LOCAL EVALUATION REPORT

IPP Name: **Native American Health Center**
CDEP: **Gathering of Native Americans (GONA) Collaborative**
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EXECUTIVE SUMMARY

Gathering of Native Americans (GONA) Purpose/Description

The Gathering of Native Americans (GONA) was developed by Native/Indigenous persons for Native/Indigenous people in the early 1990s. Although originally developed as an intervention for drug and alcohol abuse, GONA has demonstrated the ability to positively address other social issues such as stigma, family health, violence, suicide and mental health (HIR, 2012; CRDP, 2012).

GONA is a manualized Community-Defined Evidenced Practice **(CDEP) with a four-day curriculum** that provides a structured, culturally specific framework and process for Native/Indigenous persons to address historical trauma, substance abuse, and other risk factors for self-destructive behavior and emotional/social/mental health. In GONA, the "community" is the perceived "patient" or entity that needs healing versus the individual, consistent with indigenous worldviews. Community healing from historical and intergenerational trauma, grief, and loss is a central theme of the GONA curriculum. This community-wide healing also promotes individual (and family) healing and reduction of mental health risk factors as a direct result of a collective healing process.

The curriculum focuses on underlying issues that lead to individuals, families, and communities becoming at risk for addictions and self-destructive behaviors and recognizes that health Native Americans is embedded in Native American culture, spirituality, and values. ***Essentially, this means that for Native Americans culture is a determinant of health. The loss of culture is then a risk factor for poor health outcomes whereas re-connecting is protective on multiple levels*.**

GONA participants actively work to identify approaches to healing the community, a process that then results in self-reflection, increased understanding of the root causes of health disparities in Native communities, and increased individual healing and resiliency. Youth participants also form permanent relationships with mentors and members of their communities. GONA is more comprehensive than interventions and treatments typically delivered by "western" or "mainstream" medicine in North America because of its holistic approach. Thus, when compared to "mainstream medicine", GONA has the capacity to positively affect more determinants of health (e.g., risk factors and protective factors) over the long-term.

The GONA Collaborative began from a grass-roots community effort to document the outcomes and impact of the GONA on youth participants as they "Aged Up" into adulthood. The Collaborative hopes to advance sustainable funding to expand GONA as a community-identified effective practice for addressing mental and behavioral health challenges. The Collaborative included seven participating urban Indian health organizations in California and their supporting youth, community members, and agencies. Through this Collaborative, the evaluation and research of GONA as a Community Defined Evidenced Practice (**CDEP**) was possible.

Evaluation Questions

Evaluation questions centered around two formalized impact studies and an ongoing process evaluation.

Study 1 – Longitudinal Cross-Site Study of GONA Youth

- Do GONA youth participants experience an increase in mental health protective and resiliency factors determined to be important by the participating Native communities, as compared to baseline?
- Are changes consistent when replicated across multiple communities?

Study 2 – GONA Aged Up Young Adult Key Informant Interview (retrospective) Study

- As adults looking back (retrospective), what impact did GONA have on your life?
- As adults looking forward (prospective), what impact will GONA have on your future or the future generations?

Implementation Analysis/Process Evaluation

- Was intervention fidelity maintained across all GONAs as measured by the GONA fidelity tool?
- What were the best practices & lessons learned? What could improve the GONA?

Evaluation Research Design

Participants

Participants into the Youth Longitudinal Cross-Site study were recruited (identified and invited) by staff or from community-members or other Native American/Indigenous organizations to the participating Urban Indian Health Programs that conducted the GONAs. Specifically, the Native American Health Center, Fresno American Indian Health Project, and San Diego American Indian Health Center.

Participants were distributed across age groups with approximately half being 14 or younger (49%) and half being 15 and older (51%). Youth were slightly more likely to be returning GONA participants (52%) as opposed to being a first time GONA participant (48%). Of youth participating in the GONA, 83% identified as American Indian, 36% identified as Hispanic, 13% identified as African American, 12% identified as being Caucasian, 7% identified as Pacific Islander, 3% identified as Asian, and 7% identified as "Other" categories. (Participants could report multiple racial identities per their self-identification.)

There were 294 unique assessments completed prior to the GONA and 258 unique assessments collected immediately after the GONA. In order to observe changes over time, these pre- and post-GONA responses were merged by their unique identifiers for 232 matched youth assessments (i.e., youth had both a pre-GONA and post-GONA; See Table 1). These 232 matched responses are included in the analysis.

Individuals invited to take part in the ***retrospective GONA Aged Up Study*** were randomly

selected adults who had previously participated in one or more GONAs. These participants were identified by the collaborating/participating organizations.

Longitudinal Cross-Site Study of GONA Youth

Methods included a mixed methods approach that measured outcomes at pre, post and 6-month follow up across multiple years for returning youth. **As a part of this project two instruments were developed by Native/Indigenous persons for evaluation purposes. These instruments include: 1) Life Changers, and the; 2) Cultural Connectedness Scale-California (CCS-CA).**

Life Changers Instrument: The Life Changers instrument is a 16-item tool developed by Native youth, and the local staff of the participating communities to measure prosocial behaviors, healthy mental practices, and positive family and community engagement.

Cultural Connectedness Scale-California (CCS-CA): The CCS-CA is a 29-item validated and published instrument that measures the Native American culture/cultural connectedness on three subscales: Identity, ii) Spirituality, and iii) Traditions. Higher scores on the CCS-CA are associated with positive mental health outcomes (King et al., 2019; Masotti et al., 2020).

Herth Hope Index (HHI): The HHI was adapted for use in this study. The HHI is a 12-item validated and widely used instrument and is considered a good proxy measure for mental health and wellness. The HHI is designed to capture the multidimensional aspects of hope on three subscales: i) temporality and future, ii) positive readiness and expectancy, and iii) interconnectedness. Increased HHI measures are associated with: perceptions of recovery, coping with illness, motivation, positive adjustment, mental health recovery, positive physical health, and strong psychological benefits.

This study was implemented with 294 youth across three different sites serving multi-tribal youth from diverse regions of California that included both urban and rural youth.

GONA Aged Up Young Adult Key Informant Interview Study

In addition to quantitative analysis of the longitudinal data, qualitative analysis was performed for in-depth interviews of 11 adult GONA alumni. The key informant interview protocol included questions concerning past experiences with GONA (retrospective) and expectations for the future of GONA with self/next generation (prospective).

Implementation Analysis/Process Evaluation

A GONA Fidelity Tool supported the implementation of process evaluations at the GONA events that were conducted across multiple sites in California. The Fidelity Tool supported the implementation of GONA to be consistent across the three study sites of the longitudinal cross-site study with GONA youth. Qualitative and quantitative data was gathered through administration and individuals participating in the implementation of the local GONAs. Process evaluations were also conducted at the Annual GONA Training of Facilitators, in which the implementation process, best practices, and lessons learned were reported by the seven or more participating urban Indian health organizational GONA teams.

Key Findings

In general key findings are that:

- **Participating in a GONA is associated with improved mental health and well-being.**

- **Participating in a GONA was associated with increased connection to (or strengthening of) Native Culture.** [Note – recent large sample studies have shown that measured increases in connection to Native Culture were associated with better mental health and well-being. These studies concluded that Native Culture was an important Social Determinant of Mental Health (S-DOH)].

- **A positive dose-response was observed. Participation in higher numbers of GONAs was associated with better mental health and connection/strengthening to Native Culture.**

- **There is a high degree of support for increased availability of GONAs. Youth reported significant 'life changers' relating to and resulting from the GONA.**

- **With 232 matched pairs, 52% of whom had been to one or more GONAs, there were statistically significant trends from pre to post GONA. Overall, each dependent variable resulted in a positive and statistically significant relationship.** The most significant change occurred at the first GONA attended by youth, where they showed a 78% increase from pre to post scores in the Traditions subscale of the CCS-CA. This measure has been connected to positive mental health for indigenous peoples (King et al., 2019; Masotti et al., 2020).

- **Youth with one or more prior GONA experiences had significant increases in Hope (23%) and Spirituality (40%).** Linear regression resulted in little to no impact of Age, Gender, or Prior GONA experience. And changes in the residual score from pre to post suggest that GONA is making a positive impact, with the greatest being found for Spirituality and Cultural Connectedness. Six (6) month follow up GONA Life Changers data indicate that youth report they are engaging in healthy relationships with family/community and healthy behavioral and mental practices on about a weekly basis.

- **The GONA Aged Up (Retrospective) Study of adults who participated in one or more GONAs as youth conveyed positive impacts of GONA participation related to Indigenous culture, Social Skills, and Development of Self.**

Some of the impacts related to Indigenous culture were greater knowledge of Indigenous history, practices, languages, and teachings for healthy living; increased desire to stay connected to Indigenous people and culture; and increased desire to learn specific information about their tribe(s). Impacts related to social skills were: new friendships with other youth; relationships with adult mentors; more communication skills; and increased comfort with other people. Impacts related to development of self were: increased use of new ways to relax; increased pride in a task well done; expanded worldview; introduction to deeper levels of current events; increased belief that one is not alone in having experiences, beliefs, and feelings; more options for self-care; and increased self-reflection.

The process evaluation of the implementation supported the advancement of knowledge about best practices, strategies and solutions, as well as barriers, challenges to overcome, and lessons learned. Best practices have been integrated into a GONA Fidelity Tool and the therapeutic value of these GONA fidelity items has further advanced knowledge about the clinical value of GONA, with resulting improvements gained by active engagement of mental health professionals and supporting administrators. On a larger community level, GONA has been identified as a catalyst for addressing community challenges and issues like Murdered and Missing Indigenous Women, dehumanizing Indian Mascots, and indigenous youth lost in foster care. On a system level within service agencies, GONA has advanced leadership of youth and community leaders who have training, education, and technical skills to serve their own communities. Many of these individuals have trained to be GONA Peacekeepers, Clan Elders, and Facilitators while some became new workforce members at the participating urban Indian health organizations and for their community partners. On a family level, GONA was identified as improving the family functioning of many participating families as evidenced by parents and relatives of GONA youth volunteering, completing training for GONA, and publicly speaking out about the impact their youth had on the family after returning from GONA. The process evaluation of GONA implementation also identified a number of challenge to overcome including the need for sustainable funding that can support the expansion of GONA events year round and across developmental ages and stages of life; the ongoing needs of training across GONA helper roles; effectively resolving conflict that can a natural part of the GONA process; and ongoing planning and advancement of new culturally relevant materials necessary to keep participants engaged over years.

Conclusions and Recommendations

This multi-site collaborative study indicates the GONA framework and process can be an important component for community healing and is generalizable for use across different cultures and communities, and can positively impact individuals, families, and entire communities.

GONA creates a safe framework and process for community members to come together and learn about historical trauma, work on their own healing of that trauma as a community in partnership with local helpers, and generate plans for how the community can unify to solve their own problems together. What makes GONA particularly meaningful is when the local tribal language(s), values, beliefs, practices, ceremonies, and lifeways are brought to that framework and process to make it very local and relevant to the everyday lives of the youth and their families. **In this way, GONA is a community-wide holistic intervention that supports communities healing from historical and intergenerational trauma, grief, and loss, and results in additional benefits of mobilizing the community, achieving unity of important human resources (youth, spiritual leaders, community natural helpers, professionals, allies, etc.), and advancing local changes for a better future.**

Future research should consider how to measure changes in behaviors related to GONA experience and the trajectory of GONA outcomes across ages and stages. Future research should also more closely examine the cost/benefits and sustainability of GONA, and the use of the GONA for developing the indigenous behavioral health and related workforce of providers and helpers in the

community to better meet the needs with cultural relevance. Future research may also examine the impact of GONA used with other effective models, like System of Care and Community-Based Participatory Research. Both of these models were utilized by some of the participating urban Indian Health Organizations, and may contribute uniquely to community-driven advocacy, policy change, and workforce development.

The GONA Collaborative began because local community members were seeing the evidence of GONA as an effective intervention in their community to achieve good outcomes with at-risk youth. We recognize that while GONA provides a framework and process to support the healing process, GONA is also a reflection of the value of our traditional tribal practices that are inherently embedded within. In this way, the effectiveness of GONA cannot be separated from the effectiveness of our tribal ways as our cultures use prevention and medicine for healing.

Main Messages and Health Policy Implications

Our findings are the result of a multi-site collaborative community-based participatory research project that implemented an intervention developed by Native/Indigenous persons for Native/Indigenous persons. Research methods and evaluation tools were developed by Native/Indigenous persons based upon Native/Indigenous values and approaches. Results from the California Reducing Disparities Project's (CRDP) funding suggest the following:

- **CDEPs such as the GONA are very well accepted by youth and community and are effective in promoting and improving mental health/well-being and resiliency.**
- **There is a value in developing and implementing collaborative approaches to the CDEPs that involve multiple communities. Collaborative approaches like the GONA Collaborative increase system capacity and overall intervention effectiveness.**
- **Integration of CDEPs into healthcare can improve system capacity, equity and effectiveness and address problems or weaknesses in the medical model relating to cultural appropriateness, or different Social Determinants of Health in different sub-populations.**
- **There is a need and value for the dominant culture (e.g., government, medicine and healthcare) to better understand and accept Native epistemologies and approaches to delivering and evaluating Native/Indigenous health/healing practices and interventions like the GONA.**
- **Increased availability and access to more GONAs will quickly be embraced.**
- **A strength of the GONA is that it is a manualized intervention that can easily be adapted for community characteristics and needs. Moving forward, it will be necessary to develop and document teaching and credentialing manuals to further increase the overall capacity to deliver effective and community-specific GONAs.**

INTRODUCTION/LITERATURE REVIEW

Indigenous communities around the globe have long-standing practices for maintaining healing and wellness that have sustained across time and are identified by local communities as effective for promoting their health and wellbeing (Adekson, 2013; 2016; Earle, K. A., 1998; George et al, 2018; Hartman & Gone, 2012; Hodge et al., 2009; Kirmayer, Simpson & Cargo, 2003; Moorehead, Gone, et al., 2015). However, ongoing attempts of colonization by Europeans have resulted in a significant disruption to the way of life for most indigenous communities, impacting the use of these long-standing practices and, thus, the health and wellbeing of the community. In the attempts to colonize, Indigenous peoples were dehumanized and subjected to ongoing genocidal practices that ultimately resulted in a loss of many of those traditional healing ways, some of which survived by going underground to hide from United States laws that claimed traditional spiritual practices illegal (Brook, 1998; Fenelon & Trafzer, 2014; Madley, 2019; Piccard, 2013). It was not until the American Indian Religious Freedman Act passed in 1976 that these practices started to come back into the light, after hundreds of years of persecution, spiritual wounding, and loss (Carpenter, 2012; Harjo, 2004; Harjo, 2018; Suhr-Sytsma, 2013).

The physical, mental, emotional, and spiritual traumas that indigenous people faced in the past are still impacting the current generations in the form of historical and intergenerational trauma and loss that has gone unresolved (Brave Heart & DeBruyn, 1998; Brave Heart et al., 2011). Brown-Rice, 2013; Whitbeck et al., 2004). There is little time to heal when the trauma continues to shape under different forms, shifting from overt to covert and becoming institutionalized in policy and practice (Czyzewski, 2011).

Today this ongoing and unresolved trauma, grief, and loss results in the current health, mental health, substance abuse, and social and economic disparities indigenous peoples face (Elamoshy et al., 2018; Grayshield et al, 2015; Skewes & Blume, 2019; Struthers & Lowe, 2003; Walters et al., 2011a; Walters et al., 2011b). While some western methods have demonstrated effectiveness when combined with cultural practices , western practices have also been identified as ineffective at best and harmful at worst for treating the many side effects of unresolved trauma, grief, and loss (Bigfoot & Schmidt, 2009; Gone, 2011; Mills, 2003; Garcia, 2020; Goodkind et al., 2015; Hodge et al., 2009; Weaver et al., 2004). For example, while western models have been the majority of approved and funded evidence-based practices being used for decades with tribal communities for screening, treatment, and recovery of suicide, the suicide problem in US American Indian communities was first documented in the scientific literature 50 years ago (Westermeyer, 1971;) and those disparities persist today (SAMHSA, 2020). Many of these western models lack the cultural relevance and depth to deal with the underlying historical trauma, and there are not identified evidence-based models being funded for healing from historical and intergenerational trauma at the community level (cite?) even as research indicates that culture is significantly linked to positive mental health and has been used effectively to improve community outcomes (Barnet et al., 2020; Barraza et al., 2016; King et al., 2019; Mateson, Bombay, & Anisman, 2018; Masotti et al., 2021; Snowshoe et al., 2015).

History of the GONA Curriculum

In 1993 the Center for Substance Abuse Prevention (CSAP) funded 250 Community Partnerships across the United States and Puerto Rico to reduce and prevent alcohol and other drug abuse (Native American Center for Excellence, 2010). Fifteen of these communities were indigenous Community Partnerships. To meet the training and technical assistance needs, a number of Institutes were developed, which included a 5-day Community Partnership Institute, a Multicultural Leadership Institute, an Institute for Partnership Development, and a number of 1–2-day community training workshops. In addition, there were four ethnic-specific trainings developed, one of which was the Gathering of Native Americans (GONA). GONA was manualized in 1999 in response to the disparities indigenous communities were facing, and to honor the healing power of gathering for indigenous communities. The four-day curriculum development was led by a native organization (Kauffman and Associates, Inc.) through regional focus groups and a national planning meeting attended by a cadre of primarily Native American educators, prevention specialists, and trainers. Approximately 30 individuals were involved in the writing of the curriculum (Substance Abuse Mental Health Services Administration, 2014). Of all the curriculum developed and delivered during the Community Partnership Initiative, only the GONA has consistently been delivered in its original form. The first pilot GONA was on the territory of the Cherokee Nation. Over twenty-five years after the initial training of facilitators held in Santa Barbara, California a GONA is being held across Indian country nearly every week of the year.

