith; both cultural and Christian) and suicide attempts was found. However, cultural spiritual orientation (what tribal members frequently associate with cultural spirituality) was found to be a protective factor.

A two-year study of the Indian Child Welfare Act (ICWA) program at IHC reported receiving 450 investigative referrals of suspected American Indian/Alaska Native (AI/AN) child abuse/neglect from June 2013 through June 2015. The 239 ICWA referrals from 2013-2014 included 204 cases of neglect, 29 cases of physical abuse, and 6 cases of sexual abuse, in which 62% of these cases featured child exposure to care-taker methamphetamine abuse and 83% involved witnessing domestic violence. The 204 ICWA referrals from 2014-2015 included 178 reports of neglect, 24 reports of physical abuse, and 9 reports of sexual abuse, in which 53% of these cases featured exposure to methamphetamine abuse and 80% involved witnessing domestic violence. Of note, most of these families included more than one child, and in some cases up to five children were included in ICWA intakes involving the whole family. Assuming an average of 2.5 children per family were screened at intake, the 450 ICWA referrals for child abuse/neglect affected 1,125 or more children.

Among AI/AN aged 15 to 34 years, suicide is the second leading cause of death.[2] The suicide rate among AI/AN adolescents and young adults ages 15-34 (31 per 100,000) is 2.5 times higher than the national average for that age group (12.2 per 100,000).[3] Substance abuse disorder and mental health disorders are also risk factors for suicide. The prevalence of AI/AN adults in need of treatment for an alcohol problem (14.8%) and illicit drug use problem was found to be higher than the national averages (8.1% and 2.9% respectively).[4] More than 60% of those with a lifetime depressive and/or anxiety disorder seek some form of help in the two reservations studied in 2005.[5]

Additionally, data collected from the 2009 San Diego Sexual Assault Response Team report, cited an average of 803 documented rapes per year for all of San Diego County from 1993 through 2007,[6] yet there were 100 reported incidents of sexual assault and domestic violence on San Diego County reservations alone in 2011. In addition, a report recently submitted by Juana Majel-Dixon to the Department of Justice states that, in the last three months of 2014 alone, there were 17 documented cases of sexual assault on the reservations in north San Diego County. Juana Majel-Dixon serves on the traditional legislative council for the Pauma Tribe and chairs a task force to end violence with the National Congress of American Indians.

---

[1] Borowsky, et al. (1999)
[2] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2010)
[3] Karch, et al. (2009)
[4] Office of Supplied Studies, SAMHSA. Substance Use among American Indian or Alaska Native Adults. The NSDUH Report (2010)
[5] Beals, et al. (2005)
[6] Criminal Justice Research Division, San Diego Association of Governments (2009)

According to the California Alcohol & Drug Data System[7], 11% percent of individuals entering treatment for substance abuse were under the age of 21. Among the treatment admissions, 4.4 percent were AI/AN. Overall, teens and young adults comprise 31.7 percent of overall treatment admissions. AI/AN made up 4.4% of all individuals who sought treatment for substance abuse, even though they make up less than 2% of San Diego County's total population.

Recent IHC health data on severe mental illness (SMI) patients is cause for concern. The disparity in service engagement is more prevalent for Behavioral Health (BH) treatment than medical services. The IHC *i2i* data analysis system indicates the following: of the 489 IHC patients diagnosed with an SMI in 2014 with one visit, only 197 were seen by BH providers. In the 2013 – 2014 two-year reporting period, 712 SMI patients were seen for 3,328 BH appointments, while the number nearly tripled for these same patients seen for medical appointments at 8,602. The gender disparity is even greater with 485 female patients with SMI seen for 2,330 behavioral health (BH) appointments and 6,501 medical appointments. In comparison, 227 male SMI patients were seen for 998 BH appointments and 2,101 medical appointments.

Health data indicates that of these SMI patients, 21% (151) also carried a diagnosis of diabetes. Similarly, 162 patients with SMI also carried a diagnosis of hypertension and 225 of obesity. Four hundred and forty-eight (448) of these SMI patients were co-morbidly diagnosed with one or more of the following: diabetes, hypertension, and obesity, while six patients with SMI were diagnosed with all. Co-occurring substance abuse diagnoses were found for 24% (168) of the patients diagnosed with SMI, with an alarming rate of reported smokers at 98% (699).

IHC has adopted and will continue to use Trauma Informed Treatment Interventions in providing BH services to patients with SMI that incorporate the following therapeutic approaches using a Family Systems Model: Cognitive Behavioral Therapy (CBT), Solutions Focused Therapy, and Psychodynamic Therapy. The majority of our patients with SMI present with symptoms related to repeated traumatic experiences (complex trauma). In many instances, whole households and family members may have shared traumatic experience either directly or indirectly.

In terms of facilitating behavioral health in a clinic setting, it is important to consider therapeutic approaches that contextualize AI/AN behavioral health on a community level. Behavioral clinicians in a traditional setting focus primarily on individual struggle with targeted biomedical and psychosocial interventions. While this is necessary in several cases, it leaves little room for contextual issues or broader agendas of community psychology, and the absence of which has left mental health narratives susceptible to reductionist biomedical bias. In other words, while facilitating personal health with weekly therapeutic intervention is beneficial on an individual level, community therapists and clinics that aim to improve the mental health of an AI/AN cultural community could improve awareness of economic, social, and structural circumstances shared by all clientele. This will also bridge the gap between individual struggles and social or behavioral challenges of the broader collective, which could foster community discourse about culture, rehabilitation, human rights, equity (racial, gender, ability). In contrast to behavioral health in a clinic setting, alternative discourse asserts that the pursuit of traditional indigenous healing practices is the most legitimate form of therapeutic intervention compared to the implementation of professional mental health treatments, including evidence-based approaches.[8] This is because such alternative discourse identifies historical trauma (i.e., the collective, cumulative, and intergenerational impacts of European colonization) as the

[7] California Alcohol & Drug Data System, CADDS (2010)
[8] Gone, JP (2010)

source of pervasive community dis-order rather than the biological, intrapsychic, and behavioral factors that are typically described as leading to psychopathology.[9] While it may be unwise to abandon all non-traditional forms of evidence-based therapy, integrating traditional Native practices such as storytelling and group drumming has shown evidence of positive therapeutic outcomes.

It is important that AI/AN people can communicate the types of services they need and how to receive such services.[10] To this point, the presence of behavioral health providers at community events is necessary. Evidence shows that provider involvement in Native community activities helps match services to clients, increase community use of services, and use agency and tribal financial resources efficiently.[11] While it is clear *why* the presence of a therapist or mental health provider at community events is beneficial, little statistical evidence has been published about *how* much their presence has improved trust, referral follow through, and access to mental health services. Research, or a case study, is needed to gain further insight into the benefits of provider presence at events. There is anecdotal evidence that will be questioned and tested through evaluation. The anecdotal evidence is that as a result of effort attending therapists to the events received more self- and community-referrals. From a tribal perspective these events provided a pathway for relationships to occur with the therapist that results in more trust and desire for services. Additional empirical evidence exists through the attendance and repeated request to have additional events in the service area. Community expressing their needs to staff and testimonials from youth provide evidence to support and effectiveness.

Storytelling, as a form of artistic expression traditional to Natives, has shown potential for positive therapeutic outcomes. The Substance Abuse and Mental Health Services Association uses a community therapy activity called "Storytelling: Stories and Strengths."[12] It begins with a discussion about strengths; then, everyone individually takes 15–30 minutes to create a story that shows or represents strengths that will help them in their recovery. Afterwards, they share in a talking circle format, being as creative as they would like. If they enjoy their story and want to continue developing it, they can create drawings or collages to go with the story, or alternatively the group can create an art piece together with the topic of strength in mind. This method can also be applied to multiple family therapy, during which each family creates a story together, engages in a medium to represent the story, and presents it in a family talking circle.[13] Another form of traditional Native artistic expression is group drumming, which has proven especially successful in helping veterans with PTSD.[14] Trauma can isolate and disconnect a victim from society, this community-based activity serves to reconnect victims and help facilitate a sense of belonging, community, togetherness, connectedness, and intimacy. Evidence-based music therapy has also proven that group drumming members can learn to control their feelings by controlling rhythm, volume, tempo, and timbre of the drums. Taking control of the drums can help them take control of themselves.[15]

Finally, a very recent report from the California Youth Connection Mental Health Focus Group released 10/23/15 provides anecdotal information obtained from focus groups of foster youth and AI/AN foster youth. The report categorizes information from youth about what works and

[9] Gone, JP (2016)
[10] "Behavioral Health Services" (2018)
[11] Ibid
[12] "Behavioral Health Services" (2018)
[13] Ibid
[14] Bensimon, et al. (2008)
[15] Ibid

what doesn't work. It states that youth feel more interactive and recreational activities would be helpful, and that personal stories need to be recognized.[16]

CDEP Purpose, Description & Implementation

A. CDEP Purpose

IHC's CRDP Project - REZolution - is a Community Based Participatory Research (CBPR) project which begins with the basic principles of CBPR, mainly community participation, and connects with a health promotion/prevention program where creative self-expression is the key to the elevation of personal, tribal, and intertribal health. Specifically, the purpose of the REZolution project using self-expression as a coping skill has three interlinked components: A) Events across different tribal reservations that are organized by local youth from the host reservation, that engage and transform the AI/AN communities through self-expression as a coping skill for unresolved grief, loss, trauma, historic trauma, abuse, and neglect; B) Increase the number of therapeutic services available to community members and increase number of visits to therapeutic services; C) The main component goals are to encourage personal growth and wellness, increase mental and behavioral health referrals and use of services, and to destigmatize counseling services in rural AI/AN populations.

B. CDEP DESCRIPTION & IMPLEMENTATION PROCESS

Indian Health Council (IHC), Inc.'s CRDP Project, REZolution, is a Community Based Participatory Research (CBPR) project that promotes healthy self-expression as one of the keys to elevating personal, tribal, and intertribal health. REZolution consists of community showcase events, designed, and produced by youth from the host reservation; youth plan the event from designing flyers, directing and producing video advertisements for the event, and identifying local performers. While planning event details, the youth also partake in exercises promoting healthy self-expression and coping skills, utilizing a strength and resiliency-based approach. The main goals of REZolution are to encourage personal growth and wellness, increase mental and behavioral health referrals and use of services at IHC, and to destigmatize counseling services in rural Southern California tribal communities.

Six REZolution community events took place between October 2017 to December 2019.

Unfortunately, effective March 16, 2020, events were required to cease due to the COVID19 pandemic. Each event completed prior to COVID19 was hosted by one of six different reservations/tribes. CRDP Project Staff aimed to weave cultural and traditional practices into the planning and execution of the community event.