The GONA curriculum is set up in a framework that includes building Belonging, Mastery, Interdependence, and Generosity to heal as a community from historical and intergenerational trauma, grief, and loss. While the curriculum includes examples from specific tribes the hope is always for the curriculum to be infused with local tribal language, creation stories, practices, beliefs, and ceremonies. Adaptations have been implemented throughout the United States, in Australia (GOTO- Gathering of Traditional Owners), and in other countries and indigenous territories including Canada, Hawaii, New Zealand, and Guam (SAMHSA Tribal Training and Technical Assistance Center, July 6, 2014 https://www.youtube.com/watch?v=8NibF9GeMkA; Personal communication Seprieono Locario July 28, 2021).

History of the GONA Collaborative

While the curriculum was being widely used across tribal nations and urban Indigenous communities for nearly two decades, there had never been a systematic evaluation of the GONA to understand more about the outcomes and impact. After 10 consecutive years of implementing GONA, the San Francisco Bay Area had been anecdotally observing impactful outcomes for youth participants as they aged up into adulthood, which community member/helpers described as “more pride or esteem in who they are”, “more hope for the future”, and “more positive community connections and relationships”. These GONA alumni were also experiencing positive outcomes in education, work, and community. Community members participating in early discussions about the GONA “road to evidence” identified that GONA was getting better outcomes than were many western interventions that were being imposed on the community as

"evidence-based" (Isaacs et al., 2005).

Simultaneously, tribal nations and communities implementing GONA effectively were reporting a difficult time finding sustainable funding to keep GONA going year after year. One effective strategy was in educating SAMHSA leadership and Project Officers about the GONA and getting GONA approved as an allowable prevention activity under federal grants. Historically, this posed a significant challenge during an era pushing western evidence-based-practices for indigenous peoples without any data evidence of effectiveness for indigenous peoples with diverse languages, cultures, and communities. Community leaders reported that funders and policy makers often looked at the GONA as a "fun cultural activity" and dismissed any therapeutic value that was resulting from the intervention. It was also identified that relying on grants to fund GONA was not sustainable because of experiences with gaps in funding, change in area/populations of focus, and/or restrictions to grants that change over time and administrations.

In direct response to this ongoing challenge of securing sustainable funding for an intervention that the community members were observing as more effective for treating a range of emotional, mental, and behavioral health issues, the Native American Health Center (NAHC) applied and was accepted to participate in a SAMHSA Service to Science Academy in Santa Fe, NM (2011). At this meeting youth workers from the NAHC and the Fresno American Indian Health Project (FAIHP) joined together with an indigenous researcher/evaluator from the National Council of Urban Indian Health (author, Bartgis) and many other scholars and tribal community members that wanted to build the evidence of effective culturally based practices for addressing mental health and substance abuse - thus beginning the GONA Collaborative. The anecdotal observations from the San Francisco Bay Area served as a foundation for developing outcomes to track for a youth outcome study. The involvement of the FAIHP and Fresno Native community, who had no prior experience with implementing GONA, provided an important opportunity to document the entire process of GONA implementation in a new community. This also allowed for the peer-to-peer sharing and learning across communities, making this a Collaborative effort. Together, the FAIHP and NAHC committed to combining data across sites to increase the participant sample size for a youth outcome study. This resulted in a multi-site mixed methods longitudinal study to examine process, impacts, and outcomes of GONA for each of these two communities. In 2012, the Sacramento Native American Health Center (SNAHC) joined the GONA Collaborative and all three organizations implemented and pilot tested the first GONA evaluation packet using a pre/post/6-month methodology.

From 2012 to 2015 the NAHC, FAIHP, and SNAHC worked together to collect, aggregate, and analyze data to inform quality improvements in the process and methods of the GONA youth outcome study. This included building capacity within each organization to protect human participants in research; using and protecting master lists to support longitudinal matching of participants over time; implementing the process of informed and voluntary consenting/assenting; collecting data using standardized protocols; and considering how to interpret data and information and use it to make quality improvement decisions. These three organizations also provided representatives to support the development of a GONA Fidelity Tool that each site could follow to ensure that all youth participants were receiving a similar intervention. Having this tool increases our confidence in aggregating data for larger sample sizes.

It is important to note that of the three participating organizations, FAIHP has had consistent and ongoing evaluation support from the planning of the first GONA to now using a community-based participatory research/evaluation model. This includes annual process evaluations to support quality improvement across system, program, and evaluation levels. Because of this, FAIHP contributed significantly to the understanding of the developmental process of GONA, the best practices in implementation, therapeutic value, and the role of community-driven evaluation in implementing and ongoing improvements over time.

In 2015 the GONA Collaborative experienced a gap in funding. There was an expectation for a second round of funding through Service to Science to advance a GONA Retrospective/Aged Up Study, for which all the methods and IRB application had already been developed. However, Service to Science was discontinued at SAMHSA and so the GONA Collaborative worked together as volunteers to support continued implementation of the youth outcome study at pre-, post-, and 6-month GONA follow up. This gap in funding also demonstrated to the team that this Collaborative had built capacity together in three years and that the process of evaluation had been institutionalized (i.e., sustained internally).

It also demonstrated the commitment of the team to continue through difficult times when no funding existed for the work. In July 2015, when summer GONAs were being implemented, the Collaborative applied for the California Reducing Disparities Project Implementation Pilot Project in an effort to move the evaluation capacity building work to a research study. The Collaborative partner representatives were excited to see the California Department of Health Equity commitment to community participatory evaluation as included in the policy.
https://www.co.fresno.ca.us/home/showpublisheddocument?id=12149
https://www.cibhs.org/sites/main/files/file-attachments/crdp_overview_may_2015.pdf?1454349706

The NAHC was awarded the CRDP project funding to further the research about the impact and effectiveness of the GONA and the evaluation and development of the Fidelity Tool. The Fidelity Tool served to ensure consistent implementation of the GONA intervention across GONAs delivered across different communities and locations.

This newly funded research project also supported a shift from the National Council of Urban Indian Health (**NCUIH**) to the California Consortium of Urban Indian Health (**CCUIH**) to serve as a "hub" location for shared research data across Collaborative partners. This was implemented to support the data being held and maintained within the state as a statewide Collaborative effort and resulted in local data sharing agreement between CCUIH and the participating organizations to implement this statewide effort. This shift also allowed for California Native students to serve as research assistants on site and to access data to advance a master thesis (Kraus et al., 2017). The Collaborative also continued to engage the same lead researcher (author, Bartgis) who served in this role for the entire 10 years of the effort and transitioned to One Fire Associates, which increased access to doctoral level researchers with both qualitative and quantitative experience.

In 2017 an IRB application was submitted to the Pacific Institute for Research and Evaluation (PIRE). PIRE served as a technical support provider under the CRDP, which included access to

and use of the IRB within PIRE. A number of challenges were encountered in making this shift from community evaluation to IRB approved and monitored research. A Memorandum of Agreement signed by participating organizational leaders with CCUIH identified the ownership of data to belong to the participating sites. This was important because the evaluation has been collected and institutionalized within the GONA process for four years and this data was already being owned and used by the community to support ongoing quality improvement and decision making. Having a representative external organizational partner like CCUIH to receive de-identified data to support the study was critical for obtaining IRB approval.

From 2016 to 2020 the GONA Collaborative leveraged funding provided by the CRDP Implementation Pilot Project (IPP) and two grants funded by the SAMHSA Garrett Lee Smith Suicide Prevention and Partnership for Success, all awarded to and operated by the Native American Health Center. Garrett Lee Smith supported the implementation of GONA statewide, Partnership for Success contributed to the tool development of the Cultural Connectedness Scale-Calfornia and linking interventions such as the GONA, that increase connection/strength to Native culture, to mental health and well-being (King et al., 2019; Masotti et al., 2020), while CRDP supported the GONA research efforts. These three funding streams allowed the GONA Collaborative to expand statewide, with participation from 7 urban Indian Health organizations sharing best practices and lessons learned. This Collaborative also shared resources through an organized and online GONA Toolkit for planning, implementing, and evaluating GONAs. While only 3 of the 7 sites contributed data to the research efforts, all contributed to advancing best practices and the therapeutic value of GONA as a community intervention for healing from historical and intergenerational trauma. These 7 organizations and their contributions are included in Table A.[See next page.]

Table A. Organizations contributing to the GONA Collaborative Knowledge Base

Organization Name	**Contributed data for research studies under CRDP funding**	**Participated in programmatic sharing of**	**Participated in programmatic c efforts of**
		best practices through Garrett Lee Smith SAMHSA*	**tool development through Partnership for Success SAMHSA** ***
Native American Health Center	X	X	X
Fresno American Indian Health	X	X	
San Diego American Indian Health Center	X	X	
Sacramento Native American Health Center		X	X
Friendship House of American Indians of San Francisco		X	X
Indian Health Center of Santa Clara Valley		X	X
United American Indian Involvement, 7 Generations		X	

*Statewide this initiative was known as the Native Youth Wellness Initiative, NYWI
**Statewide this initiative was known as the Culture is Prevention Project

A number of products advanced during this time period, such as updates to the GONA Fidelity Tool to infuse new best practices and lessons learned, the development of a GONA Therapeutic Brief to support providers and policy makers in better understanding the therapeutic values for each GONA curriculum elements that had been identified in the GONA Fidelity tool, and advancements of the GONA Toolkit with contributions being made across organizational sites.

In early spring of 2020, the 6-month follow up was scheduled to happen when the global pandemic began. The Youth Outcome Study was terminated early as it was determined that the global crises created a significant threat to external validity and was expected to impact the data, especially for measures like hope for the future and community connectedness and participation.

However, the Youth Aged Up (retrospective) study continued as the pandemic provided space for this planning and implementation to concur virtually across sites. With leadership from the San Francisco Intertribal Unity (United National Indian Tribal Youth) Council and with support and approval from the FAIHP Native Community Advisory Committee, a GONA Retrospective Study was developed and implemented. Only NAHC and FAIHP participated in this study as each site had been implementing GONA long enough to have a significant sample of GONA Alumni ages 18 and over that could participate in the study.

In the summer of 2020 the participating organizations in the GONA Collaborative quickly moved to virtual GONA and shifted the evaluation to virtual as well.

This report describes the methodologies and results of two research studies that were funded by the California Reducing Disparities Project (CRDP) through the Implementation Pilot Project (IPP) funding: the GONA Youth Outcome Study and the GONA Aged Up Study (retrospective study). This article also briefly summarizes the process evaluations on the implementation of the GONA interventions that informed the programmatic best practices and lessons learned as incorporated into the fidelity tool. This statewide project could not have been possible without the support and coordination between each of these three funding initiatives to both implement and evaluate GONA using culturally driven approaches.

CDEP PURPOSE, DESCRIPTION, & IMPLEMENTATION

CDEP = Gathering of Native Americans (GONA) a 4-day manualized intervention.

Purpose: Strong, shared understanding of what CDEP was designed to achieve – including linking culture to positive mental health outcomes.

Local Native community members of the San Francisco Bay Area asked the National Council of Urban Indian Health (NCUIH) for technical assistance to evaluate the Gathering of Native American (GONA) outcomes upon local youth. The objective was to document the evidence that the community had already observed. After 10 years of consecutive GONA implementation with diverse Native youth, local community members described these outcomes as increased sense of pride/identity in who they were as Native peoples, improved drive and belief in a positive future for themselves, and improved outcomes in education, jobs, and family/community involvement as young adults (what timeline is this?). The next 10 years of the Collaborative was spent developing and implementing a range of evaluation tools and activities to document these outcomes and changes over time (same, what timeline?). The youth outcomes being tracked across the Collaborative sites have consistently included hope for the future, cultural identity, and connectedness as important protective factors that are linked to reduced risk of suicide and substance abuse. Data is also being collected to measure longer term outcomes, which have included leadership, confidence, and skills (skills related to what?). An emerging GONA Aged Up young adult workforce is making contributions in mental health and other fields while advancing training, higher education, and community advocacy.

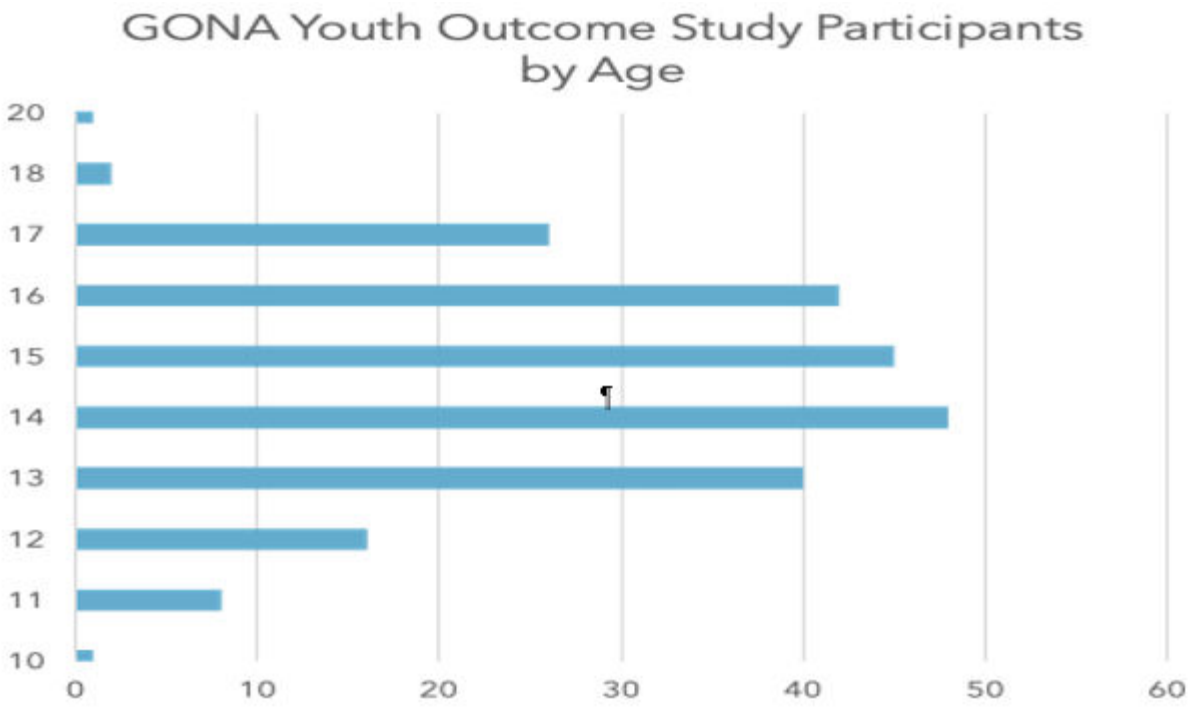
CDEP Description and Implementation

CDEP components and activities including cultural/linguistic/LGBTQ values, beliefs, practices underlying or embedded in components or activities

The GONA is a manualized curriculum that provides a framework for communities to address and heal from historical and intergenerational trauma, grief, and loss following four main themes of Belonging, Mastery, Interdependence, and Generosity. These themes apply across many diverse indigenous tribes, groups, and peoples. The GONA was developed by Natives for Natives and is implemented in partnership with local cultural and spiritual leaders so that the implementation of the framework is localized and culturally and linguistically specific and meaningful. Gender identity as included in surveys has always included diverse options, which include a commonly identified category of "Two-spirit". Early on, sexual orientation was asked but those questions were dropped by the participating youth councils who advised that it was okay to ask questions about who they were as a person (i.e, gender identities) but asking who they were interested in sexually was not relevant for the GONA and they felt it was overly intrusive. Across participating sites, a process evaluation finding identified the need to increase outreach and recruitment to ensure that transgender and/or two-spirit identifying individuals were included in future GONAs through policy and practice.

CDEP delivery (when, where, duration) including cycles of/length of intervention that occurred up until end of data collection.

GONA was conceptualized as a four-day campout that is delivered once a year to support youth and community healing. The Collaborative sites participating in the CRDP youth outcome research study offered a full four day GONA each summer. This included a full day of curriculum and evening therapeutic and community building activities like Sweat Lodges and Talking Circles, as well as fun events like dances, skits, and movies that carry GONA related messages. Other sites participating in evaluation activities as a part of the Collaborative that were not formally entered into the study tested out the implementation of shorter GONAs (two-, three-day) and Day GONAs (no overnight). With these GONAs there were documented challenges in obtaining similar impact as found when implementing the four-day GONA events. These were not included in the formal study but were documented across 20 process evaluations conducted locally at youth GONAs and through three process evaluations conducted at the Annual GONA Collaborative Training of Facilitators four-day event. This Collaborative event included broader input across 7+ (exactly how many?) urban GONA implementation teams. Seven teams were core throughout the entire CRDP, and others joined in different years, including the 2020 GONA Training of Facilitators that included a representative of the New Zealand Maori community who has been implementing GONA for a number of years. By the end of the CRDP project (pre-pandemic) all of the participating sites had shifted to natural environments to hold the GONA events (i.e., the mountains, the hills, the ocean). Access to the natural elements of land, air, water, and fire was identified across sites in the process evaluations as resulting in a deepening impact of GONAs, as the Natural Environment (Mother Earth) is linked and intertwined with the health and wellbeing, worldview, values, and beliefs of indigenous peoples.



The participants were distributed across age groups with approximately half being 14 or younger (49%) and half being 15 and older (51%). There were slightly more Youth coming back for a 2nd or more GONA (52%) compared to first time GONA participants (48%). Of youth participating in the GONA, 83% identified as American Indian; 36% identified as Hispanic; 13% identified as African American; 12% identified as being Caucasian; 7% identified as Pacific Islander; 3% identified as Asian; and 7% identified as "Other" categories. Youth could select multiple race/ethnicity categories.

While this data was not systematically collected, it was documented in process evaluations that some (but not all) participating community GONAs are serving youth in foster care, juvenile justice, and other high-risk youth. At the Fresno site the local urban Indian organization partnered with the County to implement a GONA specifically for Foster Care Youth, which occurred for two consecutive years and was not a part of the formalized study. Reorganization within Fresno County resulted in the lack of continuation of the Foster Care GONA in Fresno, which created significant conflict at the larger Fresno GONA event that was participating in the research study. Youth in attendance at this event publicly noted significant concern that the Foster Care GONA didn't happen. Some of these youth self-identified as currently being in Foster care and not being able to see their siblings placed in other foster homes. Some of these youth identified as friends/allies of youth in foster care that believed that "if anyone in the community needs GONA, the youth in Foster Care need it". And two of the young adult volunteer participants who had recently aged out of Foster Care also raised concerns about this service loss in the Fresno Community

CDEP participant attrition (# of CDEP participants dropped/left and reasons)

Youth Longitudinal Outcome Study

Across all sites participating in the youth outcome study attrition occurred in three ways: 1) they took the pretest but decided they didn't want to take the posttest even though they completed the entire GONA event; 2) youth needed to go home because of a loss in the family and/or family illness; or 3) youth were sent home because of behavioral issues and/or conflict at the GONA. The two largest sites participating differed in the approach to behavioral problems. One site worked to address those problems at the event and the other had been operating under no tolerance policies that resulted in sending some youth home (which sites?). The community advisory board raised concerns about sending youth home and about the long-term impact of not "belonging", and this generated much discussion that was also documented at the larger TOF. Data across all of these instances in which youth might have left the GONA event early were not collected. However, 12% of youth who took a pretest did not have a matched posttest, which provides insight into attrition from pre to post for evaluation participants.

Another 9% of the participants in the youth outcome study could not be matched as paired data for analysis. This means that of all participants entering the GONA youth outcome study, 79% were included in the analysis with completed matched data points.

Youth Aged Up Study

Based on available administrative data there were a total of 43 GONA Alumni identified as potential participants. Contact information for these alumni were searched for via clinic records and Social Media networks. Of these 43, 14 volunteered to participate and three did not return requests for an interview after signing the consent form. It is documented that two individuals that were randomly selected and contacted declined to participate in the study. The majority of the 43 individuals were not found and/or no contact was made for recruitment.

Strategies used to incorporate indigenous knowledge (local, cultural or LGBTQ-specific knowledge) in CDEP development or implementation

Sites engaged in months of planning in partnership with local community, cultural, and spiritual leaders so that tribal languages, stories, practices, and ceremonies were incorporated into the agenda. The GONA curriculum is also founded in indigenous knowledge.

Relevant or significant changes made to CDEP components activities or delivery (this information may be reported in other sections, e.g., fidelity/flexibility)

Ongoing process evaluations were informing implementation best practices across communities, and so quality improvements were ongoing throughout the CRDP. Before the CRDP began, the Collaborative had already developed a GONA Fidelity Tool (2013) that was revised in 2017, 2018, 2019, and 2021 to incorporate new knowledge about best practices that had been identified across the seven Collaborative sites. Many sites began implementing best practices before the

tools were revised, as they were learning through ongoing peer-to-peer calls throughout the year and also through a four-day Annual Training of Facilitators (2018, 2019, and 2020). For example, at least one site formalized and trained a Conflict Resolution Team before it was added to the most recent revision of 2021. The GONA Fidelity Tool (In Draft, Under Review/Comment; 2021) is included in the Appendix.

LOCAL EVALUATION QUESTIONS

Logical flow/alignment of Section 3 (introduction) and 4 (CDEP purpose, description and implementation) with Section 5 (evaluation questions)

The initial evaluation questions included:

Step 1 – Longitudinal Cross-Site Study of Youth GONA

- Do GONA participants experience an increase in mental health protective and resiliency factors determined important by the participating Native communities, as compared to baseline?
- Are changes consistent when replicating across multiple communities?

Step 2 – GONA Aged Up Young Adult Retrospective Key Informant Interview Study

- As adults, looking back (retrospectively) what impact did GONA have on your life?
- Looking forward, what impact will the GONA have on your future or the future generations?

Step 3 - Implementation Analysis/Process Evaluation

- Was intervention fidelity maintained across all GONAs measured by the GONA fidelity tool?
- What were the best practices & lessons learned? What could improve the GONA?

Changes made to evaluation questions
Explanation for evaluation questions that could not be answered

Despite combining data across multiple sites, sample sizes dictated what potential questions the data could answer. One such question the youth outcome study data can answer concerns the increase in positive mental health resilience and protective factors of participants as compared to baseline. The data can also help explain the impact of GONA by differing characteristics such as prior GONA, age, and gender (male/female). The data cannot make comparisons to other treatments, comparison, or control groups.

The **Adult Retrospective Study** (now referred to as the GONA Aged Up Study), which was expected to occur toward the end of the CRDP project in order to have a larger pool of GONA young adults, was interrupted by the pandemic. This study was expected to be a mixed methods quasi experimental study but was quickly shifted to a more in-depth key informant interview method by Zoom that used random selection/recruitment across two participating sites with the

longest GONA experiences: San Francisco Bay Area (19 years of GONA) and Fresno (nine years of GONA). This decision was made based on both practical needs resulting from decreased human resources, time, and capacities resulting from the pandemic but also for the need to have more in-depth qualitative data to examine alongside existing quantitative data. The random selection process was stratified based on year of GONA participation (early, mid, and later), which provided a wider age range of interview participants across implementation development phases at each site. Each site had a list of participants by year of participation and randomly recruited within each year until a person that was selected volunteered to participate. Random recruitment continued in this process until that site had collected the target number of interviews. This was expected to have both the advantage of getting a wider view of impact on adult experiences over time and GONA events and the disadvantage of increased variability of the GONA events (GONA as developmental process and expansions of knowledge and GONA Fidelity) and variability in maturity of participants. While originally conceptualized to be included, ACE scores were not measured in the GONA Aged Up Study. The GONA Aged Up Study provides rich descriptions about the experiences of GONA participants in adulthood using qualitative key-informant interviews to help better understand and contextualize the quantitative youth outcome study data.

The Implementation Analysis/Process Evaluation was consistently implemented across the CRDP and included the use of the GONA fidelity tool and revisions as they were developed. Process evaluations were conducted each year at the participating CRDP research sites, but other sites participating in the larger statewide collative also had formalized process evaluations that were included in the best practices and lessons learned. In total, 20 formalized process evaluations across five different sites have informed the GONA Fidelity tool and revisions. In addition, three Training of Facilitator process evaluations with participation statewide (7+ urban GONA teams) supported cross-cutting themes to support best practices and lessons learned statewide.

The best practices and lessons learned were incorporated into the Fidelity Tool Revisions. There is still necessary developmental work that needs to be advanced to support the broader GONA Collaborative efforts to formalize policy and process for dealing with youth behavioral and/or emotional problems using a culturally based social justice approach, and for formalizing policy and process for engaging and serving transgender youth (although some individual sites have already started formalizing some of these tools nationally). The GONA Collaborative also has the opportunity to collect and organize all these tools and resources that were developed during the CRDP project in the existing GONA Toolkit to support replication in other communities. Currently, this toolkit has been shared nationally with both tribes and urban indigenous programs interested in implementing the GONA

EVALUATION DESIGN AND METHODS
TYPE OF QUANTITATIVE DESIGN
TYPE OF QUALITATIVE DESIGN

Strategies used to incorporate indigenous knowledge (local, cultural or LGBTQ-specific knowledge) in local evaluation plan development or implementation

Youth Longitudinal Outcome Study: Methods included a mixed methods longitudinal youth outcome study of GONA participants across sites that measured outcomes at pre, post and 6-month follow up across multiple years for returning youth. Two standardized tools and one non-standardized GONA tool created to follow the curriculum were used for this study. The Herth Hope Index was modified with the author's permission to increase inclusivity for Native spirituality and to replace a word that triggered trauma for some participants. Specifically, the word "faith" used in the original tool was linked to organized European religions which had led to genocide and dehumanization of California Natives for centuries. This word was changed to "spiritual" to be more in alignment with indigenous spiritualties that are not organized religions but can also apply to people participating in organized religions. During the early evaluation of the GONA Collaborative it was identified that the tool being used, the Multi-Ethnic Identity Measure (MEIM), was not adequate for capturing the depth of cultural identity and connection of indigenous peoples. With leadership from the Native American Health Center, the original Cultural Connectedness Scale developed in Canada was modified to be appropriate for use in California. The revised instrument, now referred to as the Cultural Connectedness Scale-California (CCS-CA) was validated for use among California Native Americans and published (King et al, 2019; Masotti et al., 2020). The non-standardized GONA tool collected demographic information, history, and experiences of GONA to account for GONA "dosage", as well as quantitative and qualitative data related to the GONA curriculum experiences. These qualitative data included an anchored behavioral measure of what has changed in your life after participating in GONA (i.e., GONA Life Changers). These tools are further reviewed later in this report.

GONA Aged Up Study: A standardized semi-structured key-Informant Interview protocol was developed by GONA Aged Up young adults participating in Youth Councils in San Francisco and Fresno in consultation with the project's external evaluator. Data included both a retrospective and a prospective focus to examine GONA experiences looking back as well as the impact in the interviewee's present life and expectations for the impact on the future generations (i.e., younger siblings, children, younger cousins, etc.). Aged Up young adults and local Native community members were selected and trained to implement one of two roles: Interviewers, and Coders (i.e., analysis). Each site had two Interviewers and two separate Coders that created a larger team of four interviewers and four coders. All received training specific to their role and CITI for protecting human participants in research. Each team had a doctoral level evaluator for individualized training and coaching throughout the process.

SAMPLING METHODS AND SIZE

Sampling method(s) used (types and techniques)

YOUTH OUTCOME STUDY: Youth were recruited to participate in GONA through urban Indian health organizations as well as local organizational partners. Local organizational partners ranged from Tribal TANF (What is TANF?), schools and area tribes, and other indigenous organizations. This is a self-selected community sample and it is expected that snowball sampling is naturally occurring, as younger siblings come along with older siblings (GONA alumni) when they are old enough and friends are inviting friends and family to GONA events.

GONA AGED UP STUDY: GONA Alumni young adults were randomly selected and recruited to participate in Key-Informant interviews across two communities: Fresno and the San Francisco Bay Area. Recruitment was made by randomly selecting names of participants who had attended previous GONAs. One participant from a list of each GONA year was identified to contact. If that person did not respond, a second participant was randomly identified. Therefore, a stratified method allowed for the selection of participants across a wide range of GONA events. In Fresno, participants were recruited from GONAs that they attended in 2013-2018. In the San Francisco Bay Area, participants identified from a list of previous GONAs dating back to 2001. NAHC had been conducting GONAs in the SF Bay area each year from 2001 – 2019 and conducted a virtual GONA in 2020 due to the pandemic).

Inclusion/exclusion criteria (i.e., sampling frame: who was and was not included— e.g., age, ethnicity, specific cohorts, or cycle, etc. from entire CDEP participant universe)

YOUTH LONGITUDINAL OUTCOME STUDY: All youth that met the age requirement (12 – 17 years) were recruited for GONA and were invited to participate in the study. Urban Indian health organizations have different service areas from which GONA youth were recruited. Fresno GONA youth included those from Fresno & Madera County and the surrounding Rancherias, including as far south as the Tule River Tribe. Native American Health Center GONA youth included those from Oakland and San Francisco Bay Area, including Richmond. While these urban Indian health organizations serve American Indians and Alaska Natives (federal term), some also serve youth from other populations with non-IHS funds. Therefore a few youth, identified as other ethnic groups, but not Native American/Indigenous. Youth submitted applications to attend GONA on a first come first serve basis as space was limited. Some sites had waiting lists that allowed youth to come in the event another youth could not attend at the last minute.

GONA AGED UP STUDY: All individuals on the participant master lists at each of the sites were eligible to participate.

Participant recruitment strategies including use of CBPR

YOUTH OUTCOME STUDY: Recruitment included the use of flyers, social media platforms, emails, phone calls, and posting on organizational websites. Outside collaborating partners also disseminated materials through various platforms. Community and Youth advisory committees in the participating sites supported review and approval of all aspects of the study including the recruitment materials and supported the development of localized recruitment plans for the GONA event. All GONA youth and their guardians were recruited to participate in the study.

GONA AGED UP STUDY: The GONA Aged Up study was developed by participating youth committees in the Bay Area and Fresno with consultation support from an external researcher. The developed Key Informant Interview Protocol, Consent Form, and Recruitment Script were also reviewed by the Fresno Adult advisory group who was meeting by virtual forum during the pandemic. The NAHC Blanket Weavers had not convened virtually. Recruitment occurred by CITI trained Urban Indian Health Organizational staff who used electronic forms for signatures of informed and voluntary consent.

Intended sample size (power analysis if applicable. Not-applicable)

YOUTH OUTCOME STUDY: This study targeted the implementation of 12 GONAs, each having between 25-70 youth for an estimated number of participants between 300-840. However, this estimate did not account for the 52% of participants who were returning to their 2nd or more GONA.

GONA AGED UP STUDY: This study was initially intended to be a quantitative survey form with 120 adults. But after the pandemic the methodologies were changed to a qualitative key-informant interview both to support the reduced capacity of the participating sites related to the pandemic and also for the need to have more qualitative data to support meaningful descriptions of the impact and to triangulate with youth outcome study findings. The intent was to obtain 25 key informants using this qualitative methodology.

Final sample size (including sample size per cycle/cohort if applicable)

YOUTH OUTCOME STUDY: The total number of participants consenting/assenting to participate included 294 across 3 sites. Of these 294, 88% had a post test and 79% could be matched for analysis. There was no difference in attrition rate between the 3 sites contributing data. The study had significant challenges in implementing the 6-month follow up, including early termination of the study when a GONA 6-month reunion was set to occur in the spring of 2020 when clinics, schools, and businesses shut down because of the global pandemic. It is important to note that just over half of participants in the study were coming back to their second (or more) GONA.

GONA AGED UP STUDY: This study included 11 randomly selected participants in the key informant interviews across two sites. At one site, names were recruited from the GONA years of

2013-2018. Out of 18 total people contacted, three participated, two said no, three said yes and signed consent but never responded for interview, and 10 could not be found. The second site experienced turnover at the end of the study and this level of detail was not available. However, this site randomly selected 30 names and attempted to contact 25, with eight people participating. It is important to note that the goal was to complete more than 20 interviews across both sites yet limitations with turnover and human resources being spread thin by the impacts of the pandemic limited the capacity to complete 11 interviews.

Descriptive demographic information of final sample

Extent to which the evaluation sample is representative of the CDEP participant universe (qualitative or quantitative description)

The community-based sample is representative of the range of youth that are being served across the GONA events in terms of age, genders, race/ethnicity, and life circumstances

Local evaluation attrition (# dropped/left and reasons)

YOUTH OUTCOME STUDY: Attrition from pre to post was estimated at 12% for the Youth Outcome study. There were a number of challenges in getting 6-month follow up data across sites, with one exception. SDAIHC hosted a 'GONA Reunion' inviting parents and youth who attended the GONA that year to participate in a community gathering at a local bowling alley. The event included community leaders, youth incentives, and GONA related activities and presentations for youth and parents. Six month follow ups were administered at the event and youth who did not attend were provided an email link to fill the survey out digitally. Youth participants who did not attend or follow up over email were outreached to and provided on site, mailed, or digital opportunities to complete the survey. SDAIHC staff dedicated significant staff time over a three-week period to actively outreach to parents, relatives, and guardians ensuring youth had adequate access to the follow up.

There were also youth who started the study by completing pre-assessment but did not complete a post-assessment as they either chose not to complete the posttest, which was voluntary, or they left before the GONA event had ended. There were challenges across sites at the GONA with staff and volunteers effectively managing a youth with serious behavior problems. In one site this resulted in a number of youth being sent home prematurely in 2017. This resulted in broader discussion among the Collaborative at an annual Training of Facilitators of quality improvement actions across sites . More specifically, a GONA Therapeutic Value Brief was developed in 2018 to better educate and engage mental health providers that had not yet been fully and actively participating in the GONA events to help support behavioral interventions and coaching of staff and volunteers. Through annual "GONAizing Clinical Staff", sites were able to better engage and embed the mental health providers as core team members at the GONA events. Second, through policy review it was identified that the site where a number of youth were sent home had zero tolerance policies that were changed to social justice policies that would engage local trained youth Peacekeepers, spiritual leaders, and mental health providers in supporting this restorative healing process.

IRB approval status (this information may be reported in other sections, e.g., Design)

Participating community and youth advisory committees were engaged in the process of submitting the IRB application through presentations to the local committees about the plan and making adaptations from feedback received. All data collection forms and tools, including those used for recruitment, were included in the rereview process. IRB approval was obtained on 5/24/17 and requires and has gone through annual IRB reviews and re-approval as required by IRB NET protocol

MEASURES AND DATA COLLECTION PROCEDURES

Quantitative/qualitative measures to assess outcomes

YOUTH OUTCOME STUDY: The youth outcome study uses two standardized tools and one GONA specific tool that was developed to track the themes in the curriculum.

Herth Hope Index: HHI is a 12-item standardized quantitative tool that measures hope through 1) temporality and future; 2) positive readiness and expectancy; and 3) interconnectedness. The tool has a reported Cronbach's alpha of 0.97 (Herth, 1989 & 1991) and a two week test-retest reliability estimate of 0.91 (Herth, 1992). The tool was modified by the GONA Collaborative with permission from the author to exchange the term "faith" with the term "spiritual" to improve application and reduce reported trauma triggers for indigenous populations.