Over an eight-week intervention period, youth were encouraged to participate in event planning and day-of-event activities, including: giving the welcoming blessing in their language and adding cultural items in their promotional material. Performers often included bird singers, storytelling, drumming and poetry readings. An art walk was also included in the community event to recognize those community artists and their artwork. Artwork included gourd work,

[16] California Youth Connection: Mental Health Focus Group (2015) A Journey Through the Mental Arts of Foster Youth.

beading, leather work, canvas work and other traditional crafts and art. Youth Performers and Planners are also encouraged to perform at the event and voice their identity through the performing arts.

Figure 1: Community artist contributions to the Art Walk.

A total of 46 tribal youth participated in planning REZolution events. There were, on average, 7-8 participants per tribe. Attrition varied from tribe to tribe, for reasons including other conflicting commitments such as intertribal sports or the death of close family members. While youth were the primary target demographic, the events were designed to encourage mental health help-seeking for all ages, including referral of family and friends.

Role of staff/facilitator

The IHC project staff consists of the Project Coordinator, Health Promotion Department Director and a Local Evaluator. Although none of the IHC project staff are themselves Native American, both the Health Promotion Department Director and the Local Evaluator have at least 10 years of experience working with Native American communities, while the Project Coordinator brings public health knowledge in working with underserved communities. All members of the project staff worked to develop the REZolution program, drawing on local community knowledge and past response to research programs through IHC. The Project Coordinator was responsible for recruiting youth participants into the program and administering each CDEP component. And both the Project Coordinator and Health Promotion Department Director were responsible for administering and collecting Local Evaluation and SWE data. The Local Evaluator was responsible for data analysis and synthesis.

Figure 2: Project Coordinator helping youth with banner.

The role of IHC project staff is to serve as a facilitator for creating these community events. Using a basic structure that is outlined below, the project staff help youth create promotional items (i.e., promotional video, flyers, t-shirts, etc.) and help guide the brainstorming sessions. The facilitator should focus on incorporating all youths' ideas into these promotional items and into the structure of the event.

The project staff can offer gentle suggestions on the event schedule as well as suggestions for scripting the promotional video by pointing out potential errors in video flow or consistency.

The role of the facilitator is also to open the creative space and let youth focus on whatever topic they want to present to the community. And the facilitator can also encourage youth to incorporate culture, traditional items (e.g., gourd rattles), and local languages into their REZolution event (and promotional items).

In addition to supporting youth in expressing themselves in healthy ways, the project staff also need to be prepared to make referrals to Behavioral Health Services at IHC or report abuse as a Mandated Reporter.

Promotional Videos

The central themes of intergenerational communication and youth empowerment are two elements of REZolution that were foregrounded and became increasingly sophisticated over the course of the project. This is highlighted by each youth planner cohort's creation promotional items (such as a flyer, group t-shirts, and a promotional video), specifically for their tribe or reservation. For example, the promotional video designed by *Tribe A*, was targeted to all community members of *Tribe A* and the promotional video designed by *Tribe B* was targeted to all community members of *Tribe B*. As iterations of the projects progressed, the promotional videos began to become more complex, touching on issues the youth wanted to highlight and to let their community know that even in their youth, they are perceptive and aware of the challenges facing their communities. For native youth living in rural tribal communities, technology has become a much-needed resource to access their world beyond reservation boundaries. Social media can also be used as a tool to promote native youths' voices and experiences living in rural tribal communities, and subsequently promote holistic wellness among communities. The increasingly large numbers of project social media views both within and beyond Indian Health Council's population catchment area speaks to the successful engagement strategies pursued by the project team. The overall goal of the promotional video is to invite all community members to attend the REZolution event.

The brainstorming activities for the promotional video begin by asking youth Performers and Planners to describe what types of problems they see among the people of their community. Responses range from substance abuse, domestic violence, opioid abuse, child neglect, bullying and peer pressure. And it is these themes that inform the writing of the scripting and casting of actors. Youth, with assistance from REZolution staff, draft a script looking to highlight these themes with the video culminating in encouraging community members to attend their event and emphasizing that support and strength can be found in their community. When possible, IHC staff encourage youth to incorporate their culture into their promotional video. For example, one video features community ancestors displaying traditional items such as an eagle feather. There is also a focus on language as youth will invite their community to the event using either the Luiseno or Kumeyaay languages.

Beginning each REZolution process cycle.

Establishing communication with Tribal Administration, to request permission to work with tribal youth, is the crucial first step when introducing REZolution to a new reservation. This is also an opportunity for tribal leadership to review the state and local evaluation materials. Tribal administration is notified via email, telephone or in person request to meet with the CRDP Project Coordinator. During Phase II of CRDP, the Project Coordinator did meet with several Tribal Councils in person to present the evaluation materials and discuss program activities. On one occasion, the tribal secretary reviewed the CRDP materials and granted permission to work

with their youth. Once permission had been granted through the tribal government, the CRDP Project Coordinator established connection with the local after school education specialist, through pre-existing networks at IHC. The CRDP Project Coordinator works with the after-school education specialist to design youth recruitment strategies, the timeline for project activities and logistics including a venue for the community event. Examples of venues for the REZolution project included tribal administration buildings, tribal education buildings and a FEMA storage shed. The CRDP Project Coordinator and education specialist also develop a timeline based on the youths' schedules, also taking into account any conflicting times and dates for meetings. Typically, the CRDP Project Coordinator would hold seven or eight meetings. The CRDP Project Coordinator recruited youth into the program based on their participation in tribal afterschool programming. This may be a potential limitation of our sampling, as we worked with youth who were already involved in tribal programming and usually did not reach youth outside of this group.

Meeting 1 – Youth Introductions

Once youth were recruited into the program, via word of mouth and flyers, youth attended meeting 1 where they were introduced to the REZolution goals and were tasked with picking a group name. The group name was completely up to youth participants and the group voted on a name from brainstormed choices. Name choices have included *Tribe B's* Ano Youth and the Payomkawichum Leaders. The youth participants picked their group name using the Luiseno word for coyote-ano. Traditionally, the coyote is seen as a messenger and youth participants wanted to be messengers to their community, promoting health self-expression and behavioral health services. The name Payomkawichum is the traditional Kumeyaay name of *Tribe F's* people, and youth participants wanted to be recognized by their traditional name.

At the first meeting there is also discussion of a theme for the event. Past themes have included:

- We make our earth safe and beautiful for generations to come;
- We grow as powerful *Tribe E* people;
- Natives who band together, grow together;
- We are *Tribe F*: R-Rincon, I-Indigenous, N-Native, C-Community, O-Opportunity, N-Nation
- Culture connects to our past, present, and future: C-Community, U-Unity, L-Love, T-Trust, U-Unique, R-REZolution, E-Expression
- Changing the youth, to change the future

Again, the theme is developed using collective brainstorming amongst youth participants. The CRDP Project Coordinator only interjects to provide suggestions and keep the theme focused on the REZolution event.

Meeting 2 – Writing the script (brainstorming activities) for promotional video

The second meeting is focused on writing the script for the promotional video. The brainstorming activities begin by asking youth Performers and Planners to describe what types of problems they see among the people of their community. Responses range from substance abuse, domestic violence, opioid abuse, child neglect, bullying and peer pressure. And it is these themes that inform the writing of the scripting and casting of actors. Youth, with assistance from REZolution staff, draft a script looking to highlight these themes with the video culminating in encouraging community members to attend their event and emphasizing that support and strength can be found in their community. As possible, IHC staff encourage youth to incorporate their culture into their promotional video. For example, one video features

community ancestors displaying traditional items such as an eagle feather. There is also a focus on language as youth will invite their community to the event using either the Luiseno or Kumeyaay language. It was clear that the promotional video grew in importance both as a REZolution activity and to the youth performers. The first video was less than 1 minute and was a general promotional video, providing details on the event such as time, date and location. The first REZolution promotional video with the most views via IHC social media accounts had over 5,200 views and focused on various themes, such as domestic abuse, prescription pill and alcohol abuse.

A synopsis of each promotional video is presented below:

Tribe A

The *Tribe A* promotional video, the first of the REZolution videos, featured two youth Performers and Planners, encouraging community members to attend their community event. This video provided community members with details on the event and featured cultural items such as feathers. This video was 59 seconds in duration.

REZolution – Tribe A Event Invitation: https://www.youtube.com/watch?v=MO-tBJgNTgA

Tribe B

The *Tribe B* promotional video featured two youth Performers and Planners and featured the natural beauty of their reservation. Actor A approaches the second actor and asks if they are alright. Actor B replies that they are bored and need something to do. The first actor then directs them to attend the community event and emphasized the dinner to be served and raffle prizes for the event. This video was 1:26 minutes in length.

REZolution – Tribe B Event Invitation: https://www.youtube.com/watch?v=Ms9Ju-Qr0LE&list=PLz_x39-r2Jtt-PrqDYH7J34-gZG-pJlJi&index=3

Tribe C

The *Tribe C* promotional video featured eight youth Performers and Planners. This video featured Actor A trying to write poetry to express herself, while her brothers played and interrupted her. Actor A runs out of the house and comes across a traditional shelter. She decides to lay down and rest and is awakened in a dream state to be in the presence of her ancestors. The first actor explains that her brothers were annoying her and she wanted to write her poetry. The ancestors encourage the first actor to continue expressing herself through poetry, for herself and her tribe. The video ends with the featured youth performers providing details of the event to the community. This video duration was 3:25 minutes.

REZolution – Tribe C Event Invitation: https://www.youtube.com/watch?v=JCnWpic1a-U&list=PLz_x39-r2Jtt-PrqDYH7J34-gZG-pJlJi&index=5&t=3s

Tribe D

The *Tribe D* promotional video featured six youth Performers and Planners and a staff member from the after-school program. The video began with Actor A asking her father for dinner. She sees him drinking alcohol and taking prescription medication. He tells her to leave and as she leaves the home, the father tosses a glass bottle in her direction. As Actor A walks aimlessly, she is approached by a bully who insists she take a pill to feel better. Actor A takes the pill and

finds herself disoriented. She makes it home only to have her father continue to yell at her. The following morning, her friends beckon her to come with them to the tribe's after-school program where there are safe adults to speak to. The friends also reassure Actor A that she is not alone in her struggles and they are there to support her. This video duration was 2:55 minutes.

The youth writers were insistent that it be clear that the main actor was experiencing child neglect. This was an important topic that youth Performers and Planners reported witnessing and having knowledge of on their reservation. They also felt it important to talk about bullying and peer pressure in relation to youth opioid use. The youth wanted to convey that other native youth are vulnerable to bullying and peer pressure when they cannot find support at home.

REZolution – Tribe D Invitation: https://www.youtube.com/watch?v=C9VVnEGImto

Tribe E

The *Tribe E* promotional video featured 10 youth Performers and Planners and staff members from IHC. The video featured two main actors experiencing tough situations. Actor A wakes up to find her parents arguing in the kitchen. The father is demanding alcohol from the mother and it is suggested that domestic violence is taking place in the home. Actor A shows her disappointment in her family and leaves the house. Actor B then exits his house and sees his mother unresponsive on the porch with prescription medications by her side. Actor B helps his mother inside while she promises this is the last time he will find her in this state. Actors A and B then meet at the after-school program basketball court where they decide to go hang out somewhere else. When Actor A stands up, a pill bottle follows from her jacket. Actor B then questions Actor A as to why she is carrying this prescription bottle not prescribed to her. Several other youth Performers and Planners are drawn to the conversation upon hearing Actors A and B argue over the opioids. The other youth Performers and Planners suggest there are other ways to cope with difficult situations and that they are there to support Actor A. Actor B then reinforces that he is there to support Actor A and that all community members can face challenging situations. This video duration was 4:51 minutes.

This *Tribe E* youth Performers and Planners were adamant on sharing to their community, that although circumstances can differ, anyone in their community can find themselves struggling with difficult situations. The youth Performers and Planners wanted to highlight the stress that is put on native youth when they are exposed to domestic violence and substance abuse. Oftentimes, youth will choose to deal with their emotions through substance use. Like previous promotional videos, the *Tribe E* youth Performers and Planners wanted to encourage community members to support each other and to find healthy ways of expressing oneself.

REZolution – Pala Event Invitation: https://www.youtube.com/watch?v=huZ8dO-CYG4

Tribe F

The *Tribe F* promotional video featured five youth Performers and Planners as well as staff members from Indian Health Council, Inc. This video featured Actor A alone on a playground when she is approached by a group of other girls. The girls begin to bully Actor A and damage her property. Actor A returns home and tells her mother that she got a poor grade on a math test even though she studied hard. The mother becomes upset with Actor A and begins to voice her disappointment. At that point, Actor A's father enters the video and mother and father begin to have an argument. The father exits the home and the mother begins talking on the phone ignoring Actor A. Actor A then finds herself outside alone when she is approached by two

friends who offer to play with her. At that point, Actor A is approached again by the bullies from the first team. One of Actor A's friends sticks up for Actor A and you can sense a change in attitude among the bullies. The bullies begin to see how their behavior is contributing to the challenging situations faced by Actor A. The video ends with one of the bullies offering to help Actor A study for her next test. This video was 4:26 minutes in length.

In this video, *Tribe F* youth Performers and Planners wanted to showcase bullying in their community and how youth face challenges from peers but also from their home environment. The youth were steadfast on including themes of emotional neglect youth can face from their parents. Actor A was looking to talk to her mother about her experience with the bullies, but her parents' dynamics pushed her feelings to the side.

REZolution – Tribe F Event Invitation: https://www.youtube.com/watch?v=iQWJ1KAclp0

Tribe G

The *Tribe G* promotional video featured two youth Performers and Planners, a member of the *Tribe G's* Tribal Council, the after-school coordinator and a representative of *Tribe G*'s Tribal Police. The video begins with Actor A and Actor B returning home from school to find their mother drinking alcohol in the kitchen. The youth tiptoe past their mother, as to not disturb her, and are waiting in their bedroom when they hear a crash. Actor A goes into the kitchen to find her mother on the floor unconscious from drinking. As the mother is taken away by ambulance, the youth are taken by Tribal Police to a family member's home. There, Actors A and B interact with a cousin and tell what has happened with their mother. Actor A suggests that their mother is a "drunk" while Actor B maintains that their mother is not a drunk and may be home waiting for them. Actor B runs out of the house and the older cousin encourages Actor A to follow Actor B to support her. When Actor A returns home, she finds that Actor B has slipped on glass left from their mothers' accident and is bleeding. An ambulance comes and takes Actor B to the hospital. The final scene features the mother and Actors A and B discussing what has happened in regard to alcoholism in the family. She mentions that she thought she had her drinking under control but is now getting help at Indian Health Council, Inc. (implying Behavioral Health services). This video's length was 4:59 minutes.

In comparison to the other youth planning groups, a majority of the *Tribe G* youth Performers and Planners were in elementary school (most REZolution participants are in middle school or high school). It was therefore eye-opening to be developing such a mature storyline with younger youth. During the brainstorming session, multiple youth described witnessing alcohol abuse in the home, and it was clear that these subjects are on the forefronts of the youths' minds.

REZolution – Tribe G Event Invitation: https://www.youtube.com/watch?v=txb_jC0P2ug

Meetings 3 and 4 – activities to promote video

During the third and fourth meetings, youth participants are tasked with designing group t-shirts and a promotional flyer to be distributed via hard copy and through social media. Just as with the promotional video, youth participants take ownership of these activities with guidance from the CRDP Project Coordinator. There are certain elements that must be on the flyer such as time, date, and location however the design and style is up to the youth participants. The CRDP Project Coordinator will then have the flyers printed and will begin distribution.

It is also during meeting 3 or 4 (or a date scheduled outside of the regular meeting time) that the promotional video is filmed, so that there is ample time to promote the video via social media. The youth participants are the primary actors, while IHC staff or tribal members assist as secondary cast.

Meeting 5 – understanding behavioral health services at IHC

Another component of the REZolution project is to introduce youth participants to behavioral health services at IHC. During Meeting 5 (or another meeting based on the schedule of the clinical providers). This is an opportunity for the clinical staff to share what it is like to speak with a behavioral health clinician and what sorts of things people can speak about in a therapy session. The clinician also leads the youth through a brief exercise (based on their choosing) as an ice breaker and to open a conversation and discussion about mental health and emotional well-being.

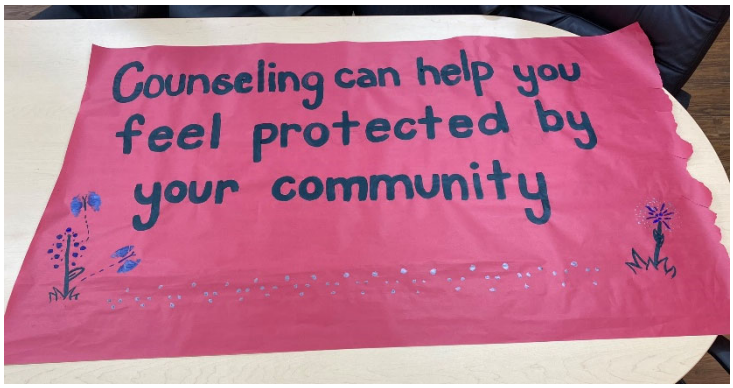


Figure 3: Youth developed campaign poster

The goal of this is to help alleviate the fear or stigma associated with accessing mental health services and to encourage “asking for help”. The clinician promotes that there is no shame in seeking mental health services and looks to build relationships with the youth participants.

This meeting is also a time for the youth participants to begin work on the mental health campaign poster. This activity was originally implemented during the second round of REZolution, and it is first presented to youth as an opportunity for them to share what they would like to see in their communities as they transition into adulthood. Youth participants are tasked to think about themselves as the future leaders of their community and what they would like their community to work towards. Youth work on the messaging for the poster and then design a poster to be presented at the community event. Previous messages have included:

- The *Tribe G* Kings and Queens want our community to: Be a safe and clean environment for children; understand that drugs harm yourself and your family; help each other and not be bullies; show kindness to each other; keep our earth clean!
- *Tribe E’s* Tribal Youth want our community to: Take healthy chances, ask for help when it is needed, not use drugs or alcohol to have fun, accept and support community members with mental health challenges, look to community for help, and have tribal unity.
- The Payomkawichum Leaders want our *Tribe G* community to know: That they are loved, and they do not need to use drugs to feel better about themselves; there are better ways to resolve conflict other than physical harm to yourself or others; counseling can help you: talk about feelings, say what is on your mind, build confidence, and feel protected by your community.
- Generation *Tribe C* wants to bring the following messages to their community: Ask for help when you need it; keep dreaming; express yourself in healthy ways; a healthy community creates healthy lives; and culture matters!
- We, *Tribe B’s* ‘ano’ Youth are here to bring you a few messages: We are stronger together and by supporting each other, we can grow as a tribe; there is strength in mental wellness; help and resources are available; and you can only help others if you are first healthy yourself.

Meetings 6 and 7 – Finalizing the community event.

During meetings 6 and 7, the youth select amongst themselves who will be the Master of Ceremonies for the community event. The selected youth then review a template script for the event and can modify the script as they see fit. Typically, these meetings are where youth participants begin to create decorations for the event space, typically creating posters using the messages from the mental health campaign.

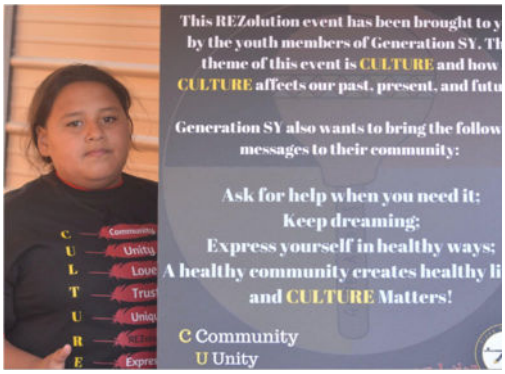


Figure 4: Youth participant during event

Meeting 8 – Rehearsal time

Meeting 8 is a time where the youth participants can create any last-minute decorations, as well as discuss what role each youth participant will play for the event. Roles for the events include greeters, raffle callers, prize distributors and as well as serving elders food and water throughout the event. This final meeting also gives the youth MCs a chance to practice their scripts in front of the group.

LEGACY

The promotional items created during each REZolution cycle will continue to live on past the end of CRDP. The promotional and event recap videos (see Figure 11) remain on IHC Social Media accounts and serve as testimony to the importance of community for rural Native youth. These videos also allow community members to uplift and continue their support of tribal youth engaging in building the future of their tribes. The mental health campaign posters (see Figure 12) also serve as a lasting reminder of REZolution and how tribal youth envision the future of their communities (e.g., the community can support those with mental health challenges and discourage drug and alcohol use as coping mechanisms). Some of these posters are on display in their respective Tribal Halls.