Cultural Connectedness Scale-California (CCS-CA). This is a 29- item validated instrument that measures the Native American culture/cultural connectedness on three subscales: i) Identity, ii) Spirituality, and iii) Traditions. The original CCS was developed and validated in Canada by Dr. Angela Snowshoe for use among First Nations youth (Ojibway and Metis) in Ontario and Saskatchewan, Snowshoe, 2015). The CCS-CA was developed by urban California Native American health services organizations for use among urban Native Americans in California. The CCS-CA research has been published and was validated in a sample of 344 adult Native Americans living in the San Francisco Bay area. Over 100 Tribes were represented in the validation part of the study (King et al., 2019; Masotti et al., 2020). This tool has been linked to positive mental health outcomes and has a Cronbach Alpha reliability estimate of 0.94 (Masotti et al., 2020). This tool replaced the MEIM (Multigroup Ethnic Identify Measure) that had been used throughout the previous GONA Collaborative evaluation efforts.

GONA Tool: the GONA tool is a non-standardized qualitative and quantitative tool that measures demographic information, GONA experiences, and elements related to the GONA themes of Belonging, Mastery, Interdependence and

Generosity. In 2018, GONA Life Changers were included in the 2018 6-month follow up assessment. Life Changers examine self-reported behavioral changes the youth participants attribute to the GONA. These GONA Life Changers were developed with the collaborating youth and community advisory groups on the frequency of interpersonal relationships, behaviors, and positive mental practices.

GONA Fidelity Tool

In addition to these to tools that were included in the youth assessment packets, the GONA fidelity tool was used at participating sites to ensure that all of the key GONA curriculum elements were being implemented across sites. This tool was used by trained evaluators in partnership with GONA facilitators and community/cultural leaders to assess implementation.

GONA AGED UP STUDY: A key-informant interview protocol (See Appendix) was developed by the San Francisco Bay Area young adult Council and was then reviewed and approved by participating committees at Fresno. The tool is entirely qualitative and assesses both retrospective and current/prospective experiences and impacts of GONA over time.

Data collection procedures

YOUTH OUTCOME STUDY: Consenting/Assenting was completed by CITI trained staff and researchers using a recruitment script. Consenting/Assenting occurred by telephone and face-to-face before the GONA event with signed paper consent/assent forms. GONA pre and post packets were created for each youth under an assigned unique number. This unique number is linked to a master list of participants that is secured in a locked cabinet by a CITI trained staff person at each of the participating sites. These unique numbers allowed for matching of pairs, though sample size was not large enough to match. Before the GONA began, each youth received a paper pre-assessment packet marked with their unique number and completed this tool on site. Assessment tools were inside a large manila folder increasing privacy in returning the tools to trained staff/researchers. Immediately after the event youth completed a post-assessment packet in similar fashion on site before going home. Six months later youth were invited to a GONA Reunion which allowed for the completion of a 6-month follow up. The 6-month follow up was also available via Survey Monkey to allow for completion by youth not attending the Reunion event. Many youth came back multiple years and received the same unique number originally assigned to them each year. This provided a natural opportunity for a 6- or 12-month follow up that can be analyzed relative to the pre-assessment of repeating youth. Youth had choices to voluntarily participate, or not, at all three time points

GONA AGED UP STUDY: Consenting was completed by CITI trained staff at the clinics and occurred by telephone with electronic consent signatures. Once consented, the staff introduced the participant to the interview team to schedule the interview by Zoom. The Interview Team included one facilitator and one notetaker. The interview facilitator followed the semi-structured protocol with each interview. With permission, the Zoom session was recorded and audio was transcribed using Trint.com. Transcripts were reviewed for accuracy by the interviewers, scrubbed for any identifiers, including tribal affiliation, and were sent to the external evaluator to support the coding process with the trained coding team.

Using a Community Based Participatory Research approach, assessment tools were reviewed and advanced by participating community advisory groups and committees over a period of years. This included a minor adaptation to the Herth Hope Index with permission from the author; the major adaptation of the Cultural Connectedness Scale for use across tribal groups and communities in California with permission from the tool's author; and the development and adaptation of the GONA tool to better track the demographics of youth participating, as well as experiences and impact of the GONA curriculum. Data findings also go through community review to support data interpretations.

Measures and data collection procedures used, including modifications to existing measures and/or procedures, are centered on indigenous knowledge (local, cultural or LGBTQ-specific knowledge)

The original Herth Hope Index used the term "faith-based" which triggered trauma for some participants as the word "faith" is connected to "religion" which devastated many California indigenous peoples who were enslaved to build the Missions across the state. The term "faith-based" was changed to "spiritual" to be more inclusive of traditional indigenous spiritual ways which are not organized religions.

The Collaborative had used the Multi-Ethnic Identity Measure (MEIM) in the early days of evaluation and struggled with this tool because it was not deep enough to reflect the cultural identity and connection that includes mental, emotional, physical and spiritual. The Cultural Connectedness Scale was identified in Canada as a tool developed with First Nations indigenous youth. The NAHC partnered with the GONA Collaborative sites across the state to develop, test, and refine an adapted Cultural Connectedness Scale for meeting the diverse beliefs, ways, and practices of many different tribes through the development of an Examples list that included examples across many different tribal nations and groups of peoples (King et al., Masotti et al., 2020).

These adapted tools were used alongside a GONA specific tool that collected demographic data and GONA-specific questions related to the curriculum elements of belonging, mastery, interdependence, and generosity in addition to prosocial "life changers" included on the post and follow-up tools. Some items were also included on the GONA post-assessment tool to support quality improvement planning on the local level.

Administrative data used to assess or contextualize outcomes

Not-applicable - Administrative Data was not used in the evaluation of the GONA

Measures and data collection procedures described with enough detail so it could be replicated

YOUT OUTCOMES STUDY: Applications for GONA participation were released by the study sites in the spring prior to the GONA event. During this time the evaluation team supported

necessary training for CITI certification for those individuals who would be recruiting and/or collecting data. A flyer was used to recruit youth and their parents for youth participation in the outcome study being conducted at the GONA event.

Approximately 2-4 weeks prior to the event, trained staff from the participating sites began educating and recruiting youth to participate in the study and began documenting the informed consent/assent process. The day of the event, trained staff and evaluation team on site continued the recruitment, and consenting/assenting process for families who had not yet made contact about the study. Once on site, youth were directed to an area that had been set up for group administration of the pre-assessment to occur prior to any implementation of the GONA curriculum. A script was reviewed with youth that reminded them about the study including the fact it was voluntary and would not impact their ability to participate in the GONA. Youth were provided a pre-assessment packet that had a unique number stamped on an envelope and on each page of the assessment tools within, which included: 1) the GONA specific tool, 2) Cultural Connectedness Scale California, and the 3) Herth Hope Index as revised for the GONA. While the vast majority of the youth participated in the pre-assessment a few youth indicated they did not want to participate in the survey and were allowed to return their packets blank. A few younger youth were offered and or asked for help by trained staff who were walking around as a resource in completing the pre-assessments. Completed pre-assessments were returned in the envelope and were placed in a locked lock box in a designated trunk of a staff vehicle to hold in safe keeping until the event was completed. Post assessments occurred on the last day of the event in the same fashion after all curriculum had ended. Small gift card incentives were provided at the end of the post-assessment. Again, while the vast majority of the youth took the post-assessment surveys, a few youth indicated that they had taken the pre-assessment but did not want to take the post assessment and they were allowed to return their packets blank. Following post-assessment, all survey packets were secured in the locked box in the locked trunk and were returned to and owned by the site's organization. These surveys are locked in locked boxes in locked room of trained staff until they were later scrubbed of any unintended identifiers (like youth writing their names on their survey as an example) and copied to share with the California Consortium for Urban Indian Health (CCUIH), holding a data sharing agreement with the participating GONA Collaborative organizations to serve as a "data hub" where de-identified shared data across sites was be pooled, aggregated, and analyzed for the youth outcome study.

A 6-month follow up GONA reunion allowed for an opportunity to collect 6- month follow up data using very similar methods used at the event. One exception is that an online tool was created and used in an attempt to collect more 6-month follow up data, which continued to be a challenge. An incentive was also offered at the 6-month follow up event.

GONA AGED UP (Retrospective) Study: The two organizations participating in the GONA Aged Up Study (NAHC and Fresno American Indian Health Project) used the master lists collected and secured over time to randomly select and recruit young adults that had participated in one or more GONAs as a youth to participate in a virtual key-informant interview. This interview focused on their experiences related to GONA looking back (retrospective) and looking forward (prospective). Recruitment and consenting/assenting was conducted by trained staff at the participating organization via phone and video conferencing. Once informed consent was documented by

electronic signature, the name and contact information of the participant was shared with trained GONA aged up young adults (i.e, GONA Alumni) who were conducting the interviews. Training for interviewers included CITI certification, training in implementing key-informant interviews, and virtual practice sessions with live coaching from the external evaluator, who also provided consultation to these interviewers during the data collection process.

Each community had their own trained interviewers so that the study would be very localized and so that data could also be used for local programming and decision making. Two interviewers conducted each interview following a key- informant interview protocol that was developed by local youth/young adult councils in San Francisco and Fresno. One interviewer took the lead in facilitating using the protocol and the other was responsible for taking notes in as much of the same language as the interviewer spoke.

Oral consent to being recorded on video was conducted just after introductions to support the documentation for a written transcript that would be used for data coding. Once the person agreed to recording for this purpose the record button was engaged until the end of the session. The participants were provided with community resources and were linked to the NAHC staff for implementing the small incentive to honor the time of each participant.

The raw audio from each video was then converted and stored on that organization's secured computer. Transcriptions occurred online through Trint and were reviewed, scrubbed of any identifiers including tribal affiliation, and were cleaned for clarification by the interviewers using notes that were taken. Then the transcript was sent to an independent coding team of three individuals. Once the transcript was confirmed with an external and independent coding team, all audio and video recordings were destroyed on the organization's secured computer. Copies of those transcripts were retained as data of the organization that collected it. Those organizations then shared de-identified data for the purposes of a cross site study.

FIDELITY AND FLEXIBILITY

a) Adherence (CDEP delivered as it was designed or written)

YOUTH OUTCOME STUDY: The GONA Collaborative engaged in ongoing process evaluations for quality improvement and decision making, both locally and collectively. This resulted in a number of changes to the implementation and evaluation as the best practices emerged across the participating sites. A GONA Fidelity Tool that was developed in 2013 by the Collaborative partners was updated in 2018, 2019, and 2021, and each update expanded the number of fidelity items that were included in the tool, in addition to making important clarifications to existing fidelity items. Updates also occurred in the evaluation with the addition of "Life Changers" to measure prosocial behaviors among modifications in the evaluation process to meet the needs of local communities. For example, one participating community that had significant difficulty with homelessness (homelessness in the participating youth or?) did not want expensive items as raffle prizes to put their unhoused population at a safety risk if someone were to try to rob them. Therefore, accommodations were made to change the type of incentives for this community through an approved modification with the IRB.

GONA AGED UP (Retrospective) STUDY: This study was originally planned to be quantitative in nature but shifted to qualitative after the pandemic to account for limited human resources and the need for more qualitative data about the longer-term experiences of GONA participants. In the early planning of the qualitative study, it was anticipated that all three sites that had contributed data to the youth outcome study would also participate in the GONA Aged Up Study. However, in the end only two had the human resource capacity and community mobilization necessary to implement and share the load of the interviews.

b) Exposure or dose (the amount of CDEP intervention received by participants)

Youth Outcome Study: Exposure was measured in two ways. First, the GONA pre-assessment tool had a question about how many GONAs the person had attended before. Second, the master lists that were kept within each of the participating organizations assigned only one number to each youth participating in their local evaluation and statewide research efforts. This allows the data to be matched over time and determine the GONA dose for each participating youth.

GONA AGED UP (Retrospective) STUDY: To participate in the Aged Up study a person had to have had one or more GONA experiences. With the random selection and recruitment it is expected that participants had a wide range of experiences and GONA dosages across the two participating sites.

c) Quality of delivery (the manner in which the CDEP was delivered by staff/volunteers)

Youth Outcome Study: Each of the data collection sites for the youth outcome study had onsite researchers that worked in partnership with local community evaluators to implement a range of evaluation activities. This included the tracking of the implementation of the GONA Fidelity Tool in partnership with the GONA facilitator(s), tracking of debriefing sessions with staff/volunteers, and onsite quality improvement planning/tracking/fidelity improvement. Follow-up evaluation activities also included a two-week debriefing with staff/volunteers to inform best practices,

lessons learned, and quality improvement planning. Each spring a GONA cross-site debriefing occurred through the Annual Training of Facilitators engaging staff**,** leadership, and community members to advance broader best practices and lessons learned for replication. In addition, these trainings allowed participants to identify quality improvement opportunities such as an effort to increase access to transgender youth at the GONA events across the Collaborative.

GONA AGED UP (Retrospective) STUDY: This was a retro/prospective study from previous participants and no intervention was provided prior to the study.

d) Participant responsiveness (manner in which participants react to/engage in the CDEP)
The vast majority of youth have an overwhelmingly positive experience with GONA. Youth generally report wanting to come back and data from the youth outcome study suggests that 52% of all GONA participants were returning youth.

Of these youth: 34% had returned for their 2nd GONA, 17% had returned for their 3rd GONA, 20% had returned for their 4th GONA, 16% had returned for their 5th GONA, 8% had returned for their 6th GONA, and 5% had returned for their 7th GONA. It is important to note that many of these youth began volunteering after they aged out of the GONA program. In addition, some got hired by the local organizations to advance GONA and related prevention efforts. This experience with new workforce was documented as an outcome across the participating GONA Collaborative sites. One of these young adults stated "GONA saved my life" when they aged out of foster care without a place to go or family to help. A volunteer community family (natural helpers) participating in the GONA then took this youth in and gave them a place to get on their feet as an adult. Participants, including staff and volunteers, coined the term "GONA Glow" to talk about a feeling that accompanied the closure of the GONA and that while many youth reported feeling sad to leave their "GONA Family" there was a feeling of fulfilment and joy that lasted for weeks following the GONA event.

It is also important to note that while the vast majority of youth reported positive experiences with a desire to return, there were a few youth that did not experience a positive outcome. A limitation in the available data from the youth outcome study is about those youth who did not come back to GONA or who left GONA before completing the intervention. Through the process evaluations it was documented that youth experienced behavioral problems often linked to conflict that occurs at the event between two or more participants and/or related to trauma triggers. Each of these situations (conflict and trauma triggers) was linked to attrition for a number of youth who either chose to return home and/or were sent home by on-site staff. In one case identified through the debriefing process with local natural helpers a youth had recently had a very traumatic experience and was distancing themselves from the activities. A number of staff and volunteers interpreted this as oppositional or defiant behavior instead of the numbing, disinterest in mundane activities, and/or disassociation and distraction that often occurs after a traumatic event. This lack of understanding about what a trauma response looked like in behavioral terms and how to effectively respond became a target for training in an effort toward quality improvement so that youth with trauma responses can be supported in participating in the best way they are able to.

Related, the process evaluation documented the ongoing conflicts that occur through the GONA

process between two or more participants and how, if those conflicts are left unresolved, they may carry into the community after GONA and come back to GONA year after year, creating more conflict. This phenomenon was termed "GONA Grudge" and it was identified that, when left unresolved, these grudges grew across friend groups impacting more people over time. Unresolved conflict also resulted in some youth not being able to complete the GONA. Quality improvement included the inclusion of a trained conflict resolution team representing spiritual/cultural leaders, mental health providers, and youth Peacekeepers in the 2021 Fidelity Tool revision and many organizations have already begun to identify, train, and mobilize these conflict resolution teams. The Collaborative has identified that conflict is a healthy process for healing and that communities should expect, be prepared for, and help participants engage in healthy conflict resolution as a best practice at the GONA events.

e) Program differentiation (CDEP elements/components essential for its success)
GONA "elements" are defined in the GONA Fidelity tool items and were being tracked across participating sites in the youth outcome study. The GONA Fidelity tool was also being used and tracked among other sites not participating in the formalized research but were supporting evaluation activities in identifying and replicating best practices. Again, there was an ongoing quality improvement focus and this fidelity tool (and thus the known GONA elements that led to improved implementation) were advanced over time as the collective knowledge advanced.

2. Changes made to the CDEP (or recommended for future implementation) based on fidelity assessment information (this information may be reported in other sections, e.g., Discussion)

Many changes occurred throughout the GONA Collaborative efforts based on knowledge gained through implementation and evaluation. Programmatic enhancements are all documented through the fidelity tool revisions. Some of the changes included:

- Formalizing Youth Peacekeeper training and engaging Peacekeepers more formally in planning and implementation of GONA
- Advancing GONAs in natural settings with a focus on access to the natural elements of air, water, fire, and earth.
- Deepening the infusion of local cultural stories, language, practices, and experiences in community advocacy.
- Ensuring GONAs were at least four days to honor and give the time needed to implement the curriculum (All youth outcome study sites had four day GONAs historically and throughout data collection).
- Implementing training across the network including community members, youth, prevention and support staff, providers, administration/leadership, and outside partners and funders to support understanding and participation in the GONA process. These efforts resulted in a documented improvement in the participation of providers (support from leadership) and renewed community engagement and involvement through teaching and mentoring local youth; many of whom aged up and continued giving back as natural helpers, GONA facilitators, and helped in the development, implementation of the GONA Aged Up Study. GONA was also identified as a catalyst for advancing community advocacy groups to change local policies and practices, like raising awareness and getting local policy changes related to Missing and Murdered Indigenous Women and Peoples and changing offensive Native Mascots in local schools, among other outcomes.