REZolution Event videos:

REZolution – Tribe A Event Summary:
https://www.youtube.com/watch?v=n6XCfO_4zNQ&list=PLz_x39-r2Jtt-PrqDYH7J34-gZG-pJlJi

REZolution – Tribe B Event Summary:
https://www.youtube.com/watch?v=USSAfcJgwhQ&list=PLz_x39-r2Jtt-PrqDYH7J34-gZG-pJlJi&index=4

REZolution – Tribe C Event Summary:
https://www.youtube.com/watch?v=LceUOp_bU_4&list=PLz_x39-r2Jtt-PrqDYH7J34-gZG-pJlJi&index=6

REZolution – Tribe F Event Summary: https://www.youtube.com/watch?v=8fQp9Gz5frs

REZolution and COVID-19

The IHC CDEP, REZolution, was greatly impacted by the emergence of Covid-19. All in-person youth planner meetings and community events were suspended. This was especially difficult as the Los Coyotes REZolution Community Event was set to take place the same week as the California Shelter in place orders began. To still be able to provide the communities with

behavioral health resources (as well as other resource available to support community members through Covid-19), the CRDP Project Coordinator began working with their department director, assuming the role of Social Media Officer. The CRDP Project Coordinator posted to the IHC Facebook and Instagram accounts information pertaining to telehealth behavioral health services, food resources, and updated information on Covid-19. This allowed the main principles of the CRDP project to be shared with those outside of the target population of rural native youth.

The COVID-19 pandemic impacted the organizational capacity of IHC to maintain “normal” operations. At the onset, the Emergency Operations Plan (EOP) was activated, and an Incident Command Team (ICT) was established. Minimum staffing and service plans were developed by departments and initiated in phases. Some staff were reassigned emergency response duties; roles and responsibilities changed in response to the EOP and the needs of the organization, particularly around clinical screening and testing. Staff were offered remote and/or hybrid work schedules to ensure employee safety and an adequate workforce providing essential services. Employees needing to provide childcare and/or assist with virtual school utilized FF-FMLA benefits, administered in accordance with established guidelines and laws. All in-person meetings (except for medical and pharmacy appointments) were postponed at the beginning of the pandemic and gradually came back “online” as safety and sanitation procedures/protocols were implemented throughout the organization in accordance with CDC guidelines. The Behavioral Health Department at IHC began virtual (telehealth) visits, which were positively received by the community. While Behavioral Health visits have increased, both medical and dental visits initially declined and are gradually returning to previous levels. IHC also began community wide COVID-19 testing events on a rotating schedule. IHC Social Media efforts were also redirected to provide community members with important Behavioral Health and other essential resources (e.g., COVID-19 information, food, and housing). Overall IHC, continued to diligently provide the necessary resources to support our community members through the COVID-19 pandemic while exercising appropriate precautions and following public health orders/restrictions. A key element of continuing the REZolution messaging through the pandemic lockdown consisted of increased social media (Facebook and Instagram and YouTube) events and postings surrounding the importance of seeking mental health assistance and staying connected with others despite the physical restrictions.

Local Evaluation Questions

The evaluation questions proposed by the REZolution program included the following:

Evaluation Question 1: Self-perception of: AI/AN identity, tribal and family pride, Sense of Community, Hope for the future (Outcome Measures)

Evaluation Question 2: Baseline and periodic measures of visits/participation rates in the following: IHC Behavioral Health and outside agency participation as well e.g. AA, NA, Al-Anon (Outcome Measures)

Evaluation Question 3: Rates of participation in existing IHC programs e.g.: Drum Group, Women’s Empowerment Circle, Stitch to Wellness, Craft to Wellness (Outcome Measures)

Evaluation Question 4: Track Number of participants at the 3 Community Events along with demographic data (Outcome Measure)

Evaluation Question 5: Evaluation of each community Event from 1) Event Coordinators 2) Participants 3) Audience (Process and Outcome)

Evaluation Question 6: Measure community perception of success of the REZolution Program at intervals (Outcome Measures)

Evaluation Question 7: Does artistic Self-Expression when shared in a community environment influence positive changes in health behaviors related to coping (Outcome Measure)

There were no changes made to the Local Evaluation questions during the program period.

Evaluation Design & Methods

A. Design

Measure	Community Sample	Sampling Approaches	Variables/Outcomes	Data Collection Procedures	Data Analysis Plan
Qualitative					
Key informant interviews (Determine outcomes for Research Questions 1, 5, 6, 7)	Tribal youth ages 12 to 17 (n= 3 per tribal planning committee)	Convenience sampling	Favorite part of being on Youth Council Recommendations for Improvement Self-expression skills Community impact Personal impact	Post event	ATLAS.ti Code systema-tically and develop a system of meaning for each variable
Testimonies (Determine outcomes for Research Questions 1, 5, 6, 7)	12-17 year olds, 18-24 year olds and adults >24 using services during each calendar year from 2017 to present (n= unlimited)	Convenience sampling	Perceptions of self confidence Tribal Pride Sense of Community Resiliency Hope Coping & Self-expression Skills	At the time of the event or planning activity	ATLAS.ti Code systema-tically and develop a system of meaning for each variable
Youth journals (Determine outcomes for Research Question 1) * Not analyzed due to sensitivity of entries and IRB Chair determined we couldn't protect	Tribal youth ages 12 to 18 (n= 10-15 per tribe)	Convenience sampling	Perceptions of self confidence Tribal Pride Sense of Community Resiliency Hope Coping & Self-expression Skills	Journal entries at every meeting, collect journals at end of event planning period (after tribal event)	ATLAS.ti Code systema-tically and develop a system of meaning for each variable

privacy and confidentiality of participants					
Social Media Hits/Posts	Facebook & YouTube users from target area	Convenience sampling	Likes and shares	After every post	Descriptive statistics of discreet variables
Quantitative					
Post event Performer & Planner surveys (Determine outcomes for Research Question 1)	Tribal youth ages 12 to 18 (n= 10-15 per tribe) Performers ages 12 to 65 (n= 5-10 per tribal event)	Convenience sampling	Hope Sense of Community Tribal Pride Resiliency	At the time of the event	Mantel Haenszel chi-sq used for differences in age adjusted proportions and multiple regression for adjusted mean values
NextGen (electronic health record) Behavioral Health Utilization Data (Determine outcomes for Research Question 2)	All 12-17 year olds, 18-24 year olds and adults >24 using services during each calendar year from 2017 to present	All the population	Number and percent of visits by age groups	Run reports after data collection period has ended	Descriptive statistics of discreet variables
Attendance log (Determine outcomes for Research Question 3)	All 12-17 year olds, 18-24 year olds and adults >24 using services during each calendar year from 2017 to present	All the population	Sign-up sheet with name, age, gender and location data	At the time of the IHC prorgram activities	Descriptive statistics of discreet variables
Attendance log (Determine outcomes for Research Question 4)	Audience members (n=100 per tribal event), ages 12- unlimited	Convenience sampling	Sign-up sheet with name, age, gender and location data	At the time of the event	Descriptive statistics of discreet variables
Post event Audience Satisfaction surveys (Determine outcomes for Research Questions 5-6)	Audience members (n=100 per tribal event), ages 12- unlimited	Convenience sampling	Evaluator and community advisors developed questions	At the time of the event	Mantel Haenszel chi-sq used for differences in age adjusted proportions and multiple regression for adjusted mean values

Quantitative data was extracted from the IHC NextGen Patient Management System and IHC social media analytics.

The strength-based survey evaluation design was selected by the local evaluator, Deborah Morton, IHC's IRB Chair, who has long heard from the community that deficit-based questions should be replaced with strength-based questions in surveys. We did not have a traditional control group or a traditional pre-post design with an intervention or educational or prevention program.

The project consisted of community events centered around the Arts - performance or fine arts to provide entertainment at the community level and individual self-expression as coping for unresolved grief, loss, trauma, historic trauma, or other mental health related issues.

We also did not have a traditional single group to track over time. Events occurred on different reservations, so participants were different at each event. The youth and tribal leaders who helped with the event were different as well. However, due to the inter-relatedness of these tribal communities and the close geographic proximity of the different tribal reservations, there was some overlap of participants at the events. We were not able to track the overlap.

REZolution did not fit into traditional outcome evaluation processes and methodological designs. We developed a flexible and open evaluation. We used pieces of traditional evaluation methods (surveys and key informant interviews), but also found other ways to evaluate the success of REZolution, such as youth and community member testimonies, social media reach, and content of posters, posts, and promotional videos.

The qualitative part of REZolution was examined with a few open-ended questions used on all surveys, information from the key informants, and information from the journals kept by youth leaders who were involved in coordinating the performances. ATLAS was the application intended to be used to evaluate journal content. Not analyzed due to sensitivity of entries and IRB Chair determined we couldn't protect privacy and confidentiality of participants.

Key informant interviews followed a standard qualitative design. The interviews had a group of questions to prompt responses and all the interviews were recorded, transcribed, and analyzed using ATLAS. The project coordinator conducted the interviews.

The REZolution project format was not random; in other words, it was not a controlled sampling method. Our sample was planned as a response to the success of our Community Events. The tribal grapevine is alive and well and our audience and participants in the Community Events was to be dependent on our successes at the different reservations.

Strategies to incorporate indigenous knowledge were tightly woven into the implementation activities, including inclusion of tribal community members in videos and speaking/performance opportunities.

B. **Sampling Method and Size**

Sampling methods used included convenience sampling. The Local Evaluation Plan was designed by the Local Evaluator, in conjunction with the Native American Hub grantees. The target population for Local Evaluation planner and SWE surveys were tribal youth ages 12-18. Youth Performers and Planners and performers were administered SWE surveys pre and post

participation in the REZolution program, as well as Local Evaluation surveys after their tribal REZolution event. The Local Evaluation planner survey included three instruments: Herth-Hope Index, Tribal Connectiveness Scale, and Connor-Davidson Resiliency Scale. This was mainly to address Evaluation Question 1. Audience members at the REZolution event also completed a general survey to assess their experience at the REZolution event. This survey included a Sense of Community Scale designed to answer Research Questions 5 and 6. The secondary target population answering the Local Evaluation audience survey included tribal youth through elders living in the Indian Health Council service area.

Youth from the host reservation participated in the development of the Community Event: planning, theme, organization, presentation, and its marketing to draw people to the event. They also assisted with data collection and the interpretation of research results. Once finalized, they will receive copies of all results and be invited to all presentations of results associated with REZolution and its success.

The target population included youth through elders from tribal groups in Southern California who speak English, Luiseño and Kumeyaay. All identified as male or female. Most were in middle school and high school, and a few had college degrees. Approximately half consider themselves low-income while the other half benefit from casino income. Most have a spiritual tradition, and all are eligible to receive health care services through Indian Health Council.

The intended audience sample size per year, from 3 events was approximately 300. The events were planned to take place on different reservations throughout the nine tribes of the IHC patient population in order to accommodate community members from mountain and valley tribes. The intended sample size of the youth organizers was 10-15 youth per event. The youth organizers were recruited from a variety of organizations, including afterschool programs, within the host reservation. Sampling was purposive or convenience sampling with some snowball sampling for key informant interviews.

Participant recruitment strategies included community networking, social media outreach, in-person conversations with elders in the community and attendance at partner outreach events. Intended sample size was open-ended and there was no power analysis.

Final sample size (including sample size per cycle/cohort if applicable) was roughly 7.5 youth Performers and Planners and 50-60 event audience members per tribe/cohort. The youth Performers and Planners predominantly identified as female and approximately two-thirds of the audience members were female.

The extent to which the evaluation sample was representative of the CDEP participant universe appear to lean disproportionally towards females.

Local evaluation attrition varied from tribe to tribe, for reasons including other conflicting commitments and death of close family members. While youth were the primary target demographic, the events were designed to encourage mental health help-seeking for all ages, including referral of family and friends.

Marketing of the Community Event was by youth and other tribal leaders, word of mouth, social media, radio ads, and paper materials posted at Tribal buildings and Casinos. People who filled out surveys were the audience, Performers and Planners, performers, and all the others who participated in the interim periods between the Community Events.

C. **Measures & Data Collection Procedures**

Instruments used in the evaluation include:

1. Sense of Community Survey
2. Herth Hope Index
3. Tribal Pride Scale
4. Connor/Davidson Resiliency Scale

See attachment 2 for a sample of the planner and audience surveys. Data was collected with paper surveys after the Community Events. All willing audience and performers completed the surveys at the time of event. The youth organizers completed their pre/post assessments during the follow-up period after the events. All data, paper or computer-based, was stored in the Project Coordinator's locked office at IHC. The Project Coordinator trained youth and support staff to collect data at Community Events. Some youth were reluctant to answer the questions and/or complete all questions in the Pre/Post planner surveys; as they felt they were cumbersome, or it was "like doing homework" and did not want others to read their answers. Other youth felt uncomfortable sharing their answers and expressed it was "none of your business." As with most teenagers, some youth had an apathetic or dismissive attitude about this process because it was time-consuming and did not immediately interest them. Several youth had very short attention spans and/or poor reading skills/comprehension particularly the younger ones and had difficulty answering all the questions.

The Informed Consent was administered, signed, and collected by all participants who volunteered to help plan each community event (for pre-post evaluation). Informed Assent was administered and collected from performing youth and the youth participating in the planning of each event who were under the age of 17. IHC has its own IRB and anticipated needing IRB approval for all informed consent and assent forms and survey instruments but instead received an IRB exemption since no identifying information was being collected and negative impacts were minimal.

D. **Fidelity & Flexibility**

Fidelity was measured using adherence to process, quality of delivery and participant responsiveness. While no formal evaluation form was developed to measure these fidelity indicators, anecdotal and observational data indicate that adherence to the process, quality of delivery and participant responsiveness was high. See also REZolution Event videos listed on page 16 plus Figures 11 and 12.

The flexibility of the program was evident in the unique design of each event promotional video, event flyer and tribal message poster. The flexibility allowed in the design and content of these program products, allowed each tribe to feel ownership of their event and pride in their own creativity and execution.

E. **Data Analysis Plan Implemented**

Data analysis used mixed methods and was completed by the local evaluator who is an epidemiologist and biostatistics professor in Public Health at California State University San Marcos. Demographics were stratified by age and gender, with Mantel Haenszel chi-sq used for differences in age adjusted proportions and multiple regression for adjusted mean values. All outcome measures collected from survey data (e.g. identity, pride, sense of community, hope

indices) were modeled using multiple and logistic regression techniques (where appropriate) to predict outcomes while controlling for demographics and other potential confounders. All outcomes were stratified by age and gender to create a profile of REZolution Community Events attendees and performers. Tribal differences were not analyzed as it is not allowed by the IHC IRB and not considered significant.

Results

Evaluation question 1: Identity/Pride/Hope in the Future

	Total Surveys	Herth Hope Index	Tribal Pride Scale	Resiliency Scale	Satisfaction
Youth Performers and Planners & Performers	31	36.6 / 44 very high	32.8 / 40 very high	21.0 / 27 high	n/a
Audience Members	268	n/a	n/a	n/a	4.4 / 5 high

Figure 5: Identity/Pride/Hope results

Herth Hope Index Results

Performers and Performers and Planners of Rezolution Events

Herth Hope Index (additive scale), mean = 36.6 (out of possible 44), (very high) The higher the number, the higher the level of hope.

Cronbach's Alpha = .91 Measure of Reliability of the Scale – (very high)

Age range 12 – 58 years, mean age = 14.7

Females = n=18 (58%), Males n=13 (42%)

Total for Herth Hope Index n= 25 (some missing data)

Answer choices: Strongly disagree=1, Disagree=2, Agree=3, Strongly Agree=4

Items In Scale	Total n	Mean	st. dev.
1. I have a positive outlook toward life.	24	3.3	0.7
2. I have short and/or long range goals.	24	3.6	0.5
3. I feel all alone. (*reverse scored*)	25	2.5	1.1
4. I can see possibilities in the midst of difficulties.	25	3.2	0.8
5. I have a faith that give me comfort.	25	3.2	0.7
6. I feel scared about my future. (*reverse scored)*	25	2.1	0.9
7. I can recall happy/joyful times.	25	3.2	0.5
8. I have deep inner strength.	25	3.3	0.7
9. I am able to give and receive caring/love.	25	3.4	0.5
10. I have a sense of direction for my life.	25	3.2	0.9
11. I believe that each day has potential.	25	3.3	0.8
12. I fell my life has value and worth.	25	3.5	0.6

Figure 6: Herth Hope Index Results

Tribal Pride Scale (modified) Results

Tribal Pride Scale (additive scale), mean = 32.8 (out of possible 40), (very high) The higher the number, the higher the level of Tribal Pride.

Cronbach's Alpha = .93 Measure of Reliability of the Scale – (very high)

Age range 12 – 58 years, mean age = 14.7

Females = n=18 (58%), Males n=13 (42%)

Total for Tribal Scale = 29

Answer choices: Strongly disagree=1, Disagree=2, Agree=3, Strongly Agree=4

Items In Scale	Total n	Mean	st. dev.
1. I am proud of my tribal membership.	29	3.5	0.6
2. Being conscious of my tribal background increases my feelings of confidence.	29	3.2	0.7
3. I respect the traditions of my tribe.	29	3.6	0.6
4. I am greatly interested in the history of my tribe.	29	3.2	0.6
5. I feel a strong inner connection with my tribe.	29	3.1	0.7
6. I enjoy taking part in tribal events.	29	3.3	0.8
7. I am conscious of my tribal background and what it means to me.	28	3.2	0.7
8. I feel good about my tribal heritage.	29	3.4	0.6
9. Knowing the history of my tribe teaches me to value and understand my tribal people and also myself better.	29	3.1	0.7
10. I take pride in the achievements of all the member of my tribe.	29	3.4	0.7

Figure 7: Tribal Pride Table

Connor/Davidson Resiliency Scale-9 item Results

Resiliency Scale (additive scale), mean = 21.0 (out of possible 27), (very high) The higher the number, the higher the level of Resilience.

Cronbach's Alpha = .83 Measure of Reliability of the Scale – (very high)

Age range 12 – 58 years, mean age = 14.7

Females = n=18 (58%), Males n=13 (42%)

Total for Resiliency Scale = 25

Answer choices: Not at all=0, Rarely true=1, Sometimes true=2, Often true=3

Items In Scale	Total n	Mean	st. dev.
1. I am able to adapt to change.	25	2.1	0.8
2. I can deal with whatever comes.	25	2.2	0.8
3. I can see the humorous side of things.	22	2.5	0.7
4. I agree coping with stress makes you stronger.	25	2.4	0.6
5. I tend to bounce back after illness or hardship.	25	2.2	0.8
6. You can achieve your goals.	24	2.4	0.7
7. I am not easily discouraged by failure.	24	2.0	0.9
8. I think of myself as a strong person.	24	2.3	0.9
9. I can handle unpleasant feelings.	24	2.5	0.6

Figure 8: Connor/Davidson Resiliency Scale-9 item Results

Evaluation Question 2: Did youth and all age client visits to IHC Behavioral Health increase? (Administrative/Electronic Health Records Data)

Although we were not able to gather data on other forms of mental health support groups such as AA, we did analyze deidentified electronic health records from IHC's Behavioral Health Department.

Behavioral Health visits and intakes (either new patients or if they have not been seen for 3 years): Youth and visits: all ages, from baseline 2017 to intervention 2018 and beyond.

YEAR	BH Youth Visits 18-24 yrs	BH Youth Visits < 18 yrs	BH Youth Intakes 18-24 yrs	BH Youth Intakes < 18 yrs	Total BH Visits (All Ages)
2017	485	957	72	102	4660
2018	565	1085	89	101	4949
2019	650	1303	89	148	5932
2020	585	1192	52	80	6778
2021 (YTD)	601	1126	81	123	6061

Figure 9: Behavioral Health visits and intake outcomes

It is noteworthy that following the initiation of REZolution, we see significant increases in both intake (new clients or those who have not been seen for at least 3 years) and visits for under 18 and transitional Age Youth 18-24. Focusing on 2017-19, prior to Covid, we see increases of 35% for visits and 21% for intakes for 18-24 year olds. For those under 18, 36% increase in visits and 45% increase in intakes. Moreover, the entire community (all ages) displayed an increase in the number of visits during the REZolution intervention period of 27%. Note that the Covid-19 shutdown in March of 2020 needs to be taken into account; in 2020, tele-mental health services began in earnest and the community has reported that reduced stigma of being seen walking in the door, as well as transportation and childcare barriers.

Evaluation Question 3: Rates of participation in existing IHC programs e.g.: Drum Group, Women's Empowerment Circle, Stitch to Wellness, Craft to Wellness

These did not change measurably between 2017 to 2020.

Evaluation Question 4: Track Number of participants at the 3 Community Events along with demographic data

Roughly, 50 audience members attended each community event. There was a wide range of ages and the ratio of women to men was approximately 2:1.