3. Implementation fidelity data used in the analysis and/or explanation of CDEP outcome findings

Originally, the GONA Fidelity tool did not generate subscale or total scores. However, with the introduction of the CRDP this tool was conceptualized as a way to get a quantitative fidelity score to ensure that similar GONAs were occurring across the participating sites to increase confidence in pooling data across those sites. Therefore, the tool was updated to include subscale scores for each section of the tool and a total score that was anticipated to be used by participating data collection sites. Two of the sites participating in the youth outcome study had been using the fidelity tool since inception and were well advanced in the number of years of experience in implementing GONA. These two sites implemented the revised tool and exceeded the 70% fidelity rate that had been set. However, other sites demonstrated concerns about the fidelity tool and scores being generated, and in how the fidelity items were being interpreted based on the developmental stage of implementation of that community and for each person that participates.

"*I am an apprentice, because I'm still learning from these guys [other GONA Facilitators]. I keep coming back because it starts making sense. You have to forgive yourself and be patient with yourself because it will all come to you*." Local GONA Community member/Facilitator

"*It took patience from the organization to allow me to grow. It has been a journey for me. GONA really changed my life. I'm not a worker, I'm just a neighbor. This has opened my eyes to something greater. You will find those in your group that want to lead*." Local GONA Community member/Facilitator.

This led to an important change in the most recently revised fidelity tool, which was the removal of the subscale and total scores from the tool with guidance about the use of the tool as a good "ideal" for implementing GONA with youth, while recognizing the developmental progress of GONA, which strengthens and deepens over time. For example, in Year 1 a community might not yet have an elder or person that knows and can tell the local creation story and so they may have to use examples that were provided as "gifts" from other tribes, in case communities need that in starting up. However, by Year 3 the community will have learned more about the GONA and engagement of local elders and knowledge keepers can allow those stories to be very local and culturally specific. It is also important to understand the intent of the tool to help communities implement similar best practices across sites; and the limitations in generalizability to other types of GONAs. As important is the consideration of the use of the fidelity tool as a measure of evaluation as the person(s) observing must have deep knowledge of the GONA framework and curriculum in addition to strong cultural awareness and experiences. The fidelity tool is best used as a planning tool and implementation/documentation guide in which the GONA facilitators and the Evaluator/Observer/Documenter are coordinating and communicating throughout the event about the implementation of the fidelity items in a collaborative way. The GONA fidelity tool has been described as "Not as an 'I caught you' tool, but as an 'I have your back' tool", in which the evaluator supports the facilitator in tracking all the many moving GONA elements as well as provides extra eyes to help process and plan. Effective use of the tool requires multiple head huddles each day between the GONA facilitator(s) and the evaluator. The evaluator also supports the larger documentation of the (de-identified) processing that occurs at the event to provide feedback to community, leadership, and staff for local quality improvement decision making

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4. Balancing of fidelity & flexibility (e.g., formative evaluation methods, including CBPR, to explore/understand if the CDEP was working and whether changes were needed to strengthen it to meet the needs of the participants, IPP, community, local/state circumstances, etc.). This information may be reported in other sections, e.g., CDEP description/implementation, discussion, etc.

Balancing fidelity to the GONA and flexibility to meet the community context and culture was identified as a very important component for implementing the GONA fidelity tool. In one community with high costs for housing, elders needed to work and were not able to make the GONA youth event which was occurring during the work week. In this context, older youth were identified as "elders" at the event and were supported in this role to be good models and teachers to the younger ones.

DATA ANALYSIS PLAN IMPLEMENTED

Quantitative statistical analyses (e.g., inferential tests, effect-sizes, comparisons tested)

YOUTH OUTCOMES STUDY: Data analysis was conducted by an independent statistician with consultation from the lead researchers on the project. The first analysis conducted was a difference-in-means test using a two-sample t-test to examine statistically significant differences between two groups. Only matched pairs were included in this analysis to ensure that the same youth had data at both Pre and Post. This analysis was conducted to test if the average Pre-GONA Score for the dependent variables of interest (Cultural Connectedness Scale total score and subscales a) identity; b) spirituality; and c)traditions; and the Herth Hope Index total score) were statistically different than the average Post-GONA Score on these same dependent variables. In these t-tests, the p-value demonstrates the likelihood that the means are not statistically different. For example, the p=.03 for the Identity subscale in Table 7 means that there is a 3% chance that the difference between scores at the Pre-GONA and Post-GONA is not significantly different. On the other side, there is a 97% chance that the difference between Pre and Post is significantly different. If the differences are significant, these tests will also tell the expected magnitude of change. In this example, the mean Post-GONA identity score is expected to be 15% higher than the mean Pre-GONA Identity score.

Following these t-tests, a linear regression model was used to test the relationships between multiple independent variables. For the models presented in Tables 16-20, each index score is a dependent variable (i.e., CCS total score, subscales, or HHI score) with Gender, Age, and Prior GONA experience as the independent variables. While the index scores are continuous variables the independent variables were treated as binary (i.e., only having two values like Older or Younger). For these binary independent variables, Gender is scored as 0 for Female and 1 for Male; Age is scored as 0 for Younger and 1 for Older; Prior GONA is scored 0 for No Experience and 1 for Prior Experience. The linear regression generated an effect estimate and a reliability estimate. Ideally, the p-value is less than .05, which is a

5% chance that the effect is not significant.

However, the interpretation of the estimates in the regression tables are slightly different than in the t-test tables. The intercept estimate is the expected value of the dependent variable for Younger Females who have Not participated in a GONA before (i.e, Age=0, Sex=0, and GONA=0). Under this model, each of the independent variable estimates are the expected impact of that variable to be activated. For example, the expected Identity Score for a Young Female who has Not Participated in GONA before is 10.0. With a Gender estimate of -1.1, a Young Male who has Not Participated in GONA should expect to score 8.9 (i.e., 10.0 - 1.1 = 8.9). These regression models also consider the covariation between the independent variables (i.e., if one variable increases or decreases with other variables), giving an estimate of the primary effect of a single independent variable.

Qualitative analytic strategies (e.g., how data was coded, analyzed, use of inter-rater reliability methods)

GONA AGED UP (Retrospective) STUDY

Audiotapes were transcribed by an outside vendor. Each site interviewer then reviewed each document and redacted any information that could potentially reveal the identity of the interviewee and his/her community. A small team of coders received training in qualitative analysis using grounded female student. They were asked to become familiar with the transcripts and begin identifying preliminary themes. The supervising doctoral level researcher of the study's qualitative analysis team reviewed the preliminary themes provided by the two coders and wrote a summary of emerging information about 1) past participation in a GONA and 2) future implementation for Native American youth. The ideas contained in the summary are broad and further analysis is needed about GONA's processes, outputs, and outcomes to better examine impact and future **implementation.**

RESULTS

A. QUANTITATIVE DATA FINDINGS

Clear, succinct and concrete descriptions or information provided in the following areas (select a rating for each one; check NA for each item if they had a qualitative study only)
General descriptive statistics of measured outcomes (e.g., mean scores with corresponding SD)

There were 294 unique assessments completed prior to the GONA and 258 unique assessments collected immediately after the GONA. In order to observe changes over time, these pre- and post-GONA responses were merged by their unique identifiers for 232 matched youth assessments (i.e., youth had both a pre-GONA and post-GONA; See Table 1). these 232 matched responses were included in the analysis. Three demographic characteristics of interest for this study were Age, Gender, and prior GONA experience. There is a slight skew in gender distribution, with females making up 60 percent of

respondents (See Table 2). Age was nearly evenly distributed when separating the age groups into two categories for Older (15-19 years) and Younger (10-14 years; See Table 3). There is a nearly even distribution of respondents who have participated in GONA before (See Table 5). For those who have previously participated in GONA, the largest group was for those who had only gone to one previous GONA (36%) (See Table 4). Just over half (52%) of participants had gone to one or two GONA's before. The vast majority of participants identified as American Indian (83%).

Table 1. Total Respondents Matched for Pre and Post Responses

	Total
Pre	294
Post	258
Matched	232

Table 2. Gender of Participants

Gender	Total
Male	91
Female	14

Table 3. Ages of Participants

Age	Total
10	1
11	8
12	16
13	40
14	48
14 years & Younger TOTAL	**113**
15	45
16	42
17	26
18	2
20	1
15 years & Older TOTAL	**116**

Table 4. Number of Times Participating in GONA Before

#GONA Times	**Total**
1	43
2	20
3	24
4	19
5	9
6	5

Table 5. Prior GONA Experience

Prior GONA	Total
Yes	121
Now	111

Table 6. Race(s)/Ethnicity(ies) of Participants

Race/Ethnicity	Total
Asian	7
African American	30
American Indian	193
Caucasian	28
Hispanic	84
Other	16
Pacific Islander	17

Detailed statistical analysis and general patterns of findings

Mean Comparisons

In the difference-in-means t-tests conducted, there were clear statistically significant trends in the data from Pre-GONA responses to Post-GONA responses. When taking all respondents, each dependent variable resulted in a positive and significant relationship (See Table 7). The most significant change was found with Spirituality (37%) and Traditions (34%) subscales on the CCS. There was an average score increase of 78% in the Tradition index for individuals experiencing their first GONA (See Table 8), the largest and only significant effect on index scores across all sub scores [connectivity as representing the overall CCS score is also stat sig]. While those who had previously participated did not have a statistically significant impact of GONA on Traditions scores, this is largely due to the high baseline score (See Table 9). The expected Pre-GONA tradition score of 8.3 for those who have previously participated is nearly the same as the expected Post-GONA score for those participating the first time (8.7). Those who had participated in GONA before did see significant increases in Spirituality (40%) and Hope (23%), which could be indicative of a dosage-type effect in that the first GONA supports increased knowledge and use of traditional practices and the second GONA supports spiritual advancement and related hope for the future (Espedal, 2021; King et al., 2020; Yaghoobzadeh et al., 2017). While not significant, similar trends were found for t-tests examining participants with 2 or 3 Prior GONAs. Lack of significance could indicate that outcomes are not meaningfully different and yet it could also be related to sample size (See Table 10). Sample size was even smaller for those 4 or more GONAs, which also did not result in any significant findings (See Table 11). While the participation of more cohorts will be necessary to accurately determine any dosage impact, the trends for these smaller groups are certainly promising.

Table 7.

T-Test Mean Comparisons for Each Dependent Variable: All Participants (N=232, df=461)

Factor	Identity	Spirituality	Traditions	CCS-CA Connectivity Total	Herth Hope Index
Pre Mean	9.7	3.0	6.7	19.3	10.8
Post Mean	11.2	4.1	9.0	24.4	12.5
Pct Change	15%	37%	34%	26%	16%
t-score	-2.2	-2.2	-2.7	-2.9	-2.5
P-Value	.03**	.03**	.01**	.004***	.01**

Table 8.

T-Test Mean Comparisons for Each Dependent Variable: First GONA Participants (N=109, df=215)

Factor	Identity	Spirituality	Traditions	CCS-CA Connectivity	Herth Hope Index
Pre Mean	9.2	2.9	4.9	17.1	11.2
Post Mean	10.8	3.9	8.7	23.4	12.2
Pct Change	17%	34%	78%	37%	9%
t-score	-1.6	-1.4	-2.9	-2.5	-.98
P-Value	.11	.18	.005***	.01**	.33

Table 9.

T-Test Mean Comparisons for Each Dependent Variable: Prior GONA Participants (N=121, df=239)

Factor	Identity	Spirituality	Traditions	CCS-CA Connectivity	Herth Hope Index
Pre Mean	10.1	3.0	8.3	21.5	10.4
Post Mean	11.7	4.2	9.4	25.3	12.8
Pct Change	16%	40%	13%	18%	23%
t-score	-1.5	-1.4	-.93	-1.5	-2.4
P-Value	.13	.09*	.35	.12	.02**

Table 10. **T-Test Mean Comparisons for Each Dependent Variable: 2 or 3 Prior GONA Participants (N=44, df=86)**

Factor	Identity	Spirituality	Traditions	CCS-CA Connectivity	Hope Index
Pre Mean	9.4	2.4	7.1	18.9	11.1
Post Mean	11.5	3.9	9.0	24.3	13.6
Pct Change	22%	63%	27%	29%	23%
t-score	-1.0	-1.3	-.94	-1.3	-1.4
P-Value	.30	.19	.35	.21	.18

Table 11.

T-Test Mean Comparisons for Each Dependent Variable: 4 or More Prior GONA Participants (N=33, df=64)

Factor	Identiy	Spirituality	Traditions	CCS-CA Connectivity	Hope Index
Pre Mean	12.0	4.0	11.7	27.8	10.6
Post Mean	12.4	4.6	10.8	27.8	12.2
Pct Change	3%	15%	-8%	0%	22%
t-score	-.22	-.53	.50	-.02	-.86
P-Value	.85	.59	.61	.98	.39

When examining data from **Younger (<15) and Older (>=15) participants**, there are many of the same trends found in the First- and Prior-GONA groups. Younger participants see the greatest impact on Tradition (73%) and Connectivity (34%), which were statistically significant along with Identity scores (16%; See Table 12). For Older participants, statistically significant changes were found for Hope (23%) and Spirituality (52%; See Table 13). Clearly younger youth are less likely to have GONA experiences than older youth and there are also developmental milestones that could explain why younger youth demonstrate changes in tradition and connectivity (concepts that are more concert)e and older youth demonstrate more change in spirituality and hope (concepts that are more abstract). It is also possible that older youth who may be contemplating concepts like spirituality and the reality of transitioning soon into the adult world or could have lower hope and spirituality scores because of this developmental stage, and the GONA may offer an important intervention for these youth to make gains during this normal developmental process. Maybe most importantly is the connections that these youth make at the GONA to local natural helpers trained in mental health that have already served to effectively prevent suicide,

Table 12.

T-Test Mean Comparisons for Each Dependent Variable: Younger GONA Participants (N=113, df=229)

Factor	Identity	Spirituality	Traditions	CCS-CA Connectivity	Hope Index
Pre Mean	9.9	3.5	5.2	18.5	11.7
Post Mean	11.5	4.4	9.0	24.8	12.9
Pct Change	16%	26%	73%	34%	10%
t-score	-1.8	-1.4	-3.0	-2.7	-1.2
P-Value	.07*	.17	.003***	.008***	.24

Table 13.

T-Test Mean Comparisons for Each Dependent Variable: Older GONA Participants (N=116, df=230)

Factor	Identity	Spirituality	Traditions	CCA-CA Connectivity	Hope Index
Pre Mean	9.4	2.5	8.3	20.2	9.9
Post Mean	11.0	3.8	9.1	23.9	12.1
Pct Change	17%	52%	10%	18%	23%
t-score	-1.4	-1.8	-.73	-1.4	-2.3
P-Value	.16	.08*	.47	.16	.02**

There is little difference in the impact of GONA by gender, with the exception of Spirituality (significant for females and not males) and Identity (significant for males and not females; See Tables 14 & 15). Traditions, Connectivity, and Hope showed significant changes for both females and males. Looking at percent change across the subscales on Tables 14 & 15, males are demonstrating greater percentage change from pre-GONA to post-GONA than females on all subscales with the exception of Hope. However, males also have lower baseline scores than females for all subscales other than Hope - in which females are slightly lower. Only in the Identity subscale does the greater impact of GONA make the post- experience score greater as measured by percent change for males than females. It is possible that these differences are related to the different developmental timetables (gap) between young women and young men (Lim et al., 2013).

Table 14.
T-Test Mean Comparisons for Each Dependent Variable: Females (N=141, df=279)

Factor	Identity	Spirituality	Traditions	Connectivity	Hope Index
Pre Mean	10.1	3.1	7.3	20.5	10.2
Post Mean	11.0	4.1	9.4	24.5	12.1
Pct Change	9%	32%	29%	20%	19%
t-score	-1.0	-1.7	-1.9	-1.8	-2.0
P-Value	.33	.09*	.06*	.08*	.04**

Table 15.
T-Test Mean Comparisons for Each Dependent Variable: Males (N=91, df=173)

Factor	Identity	Spirituality	Traditions	Connectivity	Hope Index
Pre Mean	8.9	2.8	5.7	17.5	10.8
Post Mean	11.6	4.0	8.5	24.1	12.5
Pct Change	30%	43%	49%	38%	16%
t-score	-2.3	-1.5	-2.0	-2.3	-2.5
P-Value	.02**	.14	.05*	.02**	.01**

Regression
Linear regression resulted in little impact of Age, Gender, or Prior GONA experience on estimates for the total CCS-CA score and for the CCS-CA subscales of identity and spirituality (See Tables 16, 17, & 19). The model included all 3 independent variables and there were no analyses done with these independent variables separately. For each of these dependent variables, only the intercept is statistically significant. The intercept is the expected (i.e., predicted) mean value of the dependent variable (Y) when all of the independent variables (X) are zero (0), which in this analysis is a Younger Female with No Prior GONA experience. Important to note, R2 is small in each of the regression models. R-squared (r2) represents the percentage of variability in the dependent variables that the independent variables can explain in the model. For example, in Table 16 an R2=.02 means that the model only explains about 2% of the variation in the Identity Subscale.

This data suggests that GONA experience is making a positive impact given that each of the

Post-GONA intercepts are greater than the Pre-GONA intercepts. Despite a small 10% change in Identity Scores, estimates for Spirituality and Cultural Connectedness increased by over 30 percent from Pre- to Post-GONA

The most significant impacts of the GONA are seen in the Tradition scores, mirroring the results found in the t-tests above. Specifically, being an older youth and someone who had participated in the GONA before increased the expected Pre-GONA Traditions scores by 2.4 and 2.7 points, respectively (See Table 18). In terms of overall score impact, a Younger participant who had Not Participated in GONA before (baseline) would expect a Tradition score 5.1 points lower than an older participant who had participated in GONA before. The Traditions subscale intercept was statistically significant and the estimated pre to post change was nearly double (4.6 to 9.0).

There are also small statistically significant impacts of participant demographics on Herth Hope Index. Specifically, older participants are expected to have a Pre-GONA Hope score that is 1.8 points lower than the expected Pre-GONA Hope score for Younger participants (See Table 20), as also demonstrated in the t-test. Even though the trend is the same for Post- GONA Hope scores, these differences are not statistically significant. Future analysis of this data may include trimming means to address a negative skew that exists in the distribution of the data.

Table 16. Linear Regression for CCS-CA Identity Subscale (N=232, df=226)

Factor	Intercept	Sex	Age	Prior GONA
PRE r2= .02				
Estimate	**10.0**	-1.1	-.82	1.1
F-Statistic	**10.6**	-1.1	-.78	1.0
p-value	**.00*** **	.29	1.2	.44
POST r2= .02				
Estimate	**10.8**	.75	-.87	1.2
F-Statistic	**12.0**	.76	-.87	1.1
p-value	**.00*** **	.45	.39	.25

Table 17. Linear Regression for CCS-CA Spirituality Subscale (N=232, df=226)

Factor	Intercept	Sex	Age	Prior GONA
PRE **r2= .01**				
Estimate	**3.4**	-.22	-1.1	.39
F-Statistic	**5.2**	-.31	-1.5	.55
p-value	**.00*** **	.76	.15	**.**59
POST r2= .01				
Estimate	**4.2**	-.08	-.72	.54
F-Statistic	**6.5**	-.12	-1.0	.75
p-value	**.00*** **	.91	.32	.45

Table 18. Linear Regression for CCS-CA Traditions Subscale (N=232, df=226)

Factor	Intercept	Sex	Age	Prior GONA
PRE **r2= .05**				
Estimate	**4.6**	-1.4	**2.4**	**2.7**
F-Statistic	**3.9**	-1.1	**1.8**	**2.0**
p-value	**.00*** **	.29	**.07***	**.04****
POST r2= .01				
Estimate	**9.0**	-.77	-.05	.68
F-Statistic	**8.2**	-.63	-.04	.55
p-value	**.00*** **	.52	.97	.58

Table 19. Linear Regression for CCS -CA Total Score (N=232, df=226)

F actor	Intercept	Sex	Age	Prior GONA
PRE **r2= .05**				
Estimate	**18.0**	-2.7	.53	4.2
F-Statistic	**7.6**	-1.0	.20	1.6
p-value	**.00*** **	.30	.84	.12
POST r2= .01				
Estimate	**24.0**	-.10	-1.6	2.4
F-Statistic	**10.7**	-.04	-.66	.94
p-value	**.00*** **	.97	.51	.34

Table 20. Linear Regression for Herth Hope Index (N=232, df=226)

Factor	Intercept	Sex	Age	Prior GONA
PRE **r2= .03**				
Estimate	**11.3**	1.4	**-1.8**	-.28
F-Statistic	**12.2**	1.4	**-1.8**	-.27
p-value	**.00*** **	.17	**.08***	.79
POST **r2= .02**				
Estimate	**12.2**	1.1	-1.1	.96
F-Statistic	**13.1**	1.0	.64	.92
p-value	**.00*** **	.29	.31	.36

Six-Month Follow Up Data

While there were challenges in gathering a sufficient sample of data in the 6-month follow (which was impacted when the global pandemic began), there are some important findings that have been analyzed to date.

The Life Changers were developed and piloted by the participating community advisory groups as a way of measuring prosocial activities. This tool was modified to include behavioral anchors so that the communities could track frequency and adjusted some items to be clearer in the delivery based on local feedback. Life Changers were included on the 6-month follow up to the 2018 GONA (referred to as the 2018 GONA 6 month-followup), which actually occurred in the spring of 2019. Out of 16 Life Changer items, three constructs were identified through content analysis as categories of Engagement: Family/Community, Behavioral Practices, and Mental Practices. Overall, youth were identifying that for the last 6 months since they participated in GONA they had been engaging in a range of healthy behaviors and practices on a weekly basis. Descriptive statistics for each item organized by these three constructs are provided in Table 21.

Table 21. Descriptives of the Life Changers in the 2018 GONA, 6-month follow up N=58

Engagement Construct	**Mean**	**Median**	**Mode**	**Standard Deviation**
I help out my family (like washing dishes or babysitting).	3.3	3.5	4.0	1.2
I help out in my community (like helping elders, taking care of the environment, volunteering at school or at the local Indian center).	2.2	2.0	2.0	1.2
I feel like I have healthy and positive interactions with my friends.	3.7	4.0	4.0	1.0
I feel like I have healthy and positive interactions with my family.	3.4	4.0	4.0	1.1
I attend healthy community events (like dinners, pow-wows, and youth program activities).	2.4	2.0	2.0	1.2

Behavioral Construct	**Mean**	**Median**	**Mode**	**Standard Deviation**
I am physically active for my health (like walking, jogging, sports, or other physical activities).	3.4	4.0	4.0	1.3
I eat healthy.	3.1	3.0	3.0	1.1
I talk with my family about healthy practices.	2.2	2.5	3.0	1.4
I talk with my friends about healthy practices.	2.2	3.0	3.0	1.6
When school is in session I attend my classes.	3.9	4.0	4.0	1.0
I maintain a higher passing grade	3.8	4.0	4.0	1.2

Mental Construct	**Mean**	**Median**	**Mode**	**Standard Deviation**
I feel positive about my future.	3.4	4.0	4.0	1.4
I have a good mood.	3.4	3.0	4.0	1.1
I have a positive mind-set at home and in the community.	3.3	3.0	3.0	1.1
I believe I can be a leader in my community (if given the opportunity).	2.9	3.5	4.0	1.6
I have a positive mind-set at school	3.4	4.0	4.0	1.2

Coding - Never (1), Once/Twice in last 6 months (2), Every Month (3), Every Week (4), Every Day (5)
When looking closely at each of these three constructs, youth are engaging in weekly or daily healthy and positive interactions, behaviors, and mental health at home, at school and in the community. Figures 2, 3, & 4 for each of these constructs show the quantiles of responses from Never (0), Once/Twice in the Last 6 months (1), Every Month (2), Every Week (3), Every Day (4).
Figure 2. Quantiles of Responses for Life Changers in Engagement Construct, 6-month Follow Up

Figure 2.
Quantiles of Responses for Life Changers in Engagement Construct, 6-month Follow Up

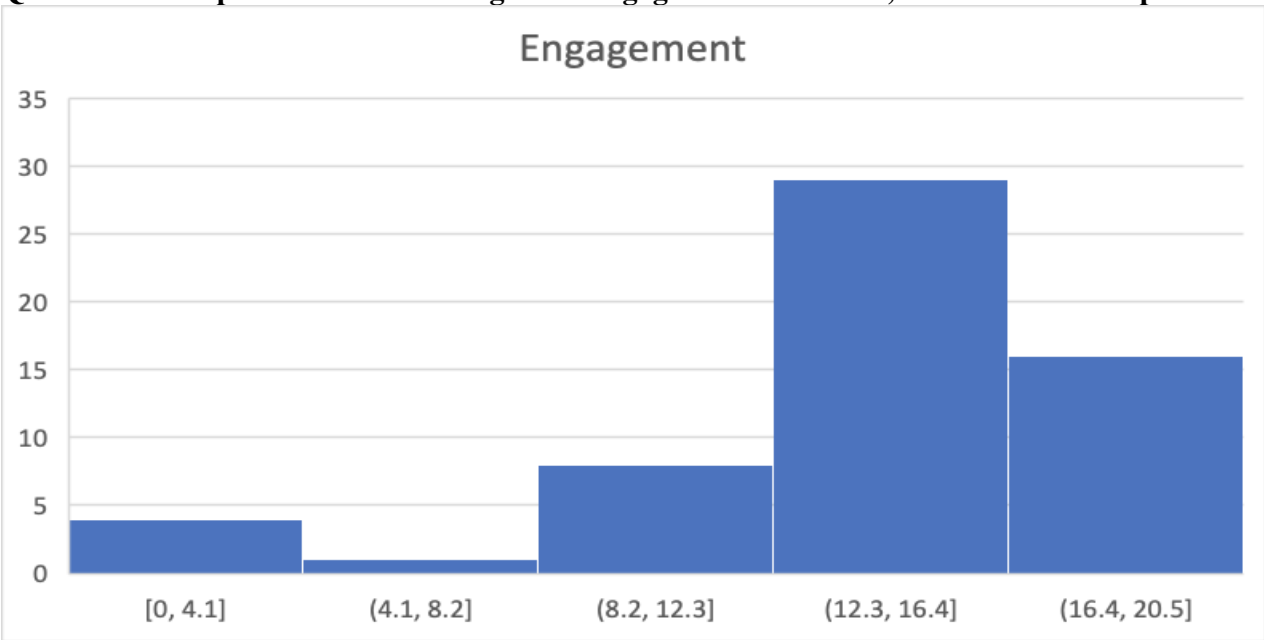


Figure 3.
Quantiles of Responses for Life Changers in Behavior Construct, 6-month Follow Up

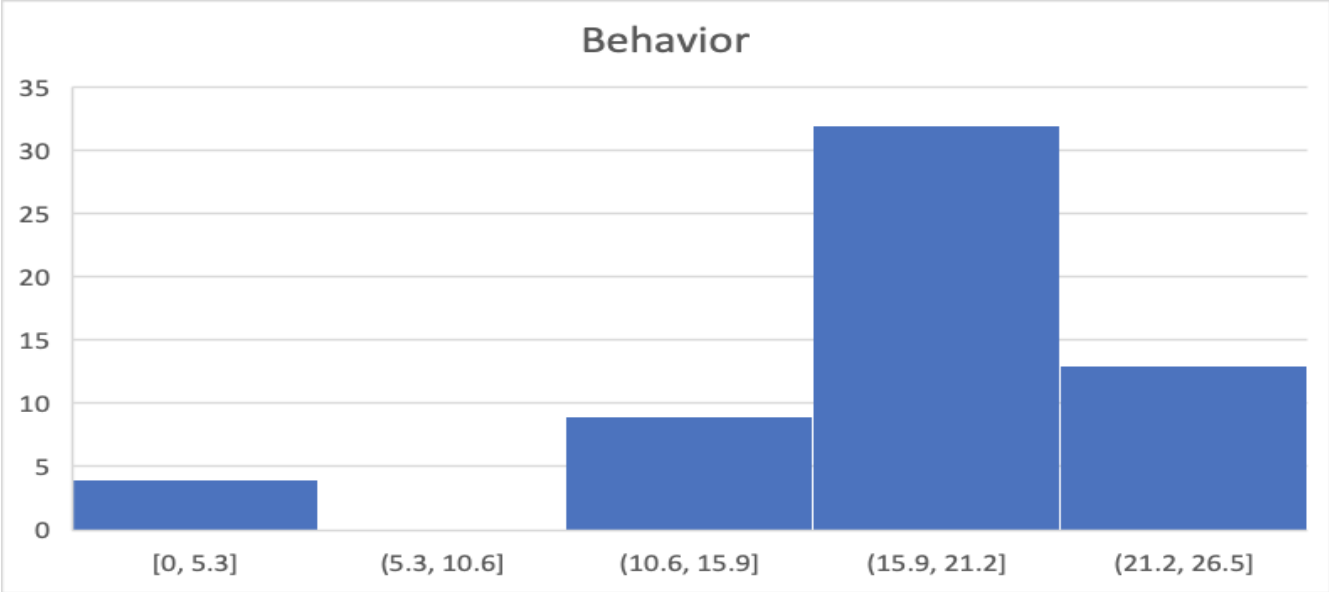
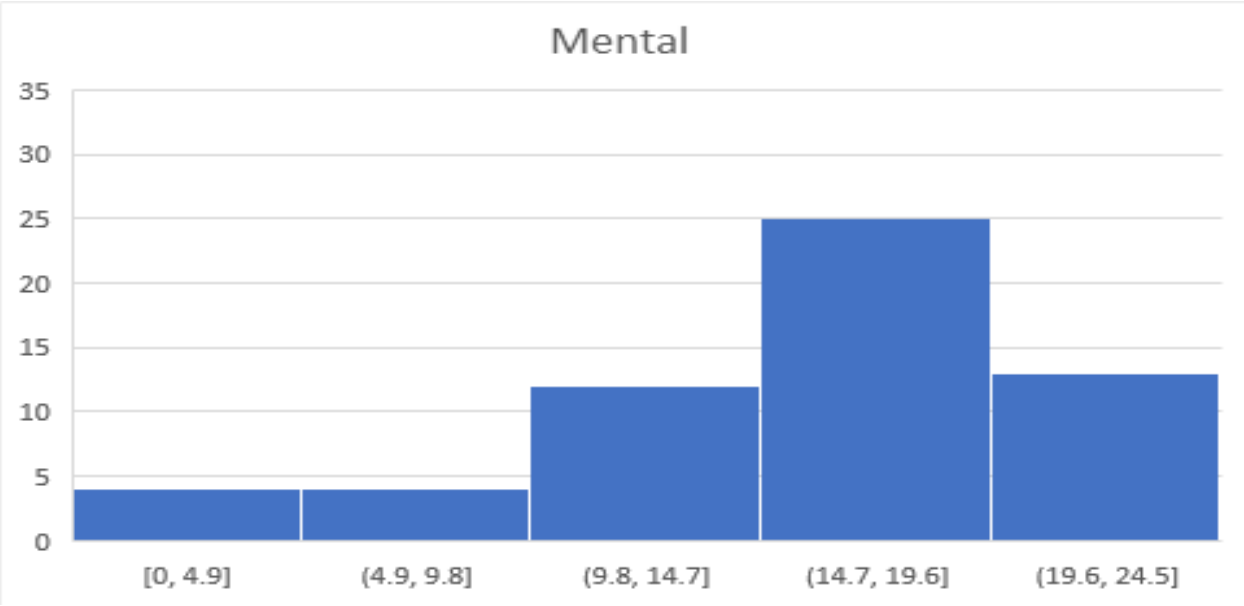


Figure 4.
Quantiles of Responses for Life Changers in Mental Construct, 6-month Follow Up



Corresponding Ns (and p-values if appropriate), and effect sizes for any inferential statistics
All other findings, regardless of statistical significance
Charts, tables, and graphs are understandable and appropriately and consistently labeled

B. QUALITATIVE DATA FINDINGS

Clear, succinct and concrete descriptions or information provided in the following areas (select a rating for each one; check NA for each item if they had a quantitative study only)

<u>Key qualitative findings organized by theme or category</u>

The respondents agreed that their experiences in past GONAs were very positive even though they did not all reference the same GONA event. They felt welcomed, respected, and understood by adults. The structure was viewed favorably, a nice mix of prepared activities and free time. The site was comfortable and relaxing; by and large was a nice change from home environments. They felt it was a safe place to express and hear ideas and emotions. They remembered specific elements of GONA: the four teachings, Indigenous spiritual practices, talking groups, Indigenous crafting sessions, ice breakers, working / playing as teams, the night walk, the rock exercise, stories of cultural history, medicine wheel, and skits. The respondents said it was very good to have fun for fun's sake but for most of the elements described, they were able to state an underlying teaching or skill that was associated with them.

Short-term and intermediate outcomes are yet to be distinguished within the interview data, but many positive impacts were readily conveyed by the GONA participants. Some of the impacts related to Indigenous culture were: greater knowledge of Indigenous history, practices, languages,

and teachings for healthy living; increased desire to stay connected to Indigenous people and culture; and increased desire to learn specific information about their tribe(s);
Some impacts related to social skills were: new friendships with other youth even those from other communities; relationships with adult mentors, more communication skills, and increased comfort with other people.

Some impacts related to development of self were: new ways to relax, increased pride in a task well done, expanded worldview, introduction to deeper levels of current events, increased belief that one is not alone in having experiences, beliefs, and feelings, more options for self-care, and increased self-reflection.

The youth who were interviewed expressed great support for continuing to offer GONAs in the future. Several mentioned significant life changes related to their participation in one or more GONAs. Most could not think of specific ways to change GONA for the better, but some offered suggestions such as offering a session before the GONA during which youth can introduce themselves to each other and supporting ways to continue GONA connections and learning for participants year-round.

> “And as I grew older, that's when I started to, like, be more aware and conscious and even having more gratitude to our non-human relatives who offer us so much more like so many messages and so much help. I just wanted to throw that story out there. Yes, that was that was life changing. I've got to say." Interviewee Aged Up Study

> "I definitely felt like the relationship building and community building was like one of my most favorite parts about GONA. I know is just something that I just always gravitate to because like community is just so important to me…" Interviewee Aged Up Study

> "I really like finding more about myself and and the cultural path that is really like opening up for me." Interviewee GONA Aged Up Study

But if there's like small little events throughout the year, it's just like, oh yes. Like you can keep that relationship strong." Interviewee GONA Aged Up Study

> “GONA saved my life.” GONA Aged Up Volunteer

> “So, you know, [GONA] definitely reflected on belonging and just, you know, having that circle where, you know, they hear stories you hear everybody's experiences and then they realize like, "I belong here, I actually do belong here," whether they mean that they belong to GONA or they actually belong to life. You know, they actually felt like they actually belong somewhere where they felt mattered. They felt heard. They felt safe. They felt loved for the first time. You know, sometimes we get kids where they don't know what love feels like. They don't understand that. They can't understand the concept of what it means to be loved and cared for. And, you know, the staff people. I feel like sometimes, you know, they pick people to work at GONA carefully, because they want someone who can actually make kind of, you know, a positive transformation onto [um] a youth's life.” Interviewee GONA Aged Up Study

In response to the GONA Aged Up Study question: What year of GONA stands out the most to you and why?
“I want to say the last year, 2019, because I was a peacekeeper finally.”