Evaluation Question 5: Evaluation of each community Event from 1) Event Coordinators 2) Participants 3) Audience

REZolution AUDIENCE Evaluation

Total sample n=268

Females n=168 (63%), Males n=95 (35%), unknown n=5 (2%)

Age range: 12 years to 83 years, mean age = 33 years

Under Age 18 n=78 (29%), Adults 18+ n=159 (59%), unknown n=31 (12%)

Location: A = 66, B n=54, C n=48, D n=33, E n=35, F n=32
Self-rated health: Excellent = 38%, Good = 45%, Fair = 15%, Poor = 2%
Answer choices: LOW to HIGH – choose rating of 1, 2, 3, 4 ,5 (some missing data)

Audience Evaluation	Total		
	n	mean	st. dev.
Promote respect for cultural differences?	267	4.6	0.8
Avoid stereotyping of cultural, ethnic or tribal groups?	264	4.5	0.9
Teach you how to promote tribally and culturally competent values?	263	4.4	0.9
Weave content on tribal culture throughout the event?	262	4.4	0.9
Work to enhance cultural competence through knowledge, respect, and negotiation?	266	4.5	0.8
Encourage and support tribally appropriate self-expression of history, values, and experience?	264	4.5	0.8
Provide a venue that allowed for individual expression of feelings?	267	4.5	0.8
Teach tribal arts skills?	265	4.2	1.1
Refer you to IHC Behavioral Health services?	263	4.0	1.3
Encourage you to continue your own or your family self-expression through artistic behaviors?	268	4.5	0.9
Provide interactive learning in tribal groups regarding artistically related self-expression?	267	4.4	0.9
Work to enhance cultural competence through knowledge, respect, and negotiation?	263	4.5	0.9

Figure 10: Audience Evaluation results

Selected Open-Ended Remarks – Audience Reported:

Liked Most about the Overall REZolution event:

- Artistic expression, allowed people to express themselves

- Beautiful
- Child development, awareness, impressive
- Community gathering, feeling
- Culture and youth – very healthy
- Drug prevention
- Empowering our community especially youth
- How individuals can express themselves in every way, they let the sunshine through their souls
- Inclusion of all people and encouraging youth to challenge themselves
- Music artistry
- Self-expression, cultural healing

Things they would change for next REZolution event;

- Better sound management
- Something for younger kids to be entertained during performances
- More spray painting
- More interaction with audience, play a game, trivia, more testimonies, more inspirational!
- Better lighting
- More food
- More performers
- More people who have overcome drugs and alcohol, testimony
- More advertising, getting the word out
- Open mike

Video Posts and Posters

The content of the posters and video posts revealed that the youth Performers and Planners understood the main objectives of the REZolution project. See posters and posts samples below. The youth wanted their community to know that there are “other ways to resolve conflict” and that it is okay to “ask for help when you need it.”

REZolution - Pala PSA

2K views · April 10

Pauma REZolution

4.7K views · July 23

REZolution - Santa Ysabel PSA

2.8K views · October 3, 2018

Rezolution at La Jolla

1.5K views · June 11, 2018

Figure 11: Screen shots of youth-produced videos for the REZolution process along with the number of views as of this report.

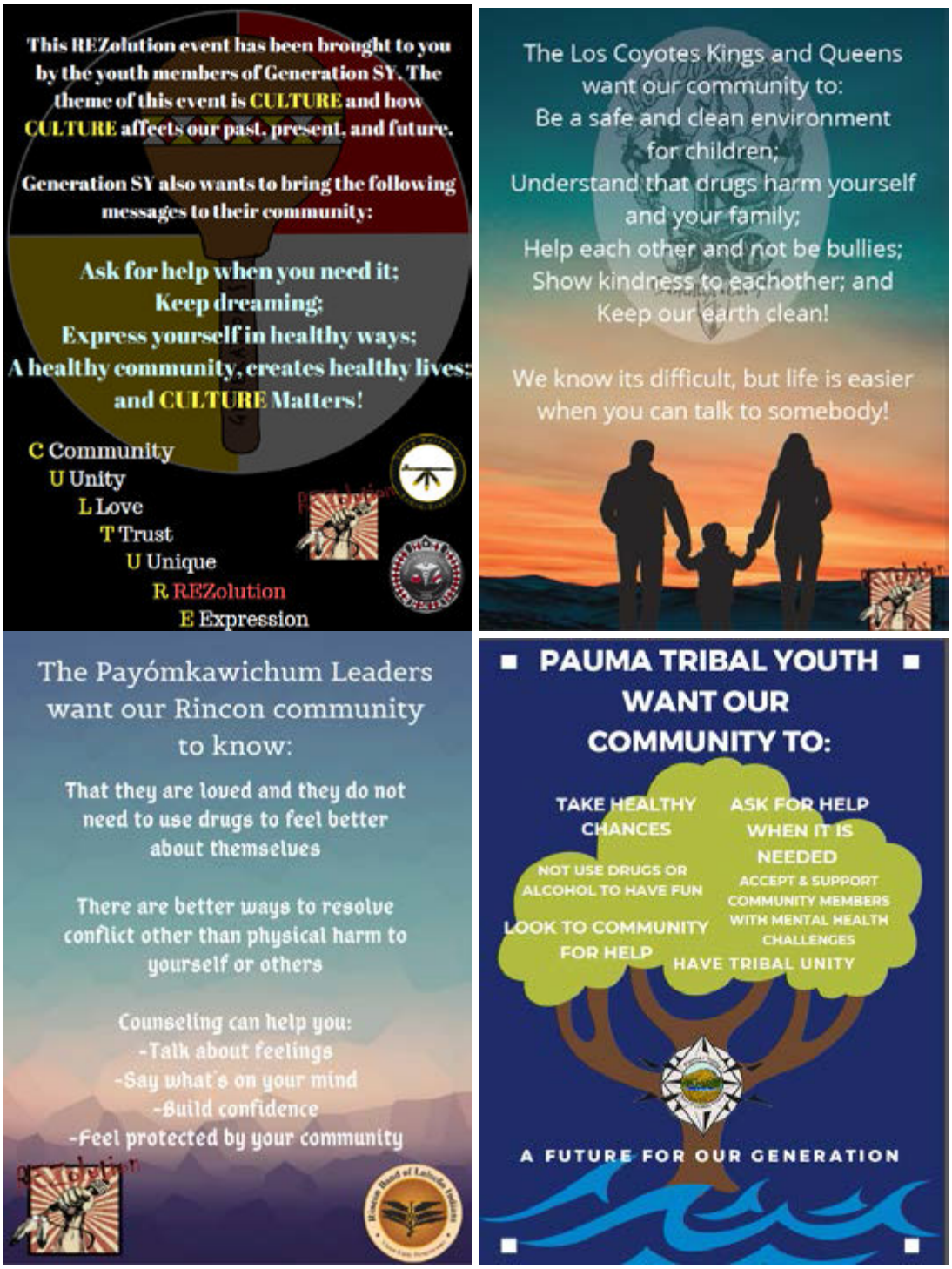


Figure 12: Images of youth-produced posters during the REZolution process.

Importantly, the six youth who completed the key informant interviews, reported that the planning process for REZolution events was fun and helped them identify healthy ways to cope with negative thoughts or situations. They felt that participating in the group planning process was beneficial to them and helped lead them to internal change. Additionally, they felt supported by the project staff. They think the project is having a positive community impact such as

bringing the community together and making them feel more comfortable with behavioral health providers.
The results of the SWE pre/post adolescent survey are not included in this section since only 16 pre- and 4 post-surveys were completed. There are not sufficient data to come to any significant conclusions.

Evaluation Question 6: Measure community perception of success of the REZolution Program at TBD intervals

Based on the foregoing positive assessments by participants and audience members, we found evidence that REZolution had a positive impact on the communities in which it took place.

Evaluation Question 7: Does artistic Self-Expression when shared in a community environment influence positive changes in health behaviors related to coping

As noted in the above Audience Evaluation, the general views suggest that Self-Expression when shared in a community environment

Cutting across several of these evaluation questions the remarkable social media presence of this project highlighted the central messages of REZolutions: healthy self-expression, removing stigma from behavioral health access and improved mental health.

IHC's CRDP social media strategic plan was implemented to not only invite community members to REZolution events, but to recognize the creativity of REZolution youth Performers and Planners. REZolution promotional materials were posted on IHC's social media sites (e.g., Facebook, YouTube and Instagram) and accessible to all. The materials developed by REZolution youth Performers and Planners amassed over 4600 views and 100 shares on IHC's Facebook. Additionally, the promotional videos were viewed in 10 states.

Social Media Posts
Period: May 1, 2020, to April 30, 2021
Facebook followers increased 29%, from 1,280 to 1,648
Total reach; peak 3,555 people in November 2020

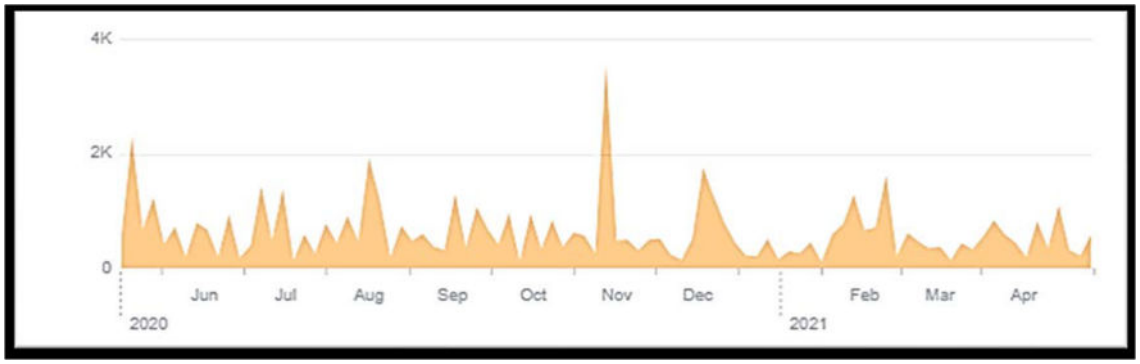


Figure 13: Facebook post analytics.

Discussion and Conclusion

The CRDP, REZolution, at Indian Health Council has illuminated several techniques to introduce and break down stigmas surrounding accessing mental health programs. Increasing

access to mental health services was not relevant to our communities, as any IHC client is eligible to receive mental health services. Therefore, REZolution focused on promoting healthy self-expression, reducing stigma around mental health services, and increasing the utilization of mental health services at IHC. From the first iteration of REZolution, it was clear that promoting culture and tradition was a pathway to bring community members together to promote mental wellness. Youth Performers and Planners were tasked with identifying and inviting community performers to showcase their form of healthy self-expression, and every REZolution cohort included a traditional/cultural performance (e.g., bird singing, drumming, and storytelling) at the event.

We also witnessed the community supporting and encouraging youth Performers and Planners, especially after promotional videos were released. Youth Performers and Planners were recognized for addressing challenging topics such as bullying, substance abuse, and isolation and for encouraging individuals to seek support from their communities. Once posted to IHC Social Media accounts, the videos on average had 2,500 views, with the most viewed promotional video viewed 5,000 times. In creating a safe space for youth to express themselves in a healthy way, they were able to “start the conversation” and work towards addressing mental health with their communities. As the electronic health data record analysis showed, significant increases in the number of intakes and visits for youth under 18 and between 18-24 during the REZolution program suggests that destigmatization of seeking mental health help was occurring in the communities IHC serves.