"I would say my third year [2016], because I kind of felt like I belonged, I guess, in a sense, and that I actually had close connections with people and it actually was probably like the easiest time that I've had there and like the most fun and I kind of was in tune with what GONA was about and then also with the personal connections I made. So it kind of was all full circle for me right there."

"It's kind of like when you you're there, you kind of become like a family and you create relationships and bonds with people that kind of stick with you for the rest of your life. It just doesn't go away. You know, you have these bonds with these people because you experience something so, amazing! That's the experience I've always had as a child going to GONA you know, I just always had these bonds with people that, you know, kind of seem to be unbreakable, even if time goes by. You know, we don't talk to each other as much as we used to, but we see each other like, "hey, man!". We talk to each other, we catch up on life. And, you know, kind of just like that, you know, it's a bond that's never broken."

In response to the GONA Aged Up Study question: What, if any, new things did you learn about yourself or your culture through GONA?

"I think that was the most important one, was to know that you are worthy."

"I learned a lot about how to, like, stay humble to yourself, especially through GONA, because we as a people have really grown a lot, especially from our past trauma and stuff. And I just feel super proud that I know a little bit about our history as a whole, as a nation. And it also encouraged me to kind of reach out to family and see what kind of history we had as people."

"Yes. And I'm going to be honest, I guess I didn't learn anything new about my culture because not being like I knew everything about my culture, but just because I felt like it stayed on the same topic after a couple of years and I couldn't- I didn't expand upon that where I kind of grew out of that and I was having to search it for myself. But I guess- the I still use the belonging interdependence, generosity. And there's another one somewhere. And so having all of those- like those do balance me out and those little tools and workshops that were so repetitive at times stuck with me, you know, and they do help and they definitely are a good starting point. Do I feel like I grew any more from if I kept going or staying with it? No. But did it give me a good base? Yeah, definitely. I use it to this day, basic tools, but I feel like I've grown into expanding more on the thought of it, which I would feel I wish I was shared with when I was younger."

In response to the GONA Aged Up Study Question: How, if at all, has GONA shifted the way you see the world?

"I think that as indigenous -as an indigenous person, it's important to view how different other cultures are and like how our language matters how our cultures matter. And how we are worthy."

"I think it kind of made me realize how a lot of people are not as grateful as they should be, especially to like Mother Nature and stuff like they kind of just want to [trash] the place and like litter everywhere and like, pollute everything. And we really shouldn't be doing that

because, like, really Earth gives us and everything that we really need, like water and food and stuff. So I don't know, I kind of didn't really see it that way until I attended GONAs." "I think it made me realize a lot of the times that. I was letting things slide that wasn't OK for my people, that was hurting, I was not just hurting me by hurting future generations, too, which is something that's very important to me as the next generation after the next."

…"Highlighting that we were the ones, I think, people our people tend to forget that we get taught all of these things, but we forget that...and that's what GONA is all about. That's our generosity is our giving, our knowledge. And I think sometimes we come very self-centered with building ourselves up without and not bringing everyone together and forgetting that we're supposed to do the next step and having GONA teach us that that's- what our- that's to keep us on the track, to keep us on that cycle, that's where I guess has changed my mindset. And I know like, has made me feel like I have more important things to be doing than what everybody just wants to be successful for myself or to have money or to make sure I have a stable house or a stable living. When there's kids out there that don't- native kids that don't, foster kids that don't like it's opened my eyes that there's so much more that I need to be doing for my community, maybe not always locally, but in a bigger picture wise."

In response to the GONA Aged Up Study Question:
In what way is this going to help strengthen your connection to your spirituality, if at all?

"I think it really got me in tuned with, like what medicines to use and what not to use and a lot of that kind of spiritual healing, because when I first started attending GONA, I was going through a lot. So it really helped when we talked about how to use sage and what not to do and what to do when we do gather it. And I think that really helped me see things in a different light as well."

"I didn't start going to sweat's and until GONA...I think going to the sweats was very important and having it was opened up in a relationship, even with my mom, to have a conversation with me about that, something she actually knew about but was never able to teach me personally. So doing that, I learned a lot from what I'm supposed to do from my tribe when I'm going to [sweat] and how the facilitators there not [inaudible] to it and make sure I was comfortable, too, with what I believed in. And It still was full circle and very I guess stress relieving and what it was supposed to be about, and now I go to a lot more sweat's and I think having a connection with, like those pomo dancers that came on the first -the first camp that I went to and to have still those friends to talk to and having someone of my own community I think helped me, brought me closer to creator and just respecting his land because of where we were at. We were on like Mother Earth, like in the vicinity of it. So it was just, I guess all around, like, made me feel the only place I could actually feel spiritual like, inside."

"Well I think I felt more connected like myself and my own like... I'm not sure if this is related to spirituality, but I thought more about my own beliefs and my own well-being.

Yea...and I started to think more for myself rather than be influenced by what other people had to say….I take more notice in my mental health and my physical health and also my emotional health, and I feel more inclined to express myself emotionally."

In response to the GONA Aged Up Study Question: Are there any GONA teachings or lessons that you use in your daily life? And if so, what are they?

> "I think the one I probably use the most would probably be generosity a lot, because I like to give back to people, especially like my loved ones and stuff. I just want to make sure that they know their loved every day. And I'm willing to do whatever it takes to kind of like have everybody in the same boat."

> "I think I use a lot….like being a teenager around and being able to have a place where I can just go every summer and see fellow natives or whatever was kind of a privilege....and I didn't realize the lack of- like when you so invested in you, when you're a kid and in GONA and everything, and then when you're an adult, it seems like there's nothing out there that is for the adult community or that I found or thought of. And where natives just gather, like, adult camp...it's just not there anymore. And so I guess I'm still trying to figure out how to be a spiritual native in the real world, like just day to day life that, you know, not everyone else sees outside the rez or outside the mountains or anything. And so trying to find that balance, it's taking a lot of time that I wish I was at a step where I could be with my community and start building it. But I'm still at a part where I'm trying to find my place. "

In response to the GONA Aged Up Study Question: What would have made your experiences more valuable at GONA? What could have been there or in place to better help you?

> "...I honestly don't know because I feel like. I had a lot of help when attending GONAs because they would come-to most of the GONAs that I went to, they would come pick me up from my house and then take me to the transportation site to go transport to GONA. So I don't know. I really don't know. I don't know how to answer that question."

> "I guess it always felt like a short time, I always felt like the last two days I was like having like the funniest time anyways. So I felt like I could could've maybe followed into the weekend…"

> "Sometimes I wish we kind of separated the boys and girls a little bit more, maybe because they're teenagers, and so I felt like it was a lot of distractions."

In response to the GONA Aged Up Study Question: Looking to the future, how do you see GONA impacting you?

> "I really think it's going to affect me a lot, especially when I start to have kids and stuff. I want to be able to teach them those four teachings that I was taught at GONA. And I really want to be able to kind of pass on that knowledge and stuff. And hopefully one day they can attend GONA when they're old enough. And I just really want to be able to give my kids that because I didn't really have that growing up. So I want to be able to have or my kids have those kind of teaching."

> I don't know what's next for GONA, I guess, and if I see or hope for change, as much as I would love to be part of the change, I'm obviously working on myself. And so I don't have the time where I'm not completely into it or I feel like it's repetitive or something. So I don't, I never really thought about a future with Gona, but I've always wanted it ever since

I was a kid in GONA. I wanted to be a part of it. And I feel like it could be this big, magical, big thing for our native community and something I would love to bring to my own tribe and stuff.. I would love to be a part of it when I could, but I don't right now or see a future for me with GONA."

In response to the GONA Aged Up Study Question: If you envision having children in the future or considering youth coming after you, how do you see GONA and benefiting those youth?

"I think they would really take time to appreciate the things that I appreciate now. But like at a younger age. And I feel like they will have more of an understanding of how the world works and maybe they can rise up to different positions that I wasn't able to you know, maybe they can be more involved in like my native community and maybe they can be a part of the council one day. Just the endless possibilities of what can come out of like, being able to teach my kids one day about GONA teachings would be just phenomenal."

"I would I would do it again, and if I have to live vicariously through my kids, then I would do it again...It's an experience like, no matter what I like, even if I felt like I got, like I'm literally just saying it's just repetitive. So it's the fact that I would want that experience for someone to be like for a new generation. It's definitely like the most beneficial thing you could do for your kid is to send them to GONA out like there is no doubt in my mind that that is literally...that place changed a lot in my life and I know personally that helped many kids...I have such a deep appreciation for it, and I would. I hope it goes on for generations because it's helped me so much and I need one now, but it's just it's a really, it's a good start and it could be such an amazing thing, like so much more than it is now, and I would want my kids to be a part of that. If I was to have kids, and it's comforting knowing that the community that are the safety net that I got from GONA and [Participating Organization] as a whole. That my kids would be- would have that shared experience and that it'd be something traditional and some tradition and something passed on and something that could just proves that we couldn't do this like 50 years ago, you know, so it's just amazing to be a part of that and to like, even speak like, I can't wait for the future because it's going to be such a good thing for everyone and it's been so benefit, beneficial in my life and probably the only the only motivation to have kids is so they can go to go to. But I would yeah, definitely they would go."

"...and you know how they give, like a lot of like mental health resources, like, oh, if you're struggling with this, like, come talk to us like it's a safe space. And I feel like that that's pretty important."

In response to the GONA Aged Up Study Question: What do you think we need to attend to so that youth get the most benefit possible?

"I honestly think that I know that, unfortunately, excuse me, unfortunately for my kids, they won't be able to register with my tribe, unfortunately, because I'm the last line, because with my tribe, I believe it's through grandparents. That's the oldest like that's the highest that it goes with grandparents. And so I'm already under my grandfather's registration number, and so I don't think I'd be able to give my kids that kind of stuff, so I feel like maybe we should open it up to like non registered members. You know, I feel like a lot of kids are kind of missing out

on that because they're not registered with tribes or they're not federally recognized tribes. I feel like a lot of kids kind of miss out on a lot of those opportunities because, you know, you need documentation of things like that."

"I feel like sometimes. There was so much more to be said and it wasn't always touched on, and then the next year, it would always just be that close to what needs to be explored in our native culture and realize that the progression of the world, we're going to get left behind in it if we don't do something about it and there's so much- there's real issues like it's happening right now, like there's issues that we need to talk about.... we don't just let these kids go to college and have these culture shocks by everything...and I felt like I lost- when I left GONA, I lost that.... that cushion or whatever for a bit. And because I went to college, because I did what I was supposed to do, but no one told me what to do after that or how do I stay spiritually connected when I'm thousands of miles away from home, like where I did what I was supposed to do. And I feel alone. Like...I wasn't prepared that California Natives were looked at differently….and I felt like that was important for the generation before us to learn about was their historical trauma, which is important for us to know about our history so it doesn't get repeated, but also that the fact that some things are happening right now and how do we be together and how do we put our staple in.now we have these thoughts and you tell us all these things we're supposed to stand up for. But how do we do it? "

In response to the GONA Aged Up Study Prompt: **Please describe the feeling you have right after GONA.**

"I definitely feel some kind of sadness leaving, Gona, because, you know, you make friends throughout the week and you probably won't see them until next Gona because a lot of them live on their [Tribal Lands] and stuff that they probably live not really near [Site Location] at all. So you won't really be able to meet up with them, be like, hey, let's go grab a burger. So I think there's some there's a lot of sadness that comes with it, but there's also a lot of, like, I think pride that comes with it, because you all you've learned a lot about like a lot of cultures and you kind of, you know, stepped up to the plate, you know, probably doing like healthy risks and stuff like that. I feel like there's just a lot of, like, mixed emotions coming out of GONA. But I think overall, in the months after, it's like, I think it's pretty happy."

"I'm like really sad, really upset...because I want more. There was I was just getting started and then it turns into like a good feeling, though, like everything I got from GONA like the friends maybe I gained or the memories... like I've always just wanted to be more... like I just wanted to do more like I wanted to go and ask my grandma to help me make a basket or something like learn those things, because it made me so intrigued just enough. But I guess well, after a few days, you kind of like- reality sets in and then everything's the same or whatever, but at least you have those few extra connections to get a hold in social media or this wanting to find out more about like other events or something that might you might see one of those people again, because just to have those feelings again."

In response to the GONA Aged Up Study Question: In what ways has GONA been transformative, if at all?

"I think it really helped me to, like, blossom as a person. I feel like if I didn't go to GONA, I probably wouldn't be as social as I am now."

“A connection with elders, not maybe my own elders from my own tribe, but having some elders because my tribal elders are almost lost their whole culture. So it's not something I and I'm so far away from my tribe that I don't really get those connections. So it was nice to have actual elders around that had something to give and something to say and advice. And I guess that goes with all the facilitators, like just having other natives in perspective, because when I was younger, there was a lot of times I grew up around non-natives who basically thought natives were extinct. So it was like, it was I found a community. Maybe not, and then I guess in the first year, seeing Pomo dancers where I'm from, then I really did like help clarify that, you know, my tribe is valid in that that's where I'm from and something to be proud of and something I knew and to bring that closer to where I am. So I guess those little things I mentioned were stood out to me more than I guess I couldn't even think about like until can tell now like i didn't know they stood out to me until now.”

“We had this talking circle, we had, you know, kids talk about what they're going through. There is obviously a lot of crying because this was a moment where, you know, you get to share what you're feeling, get out your frustrations that you can't necessarily get out at home. You know, and I remember, you know, I got to talk about my experience as a youth and how... how much I loved going GONA just because of the fact that I knew I was always going to leave with a positive outlook, because that's the main goal. You want to leave with a positive outlook either on yourself, life, your family situation. You just want to leave with a positive outlook. And that's how I always left….So as soon as we started talking, like a lot of kids were talking about their struggles at home, a lot of them are crying because it's just it's so frustrating for them and.. to them, having this one space to talk about what they needed to get out, they felt safe enough to actually trust us with this information and they felt safe enough to actually do that, you know.”

“...to create something so safe and so secure, it does transform you because I literally watched it with one of the kids myself. I literally watched her transform. And then she became one of the most outspoken, volunteered almost every single time for something. You know, one of the main people that you remember, you know, before, beforehand, before everything started, she was kind of like trying to stay away from everybody. And then just that little moment where you could talk about what you need to create that peace for yourself.”

Appropriate use of verbatim quotes or detailed examples to illustrate any repeating ideas or emerging themes that were expressed by different respondents

"...because it's kind of like when you you're there, you kind of become like a family and you create relationships and bonds with people that kind of stick with you for the rest of your life." "They felt heard. They felt safe. They felt loved for the first time." Young Adult Participant

“I learned how to smudge” Youth GONA Participant “yeah, I’m excited about that [learning how to smudge]” Youth GONA Participant, https://sv-se.facebook.com/AIHSCORP/videos/489777828279782/

C. SYNTHESIS OF FINDINGS

- Clear, succinct and concrete descriptions or information provided on the following (select a rating for each one)
- Mixed methods approach or data triangulation findings presented
- Convergence or divergence of findings across methods and/or data sources

D. OVERALL PRESENTATION OF FINDINGS

- Clear, succinct and concrete descriptions or information provided in the following areas (select a rating for each one)
- Results presented in simple and clear terms, as well as arranged in a logical sequence without bias
- Evaluation questions all addressed by quantitative and/or qualitative findings (both negative and positive findings) or explanation provided for those that couldn't be answered (this information may be reported in other sections, e.g., evaluation questions)

<u>Figure 5.</u> Word Cloud of Common Challenges to Overcome

Much discussion focused on the challenges related to GONA planning and implementation. Challenges revolved around community engagement and ownership; collaboration and needs for more technical support; adapting the GONA to the changing needs of the community; expanding GONA throughout the year in other programming and services; and ongoing capacity building for training a local workforce to sustain the GONA over time. These challenges are presented in Figure 6 below.

<u>Figure 6</u>. Common Challenges to During Planning / Implementation

A number of major GONA Collaborative products were also accomplished throughout the project and are presented in Table 22.

Table 22. Major GONA Collaborative Products

Major GONA Collaborative Products	Brief Description	Audiences
GONA Fidelity Tool	Developed by seasoned GONA facilitators, the Fidelity Tool supports tracking of the various therapeutic components of the GONA curriculum to increase fidelity to implementation.	GONA Facilitators, Evaluators, Administrators
Personal Balance Tool	Developed and published by the Fresno Native Youth Council in the Journal of American Indian Alaska Native Mental Health Research as a youth- driven holistic self-assessment tool used in the GONA curriculum and in prevention, treatment, and recovery support individualized care plans.	Youth, Staff (GONA, prevention, treatment, etc.), Evaluators
Cultural Connectedness Scale-CA	Developed, standardized, validated and published by the Native American Health Center with guidance from the Bay Area Blanket Weavers and statewide through the GONA Collaborative partners participating in the feedback and norming process with local community members.	Youth, Adults, Staff, Evaluators
GONA Therapeutic Value Brief	A therapeutic crosswalk with the GONA Fidelity Tool to help translate traditional indigenous best practices into western clinical best practices.	GONA Facilitators, Therapists, Administrators, Policy Makers, Funders
GONA Evaluation Training Series	A series of online training tools to support implementation of the GONA evaluation, which includes use of the GONA fidelity tool.	GONA Facilitators, GONA Staff/ Volunteers, Evaluators
GONA Collaborative Toolkit	An online toolkit that includes many GONA tools and resources developed by GONA Collaborative members, such as policies, procedures, flyers, educational videos, registration packets, codes of conduct, etc. The toolkit has been updated over the years by Collaborative members as new resources have been developed.	GONA Facilitators, GONA Staffs/ Volunteers, Administrators
GONA Publication	The Gathering of Native Americans Intervention: Cultivating Hope and Meaningful Relationships for Urban American Indian Adolescents in California was published by a local indigenous young adult working toward a master's degree from the University of California- Berkley in the Journal of Adolescent Health [Feb. 2017, 60, 2(1)]	Community broadly, Staff, Administrators, Policy Makers, Funders, researchers

Challenges/Solutions in GONA Recruitment, Registration

Challenges were identified in registration of youth outside the community, collection of registration packets, parent/community education and buy-in. Some potential solutions identified were increasing outreach efforts with other organizations and increasing avenues for youth registration at powwows and other community events. Another alternative was to have clinicians/staff facilitate rapid orientation of parents and youth on-site for GONA participation and creating online registration with a DocuSign for increased flexibility. Utilizing other departments/organizational partners engaged with families could also support a quicker and larger turnaround of registration packets. In addition to easing parents worried about their youth attending GONA, assigning a staff member to update parents so youth are able to learn without distraction. Another idea was to host GONA family nights to show videos of past GONAs so parents have a better understanding of the GONA event; or using technology through virtual meetings with youth and parents to help them prepare. Other strategies included mini-GONAs during school breaks so that parents can better see the outcomes of the work of the GONA.