By including clinicians from the IHC Behavioral Department in planning meetings, the youth were given the opportunity to ask direct questions such as, what an intake appointment entails and what you can talk to a clinician about. We witnessed youth being interested in mental health services and a willingness to engage in self-empowerment exercises. Other than via the REZolution process, youth Performers and Planners may not have had the opportunity to interact with a behavioral health clinician.

There were several significant limitations to the evaluation of the program worth noting. There was, as noted above, a difficulty in collecting sufficient numbers of pre- and post-measures from the youth planner program participants to make sound conclusions on the impact of the experience in their lives, although the focus group and anecdotal accounts provided evidence for how they were seen by fellow tribal members as future leaders and having created lasting products including the posters and videos with powerful mental health messages. Perhaps greater incentives attached to the surveys and creating structured sessions with food provided for the pre- and post- measures would have increased participation in these measures.

The REZolution program is unique in that allows youth to voice what mental wellness means to them and how they envision their communities to address mental health now and in the future. By letting the youth Performers and Planners create an event for their community, they can be recognized in a positive light and showcase their creativity and culture.

We're hoping REZolution will be a model that will establish the importance of tribal people being able to use self-expression in the Arts to forge community and revival of traditional practices that lead to good mental health, pro-social health behaviors and elevated levels of community pride and individual self-esteem. We hope to use the positive REZolution findings to create tribal policies/resolutions and tribal funding on the reservations that will create ongoing sustainability of Arts and Performance Programs on all reservations for all youth.

References & Appendices

1. Borowsky, IW, Resnick, MD, Ireland, M, Blum, RW (1999). “Suicide Attempts Among American Indian and Alaska Native Youth: Risk and Protective Factors.” *ARCH Pediatric Adolescent Medicine*, 153: 573-580.

2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2010).

3. Karch DL, Logan J, McDaniel D, Parks S, Patel N (2009). Surveillance for Violent Deaths – National Violent Death Reporting System, 16 States.

4. Office of Supplied Studies, SAMHSA (2010). Substance Use among American Indian or Alaska Native Adults. The NSDUH Report.

5. Beals, J, Manson, SM, Whitesell, NR, Spicer, P., Novins, DD, Mitchell, CM & the AI-SUPERRFP Team (2005). “Rural American Indians’ perspectives of obstacles in the mental health treatment process in three treatment sectors.” *Journal of Consulting and Clinical Psychology*, 73(5): 819-29.

6. Criminal Justice Research Division, San Diego Association of Governments (2009).

7. California Alcohol & Drug Data System, CADDS (2010).

8. Gone, Joseph P (2010). “Psychotherapy and Traditional Healing for American Indians: Exploring the Prospects for Therapeutic Integration.” *The Counseling Psychologist* 38.2: 166–235. Web.

9. Gone, Joseph P (2016). “Alternative Knowledges and the Future of Community Psychology: Provocations from an American Indian Healing Tradition.” *American Journal of Community* Psychology 58(3-4): 314–321.

10. Behavioral Health Services for American Indians and Alaska Natives: for Behavioral Health Service Providers, Administrators, and Supervisors. Washington, D.C: Department of Health & Human Services, USA, Substance Abuse and Mental Health Services Administration, 2018. Print.

11. California Youth Connection: Mental Health Focus Group (2015) A Journey Through the Mental Arts of Foster Youth.

12. Bensimon, M, Amir, D, & Wolf, Y (2008). “Drumming through Trauma: Music Therapy with Post-Traumatic Soldiers.” *The Arts in Psychotherapy* 35(1): 34–48.

Appendix 1: Events Conducted


La Jolla
REZolution 2018
"Natives who band together, grow together"
When: June 29th 2018
Time: 5:30 pm - 8:30 pm
Located at the gym next to the La Jolla Tribal Hall
FREE FOOD!!!
RAFFLE WITH FUN PRIZES
EXCITING ENTERTAINMENT
SINGING, ART, STORY TELLING, AND MUCH MORE
For more information, please contact Sasha S.
760-749-1410 X 5280
Follow US
indianhealthcouncil
www.indianhealth.com
LA JOLLA BAND
EST. 1875
LUISEÑO INDIANS
Funded by the California Department of Public Health
"Empowering Native Wellness "

REZolution Santa Ysabel 2018

Generation SY is bringing fun, enjoyment, and entertainment to Santa Ysabel!

Raffle!

Culture!

When: October 19th, 2018

Time: 5:30 pm-8:30 pm

Where: Tan Building next to Fire Station

School House Canyon Road, Santa Ysabel

Food!

Family-fun ever

Featuring local performances including bird singing, story telling, bird dancers, live music and break dancing!

"Empowering Native Wellness"

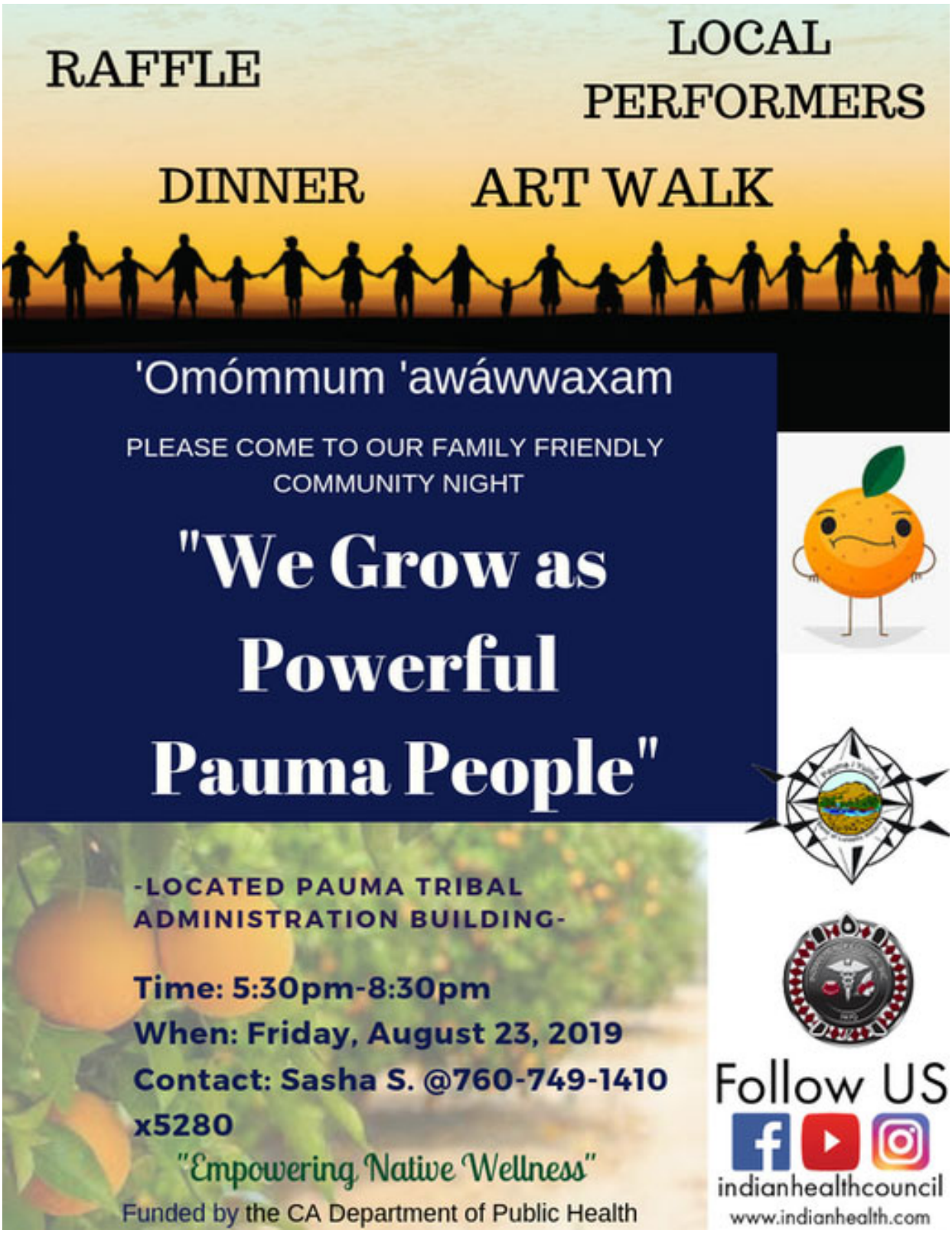
For more information, call Sasha S. at 760-749-1410 x 5280 or email at sspite@indianhealth.com

Follow US

indianhealthcouncil

Funded by the California Department of Public Health


Pala
YOUTH CENTER
"Empowering Native Wellness"
PALA BAND OF
MISSION INDIANS
THE P.Y. CHANGERS
ARE BRINGING YOU
PALA REZOLUTION!
Where: Pala Tribal Administration Building
When: May 3 , 2019 Time: 5:30 pm - 8:30 pm
Join us for an evening of family fun and healthy self-expression featuring performers from Pala!
CHECK OUT OUR PROMOTIONAL VIDEO ONLINE!
Dinner will be served!
Raffle prizes!
Featuring an art walk!
Family event!
Follow US
indianhealthcouncil
www.indianhealth.com
For more information, call Sasha S. at 760-749-1410 x 5280
Funded by the California Department of Public Health


RAFFLE
LOCAL PERFORMERS
DINNER
ART WALK
'Omómmum 'awáwwaxam
PLEASE COME TO OUR FAMILY FRIENDLY COMMUNITY NIGHT
"We Grow as Powerful Pauma People"
-LOCATED PAUMA TRIBAL ADMINISTRATION BUILDING-
Time: 5:30pm-8:30pm
When: Friday, August 23, 2019
Contact: Sasha S. @760-749-1410 x5280
"Empowering Native Wellness"
Funded by the CA Department of Public Health
Follow US
indianhealthcouncil
www.indianhealth.com

Payómkawichum Leaders

Invites you to our community event!

Check out our promo video online!

Dinner will be served

Date:December 6, 2019
Location: Rincon Government Center
Time: 5:30 pm to 8:30 pm

Art Walk

Featuring Community Performers

Raffle!

Follow US

indianhealthcouncil

For more information contact Sasha S at 760-749-1410x5280

Funded by the CA Department of Public Health

Appendix 2: Local Post-Event Surveys

ID# _____ DATE _____

LOCATION _____

REZolution Program Evaluation
Performers and Planners

Please circle the number that best matches your response to each of the following questions.
All answers are confidential.

1. What is your gender? Female ☐ Male ☐

2. What was your role in the REZolution event? Planner ☐ Performer ☐

3. What is your age? _____(years)

How do each of the following statements represent how you feel about your Tribal Community. Consider your level of **SATISFACTION** in that area.

Please circle the number. All answers are confidential.
Example Lists on page 5

Tribal Connections Section One	YES	NO	Not in our tribe
4. I believe thing like animals, rocks (and all nature) have a spirit like American Indian people.	1	0	n/a
5. I can understand some American Indian words or language(s).	1	0	n/a
6. I know my Cultural, Spirit, Indian or Traditional Name.	1	0	n/a
7. I use ceremonial/traditional medications (see Examples list #1) for guidance or prayer or other reasons (see Examples list #2).	1	0	n/a
8. I have participated in a traditional/cultural ceremony or activity (see Example List #3).	1	0	n/a
9. I have helped prepare for a traditional/cultural ceremony or activity in my family or community (see Example list #3).	1	0	n/a
10. I have shared a meal with community, offered food or fed my ancestors for a traditional/cultural or spiritual reason (see Example list #4).	1	0	n/a
11. Someone in my family or someone I am close with attends traditional/cultural ceremonies or activities (see Example list #3)	1	0	n/a

1

Tribal Connections Section One	YES	NO	Not in our tribe
12. I plan on attending a traditional/cultural ceremony or activity in the future (see Example list #3)	1	0	n/a
13. I plan on trying to find out more about my American Indian culture, such as its history, tribal identity, traditions, customs, arts and language.	1	0	n/a
14. I have a traditional person, elder or other person who I can talk to (see Example list #5)	1	0	n/a

PLEASE KEEP GOING TO THE NEXT PAGE!

Tribal Connections Section Two	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15. I have spent time trying to find out more about being American Indian, such as history, tribal identity, traditions, language and customs.	1	2	3	4	5
16. I have a strong sense of belonging to my American Indian family, community, tribe and/or nation.	1	2	3	4	5
17. I have done things that will help me understand my American Indian background better.	1	2	3	4	5
18. have talked to community members or other people (see Example list #5) in order to learn more about being American Indian.	1	2	3	4	5
19. When I learn something about my American Indian culture, history, or ceremonies, I will ask someone, research it, look it up, or find resources to learn more about it.	1	2	3	4	5
20. I feel a strong connection/attachment towards my American Indian community or tribe.	1	2	3	4	5
21. If a traditional person, counselor or Elder who is knowledgeable about my culture, spoke to me about being American Indian, I would listen carefully (see Example list #5).	1	2	3	4	5
22, If a traditional person, counselor or Elder who is knowledgeable about my culture, spoke to me about being American Indian, I would listen to them carefully (see Example list #5).	1	2	3	4	5
23. I feel a strong connection to my ancestors and those that came before me.	1	2	3	4	5
24. Being American Indian means I sometimes have a different perception of way of looking at the world.	1	2	3	4	5
25. The eagle feather (or other feather) has a lot of traditional meaning for me (see Examples list #6).	1	2	3	4	5

3

Tribal Connections Section Two	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
26. It is important to me that I know my American Indian tribal language.	1	2	3	4	5
27. When I am physically ill, I look to my American Indian culture or community for help.	1	2	3	4	5
28. When I am overwhelmed with my emotions, I look to my American Indian culture or community for help.	1	2	3	4	5
29. When I need to make a decision about something, I look to my American Indian culture or community for help.	1	2	3	4	5
30. When I am feeling spiritually ill or disconnected, I look to my American Indian culture or community for help.	1	2	3	4	5

Tribal Connections Section Three	Never	Once/Twice in Past year	Every Month	Every Week	Every Day
31. How often do you offer ceremonial/traditional medicine for cultural/traditional purposes (see Example list #1).	1	2	3	4	5
32. How often do you use ceremonial/traditional medicines? (see Example list #1).	1	2	3	4	5
33. How often does someone in your family or someone you are close to use ceremonial or traditional medicines? (see Example list #1).	1	3	3	4	5

34. How would you rate your sense of health and well-being in comparison with others your own age?

Excellent ☐ Good ☐ Fair ☐ Poor ☐

NEXT PAGE are the EXAMPLE LISTS

EXAMPLE LISTS

List #1	List #2	List #3	List #4	List #5	List #6
Ceremonial & Traditional Medicines	**Use of Ceremonial & Traditional Medicines**	**Traditional Tribal & Cultural Ceremonies or Activities**	**Cultural Uses of Food**	**Traditional Persons, Elders & Leaders**	**Bird Feathers**
Angelica Root Bear Root Cedar Corn Pollen Copal Greasewood Jimson Milk Weed Mountain Tea Mugwort Palo de Santo Peyote Sage Sweet Grass Tobacco Women's Tea	Asking for a blessing in a sacred manner Calmness Cultural connections Gifting to show respect Give thanks Guidance Help Sleeping To honor Personal healing Prayer Smudge Spiritual connections Spiritual offerings Steady mind Talk to the Creator Keep bad spirits away	Acorn ceremony Beading class Bear dance, Sun dance, Round dance or other cultural dance Big Time Burning of Clothes Coming of age Deer Gathering Drumming Feast giveaway Fiesta GONA Longhouse Moon ceremony New Years Pot Latch Pow Wow Puberty ceremony Repatriation Running is my high Spring ceremony Sun rise Sweat lodge Traditional tattoo Washing of the face Wiping of tears Young men's ceremony Yuwipi	Spirit plate Thank you ceremony Special feast Community feed	Ceremonial leader Cultural teacher Doctor Elder Father Feather man Feather woman God father God mother Head heir Head man Head woman Medicine people Mother Mother bear Regalia leader Spiritual person Timiiwal Top doc	Eagle Condor Flicker Hummingbird Raven Hawk Turkey Quail Woodpecker

PLEASE KEEP GOING TO THE NEXT PAGE!

5

Please circle the number that best matches your response to each of the following questions. Consider **HOW MANY TIMES DURING THE PAST MONTH** you experienced each question.

Please circle the number. All answers are confidential.

Questions	Not At All	Rarely True	Sometimes True	Often True
35. I am able to adapt to change.	0	1	2	3
36. I can deal with whatever comes.	0	1	2	3
37. I can see the humorous side of things	0	1	2	3
38. I agree coping with stress makes you stronger	0	1	2	3
39. I tend to bounce back after illness or hardship	0	1	2	3
40. You can achieve your goals	0	1	2	3
41. I am not easily discourage by failure	0	1	2	3
42. I think of myself as a strong person	0	1	2	3
43. I can handle unpleasant feelings	0	1	2	3

PLEASE KEEP GOING TO THE NEXT PAGE!

Listed below are a number of statements. Read each statement and circle the number in the box that describes **how much you agree with that statement RIGHT NOW.**

Please circle the number. All answers are confidential.

Questions	Strongly Disagree	Disagree	Agree	Strongly Agree
44. I am proud of tribal membership.	1	2	3	4
45. Being conscious of my tribal background increases my feelings of confidence.	1	2	3	4
46. I respect the traditions of my tribe.	1	2	3	4
47. I am greatly interested in the history of my tribe.	1	2	3	4
48. I feel a strong inner connection with my tribe.	1	2	3	4
49. I enjoy taking part in tribal events.	1	2	3	4
50. I am conscious of my tribal background and what it means to me.	1	2	3	4
51. I feel good about my tribal heritage.	1	2	3	4
52. Knowing the history of my tribe teaches me to value and understand my tribal people and also myself better.	1	2	3	4
53. I take pride in the achievements of all the members of my tribe.	1	2	3	4

PLEASE KEEP GOING TO THE LAST PAGE!

YOU ARE ALMOST FINISHED!

Listed below are a number of statements. Read each statement and circle the number in the box that describes **how much you agree with that statement RIGHT NOW.**

Please circle the number. All answers are confidential.

Questions	Strongly Disagree	Disagree	Agree	Strongly Agree
54. I have a positive outlook toward life	1	2	3	4
55. I have short and/or long range goals.	1	2	3	4
56. I feel all alone.	1	2	3	4
57. I can see possibilities in the midst of difficulties.	1	2	3	4
58. I have a faith that give me comfort.	1	2	3	4
59. I feel scared about my future	1	2	3	4
60. I can recall happy/joyful times.	1	2	3	4
61. I have deep inner strength	1	2	3	4
62. I am able to give and receive caring/love.	1	2	3	4
63. I have a sense of direction for my life.	1	2	3	4
64. I believe that each day has potential.	1	2	3	4
65. I fell my life has value and worth.	1	2	3	4

66. How would you rate your sense of health and well-being in comparison with others your own age?

Excellent ☐ Good ☐ Fair ☐ Poor ☐

THANK YOU FOR PARTICIPATING IN THIS EVALUATION!

8

DATE _____

LOCATION _____

REZolution Program Evaluation
AUDIENCE ONLY

As an Audience member for our REZolution Event we value your ideas and opinions. We ask that you please help us make REZolution a better event by answering the following questions.

Did the REZolution tribal community event:

Question	Low				High
Promote respect for cultural differences?	1	2	3	4	5
Avoid stereotyping of cultural, ethnic or tribal groups?	1	2	3	4	5
Teach you how to promote tribally and culturally competent values?	1	2	3	4	5
Weave content on tribal culture throughout the event?	1	2	3	4	5
Work to enhance cultural competence through knowledge, respect, and negotiation?	1	2	3	4	5
Encourage and support tribally appropriate self-expression of history, values and experience?	1	2	3	4	5
Provide a venue that allowed for individual expression of feelings?	1	2	3	4	5
Teach tribal arts skills?	1	2	3	4	5
Refer you to IHC Behavioral Health services?	1	2	3	4	5
Encourage you to continue your own or your family self-expression through artistic behaviors?	1	2	3	4	5
Provide interactive learning in tribal groups regarding artistically related self-expression?	1	2	3	4	5
Work to enhance cultural competence through knowledge, respect, and negotiation?	1	2	3	4	5

Please Continue the Back Page ➔➔➔➔➔

1

Things you liked most about the REZolution Program (please list):

Overall Event focus

_____

_____

_____

_____

Performers

_____

_____

_____

_____

Things you would like to change for the next REZolution Event:

_____

_____

_____

_____

_____

How many REZolution community events have you attended, including this one? ____

What is your gender? female ☐ male ☐ other:_____ rather not answer ☐

What is your age? _____

How would you rate your sense of health and well-being in comparison with others your own age?

Excellent ☐ Good ☐ Fair ☐ Poor ☐

THANK YOU FOR PARTICIPATING IN THIS EVALUATION!