Challenges/Solutions for involving Behavioral Health Clinicians at GONA

There have been many challenges in obtaining behavioral health clinician support for the entire four days of GONA, which includes both the education of the clinician and the administration of the organization who makes decision about clinician attendance. Challenges have emerged when, 1) administrators do not support consistent attendance of clinicians who are skilled in working with Indigenous adolescents to be present for the entire GONA event; and 2) providers who attend the GONA but do not understand the therapeutic value or participate in the GONA but rather sit in the sidelines. Solutions identified have been to "GONAize" the clinical administration and providers to ensure they have a solid understanding of the therapeutic value and using the GONA Therapeutic Value Brief to help with education. Another suggestion was to change the way in which attendance at the GONA is seen from "I have to go," to "I get to go" and finding other ways to get partners involved by inviting stakeholders to the last day of GONA so youth can share back what they've gotten out of GONA. Participants believed that policies need be strengthened for the consistent involvement of behavioral health providers.

Challenges/Solutions in Evaluation

While evaluation has been an important tool for the GONA Collaborative in building evidence base and capacity for GONA, there are a number of challenges to overcome including the process of planning for and implementing the evaluation with local sites; community fear/distrust related to perceptions of "being evaluated," including the evaluator and evaluation process while minimizing the evaluator or evaluation process disruption in the implementation of the GONA curriculum; and how feedback is shared with the community. The 6-month follow up sample size was also identified as a big evaluation challenge.

Some suggested solutions included the presentation of evaluation feedback in a more traditional (indigenous) strength-based way; including evaluators in the process so it does not interfere with the process; and providing oral or qualitative feedback and not the numerical or quantitative components of the fidelity tool. Using the 6-month follow up time as a GONA Reunion and making it fun (example was an escape room building on culture with the Clans for a 6-month Clan Challenge).

Participants reviewed the values of Community Based Participatory Research (CBPR) model and facilitators prompted the question, “What would be ideal for the GONA evaluation using the CBPR approach?”

Some sites noted having a local evaluator who is familiar with the multi-level process of community-approved evaluation activities through Youth, Parent, and Evaluation Advisory Boards helps to ensure community members are on the same level. While the GONA Collaborative evaluation team has engaged existing Youth and Adult advisory groups with some sites, not all sites had established advisory groups in the past. Reengaging the values of CBPR with sites across the Collaborative as it expands was also identified as an important strategy. It was also discussed that an important strategy is to ask for the evaluation training and technical assistance needed as well as the technical assistance professional(s) in the GONA Collaborative that is the best fit to assist your team.

A clear strategy identified was a review of GONA data to date to sharing the gains that have been made through the evaluation, funding and outcomes that have resulted from the evaluation activities of the Collaborative partners; and then connecting the evaluation to benefits for the community. To address some confusion about the process evaluation, increased education about the purpose, limitations and benefits of having a process evaluation for GONA sites and the scope of the process reports for full transparency on how the evaluations can be used will be important.

Solutions were discussed for better engaging youth in the evaluation development and participation in surveys. Historically large packets made it very difficult for youth to complete the tools and these have grown since the CRDP has imposed an additional state-wide study. Participants discussed the importance of engaging youth as “experts in their own lives” in the development of evaluation tools and incentives used.

Related, creating alternatives of the incentives for participation so they are more cultural and reciprocal, and more in line with GONA teachings (like risk offerings) was suggested as a way to overcome the challenges that youth who want to participate feel like the surveys are a “transaction” of payment for their information. Participants noted that data is very important to get funding and to improve the way the community thinks about evaluation so they understand that “data is community currency” to apply for other funding.

Challenges/Solutions Intensity of GONA

Given the fact that the GONAs being implemented are at least four days including overnight as has been demonstrated to be more effective than abbreviated and/or day GONAs for therapeutic processing and support, the challenge for enough adult staff and volunteers is great for adequate 24-hour coverage. Coverage also means 24-hour therapeutic coverage for western therapists and traditional spiritual people or healers in attendance, in addition to youth workers, facilitators, etc. Adults at the GONA are often working very long hours, getting little sleep and time to rebalance. Challenges have also emerged for paid staff in getting rest or leave time after putting in a long week and/or adequate financial compensation. It was indicated that labor laws may also impact this process of staffing a GONA. Solutions included establishing a contract with mental health providers to relay expectations, increase involvement of site directors from planning to

implementation to push for continued GONA advocacy, and strengthen volunteering and mentoring programs for community members and Transitional Age Youth.

Challenges/Solutions in Addressing Youth Conflict

Youth conflict arising at the GONA was identified across the sites as a challenge and is expected given that many youths may come from homes in which unresolved conflict is the norm and because the GONA curriculum may trigger a trauma response on the day of Mastery. Related are challenges with limited policies and procedures to support the conflict resolution process at the GONA. Conflict may be intergenerational between families and include gossip and hearsay. Some solutions identified were focusing on restorative justice and trauma-informed policies and procedures to empower peacekeepers to resolve conflict effectively and lean on staff when things are too overwhelming; utilizing adult volunteers; ensuring there is mutual understanding on a curriculum level and cultural competency; and having a formalized trauma-informed policy and procedure for conflict resolution for both youth and adults to know about and use.

Challenges/Solutions in GONA Planning

A number of challenges were raised regarding the planning process including lack of involvement of youth and community members in planning, the reentry process for community members that want to be volunteers but cannot pass background checks, transportation, and lack of preparedness of adults supporting the GONA event. Solutions included the inclusion of youth in the planning process and opening access for youth that want to join remotely to offer feedback on activities for the following GONA, as well as getting the Youth Council and Advisory Boards to attend Training of Facilitators. Offering bus tokens in urban areas and getting staff certified to drive larger vehicles have been solutions. Another solution identified was to add more workshops for clarity and include youth in implementation/recruitment process and a half-day training of staff/volunteers to go through policies and procedures for readiness as well as bringing in leadership and a 2-3day GONA staff/volunteer retreat for team building. The group discussed the importance of considering recovery-informed policies and procedures so that healthy community adults in recovery can support the GONA and as mentors/role models.

Challenges/Solutions Youth Stages of Development

Given the large developmental span of youth participants from 12 to 17, a challenge identified across the sites is considering how to create programming and responses that meet the developmental stage of participants. For example, in conflict resolution or addressing a trauma trigger, the appropriate intervention for a 12-year-old may differ significantly from the intervention of a 17-year-old. A potential solution identified was to develop GONA for more targeted developmental age groups so that communities have GONAs for older and younger youth.

Challenges/Solutions Sustainability of GONA

Sustainability is a challenge. If the clinic does not offer the GONA or have funding, there is no GONA. Community becomes dependent on the clinic for a GONA to happen. Funding for the GONA Collaborative is coming to an end with no secured funding to continue the statewide GONA efforts. There were also identified challenges with federal or state funding that come with "strings attached" which limit the ability to meet the needs of the community and to infuse culture throughout the event. Solutions include handing the GONA over to the community to "own," to carry it forward and training youth and community members as facilitators. Other

solutions included using data regarding effectiveness and impact of the GONA to apply for more funding and to consider how the funding could be achieved through reimbursements of GONA as a prevention, treatment and recovery support intervention for indigenous youth. Others identified strategies for fundraising for non-restricted funds.

Challenges/Solutions Ongoing Cultural Infusion

Location was often identified as a challenge, in addition to the ongoing cultural infusion into the curriculum, which must be fresh year after year to keep returning youth engaged. Lack of sensitivity of non-Native adults was also identified as a challenge for cultural infusion (examples, complaints from camp location staff when smudging). Solutions included getting in touch with the land/natural elements of the earth, incorporating the spirit table every day of GONA facilitation, and assigning a keeper of the spirit table and sacred fire. Other solutions were to engage non-Native staff in orientation and cultural education around spiritual practices to ensure clear understanding and expectations for cultural interventions. Including Non-Native people to participate in the GONA and finding healthy ways to bring them in is a solution to cultural connections and learning. Participants discussed the importance of working with cultural elders and spiritual leaders to infuse ceremony into the event as an important strategy. For example, the group discussed the importance of adding emphasis on the Letting Go Ceremony in the GONA curriculum that is adapted from location to location to fit the local ceremonial practices for letting go of trauma, grief, and loss.

DISCUSSION AND CONCLUSION

Discussion and interpretation of findings

Data across these longitudinal and cross-sectional mixed method studies provide additional support for the positive impact that GONA is making in California urban Indigenous communities. Data from the youth outcome study demonstrates consistently positive findings overall across important cultural protective factors that have been linked to positive mental and behavioral health and wellness outcomes. The GONA Aged Up study was consistent in that, years later, a random selection of adults with previous GONA experiences in these same communities consistently reported positive messages about the impact of GONA on their lives, in their way of thinking, and way of living healthier. Process evaluation data also identified important system and community level outcomes related to the local Indigenous youth and community advocacy efforts, policy changing, and growing indigenous workforce in mental health and social service related fields.

Another important outcome of this project is that the GONA was effectively replicated across three sites at different developmental stages of GONA implementation with similar outcomes. This speaks to the generalizability of the GONA, especially because these areas varied tremendously by context (San Diego, Fresno and surrounding rural; and San Francisco/Oakland Bay Area). GONAs have also been implemented among collaborative partners in creative ways including:

- Staff training in cultural competence and as a strategic planning retreat for all employees
- Workforce GONAs for transition aged youth
- Foster Care GONAs in partnership with a County
- Strategic Planning

Most importantly is that the curriculum content and language used can (and should be) adapted to fit the local tribal nation or indigenous community. GONA is a process-oriented intervention, like Acceptance and Commitment Therapy (ACT) and other Process-Based Therapy, which lends itself to adaptation to local content that matches the local culture and context. For example, in a GONA for youth in a large urban setting conversation content may be about how to address problems with gangs in the city or invisibility as indigenous peoples, while in a rural area the focus may be on isolation, lack of resources or bullying in the schools. While the content can be adapted, the intent for healing and process is the same.

GONA creates a framework and safe process for communities to come together and learn about historical trauma, work on their own healing of that trauma as a community in partnership with local helpers, and generate plans for how the community can unify to solve their own problems together. What makes GONA deep is when the local tribal language(s), values, beliefs, practices, ceremonies, and ways are brought to that framework and process to make it very local and relevant to the everyday lives of the youth and their families. In this way, GONA is a community wide holistic intervention (treatment) that supports communities from healing from historical and intergenerational trauma, grief and loss and results in additional benefits of mobilizing the community, achieving unity of important human resources (spiritual leaders, community natural helpers, professionals, allies, etc.), and advancing local changes for a better future.

Cultural importance and value of findings

The GONA Collaborative began because local community members were seeing the evidence of GONA as an effective intervention in their community to achieve good outcomes with at-risk youth transitioning into young adulthood. While local community members were observing important positive impacts when compared to their experiences with the western mental health approach, there was no data-driven evidence beyond these anecdotal experiences. And yet, the experiences of the community are the earliest form of evidence and when a community gives their time, heart, energy and love to something special that is a demonstration of evidence of something that must be good. An elder consulting on the project said, “Our ways are so special, so sacred, and so valuable that our ancestors were willing to die to save it.” We recognize that while GONA provides a framework and process to support the healing process, the GONA is also a reflection of the value of our traditional tribal practices that are inherently embedded within. In this way, the effectiveness of GONA cannot be separated from the effectiveness of our tribal ways as our cultures are prevention and medicine for healing.

Practical or theoretical importance of findings

These studies indicate the GONA framework and process can be an important component for individual and community healing, is generalizable for use across different communities, and can impact individual, family, system, and entire community change.

Findings relate to the overall purpose of the evaluation, as well as how results relate to **previous findings/research (including those that may have been cited in the introduction)**

The purpose of the GONA Collaborative is to raise the visibility in research of the therapeutic impact of GONA by documenting the evidence that communities were already experiencing. ***These studies have contributed toward that effort and are consistent with other research that suggests cultural interventions to be most important and impactful for indigenous peoples and their***

families and communities to heal.

If appropriate, recommendations for future CDEP implementation and evaluation are included and are based on findings in the report

- **It is recommended that future research focus on the use of the GONA for developing the indigenous behavioral health and related workforce,** as has already been observed among the participating GONA Collaborative sites. Opportunities exist to strengthen the workforce professional pathway to "grow our own" providers and helpers in the community to better meet the needs with cultural relevance.

- **It is cautiously recommended that future work consider how GONA can be reimbursed by Medicaid and other third-party payers** when used for the therapeutic purpose of healing from historical and intergenerational trauma. The caution in this recommendation is to ensure that GONA does not become a pan-indigenous intervention being applied the same way to different communities and/or that GONA fidelity tool is applied in a rigid way that does not adjust for local stages of community development and context.

- **Future research may also examine the impact of GONA used with other effective models, like System of Care and Community-Based Participatory Research**, both of which may contribute to community-driven advocacy and policy change and workforce development.

Limitations

2 to 3 potential limitations of the study with an explanation of the problem (e.g., methodological weaknesses or inconsistencies), how it may have affected results, and what could be done to avoid such problems in the future. Brief and simply acknowledgement that some limitations existed, as they do in all program evaluations and research studies.

Under the western worldview, the lack of a control or comparison group is identified as a methodological limitation or weakness to these studies. Randomized clinical trials have been given the status of the highest standard for research. However, from an Indigenous research perspective, it is as important that the evidence can "stand the test of time" and therefore longitudinal methodologies are often seen as more valuable. In the world of randomized clinical trials, a drug or other intervention can be tested and approved for use in the public within a short period of time, only to find out later that there were limitations to that knowledge over time (Courtet & Lopez-Castroman, 2017; Ebrahim et al., 2014; Henga et al., 2020; Hengartner, 2020; Ventedogt et al., 2009). Having a control or comparison within the same community where a GONA is occurring proves to be difficult when population size is small and interconnected and where GONA youth are impacting friends and family members in their homes and schools.

It could also be interpreted that the change in the Traditions subscale are "inflated" in that GONA supports the practice of tribal traditions and, therefore, the Traditions subscale will show more significant change. However, GONA is intended to increase knowledge and practice of traditions and it is a goal of the intervention to increase a sense of self/identity/connection as an important

protective factor for indigenous peoples. Documenting this change from pre- to post-GONA is considered a positive outcome and was also reinforced by data collected from GONA Aged Up youth and throughout the process evaluation. For instance, some youth never learned "how to smudge" and GONA provided that place and space to teach this and other traditional health and healing practices. Future research should consider how to more closely measure changes in frequency of behaviors of practicing traditions as it relates to GONA experience.

While efforts were made to pool data across multiple sites to increase the sample size, the sample size was still small and limited the analyses that were possible. Small sample sizes are an ongoing challenge with small population research and effort to collect data from multiple sources were needed to triangulate with quantitative data. The fact that the GONA and study findings were effectively replicated across multiple sites bolster the findings as does the qualitative data from the GONA Aged Up Study.

It can and has been identified as a "conflict of interest" when Indigenous researchers are researching with participants in their own community. If in today's world of academics this would be considered a limitation given historical and current day challenges with white biases in the existing research base as it relates to research on Indigenous peoples and other peoples of color, there were a number of protections in place to reduce any conflict of interest. First, one of the researchers was non-Indian and worked in partnership with an indigenous research team. Second, the quantitative data was analyzed by an outside independent statistician. Third, the GONA Alumni interviewers for the retrospective Aged Up Study were different people than were the 3 individuals who analyzed the qualitative data, which included one non-Native graduate Native community student, one member, and one Native independent researcher.

Reiteration of the important findings and/or implications of results

GONA provides an important framework and process for entire communities to heal from historical trauma, grief, and loss as a collective. GONA has the additional impact of mobilizing communities for local change efforts and building a local indigenous workforce to support mental health and related fields. GONA is generalizable through the important process of infusing local tribal language, practices, customs, and beliefs into the framework. GONA has also been applied effectively in these multi-tribal California urban indigenous communities that have participated in the GONA Collaborative effort.

After a decade of work there are several opportunities in front of the GONA Collaborative in the next 10 years. First, GONA has significantly advanced a local mental health and related workforce, in that young adults aging up from GONA are coming back as volunteers and advancing training and higher education in fields like mental health, social work and other related helping fields. GONA is growing a diverse field of Indigenous "change agents" who are already making a difference in the community through advocacy, policy, and on the ground work with communities. Our opportunity is to formalize and strengthen an intergenerational training and mentorship model that would take this workforce development to the next level.

There was documented desire and need for advancement of GONA across the lifespan (early childhood, childhood, young adult, older adults) and year-round. The shift to virtual GONAs in the pandemic provided an opportunity to make GONA a year- round program through the

offering of GONA workshops and events through virtual forums. The virtual connection also resulted in increased participation of entire families who began learning more about their own culture, history, strengths, and abilities to contribute to solutions together.

There is an ongoing challenge and an opportunity to advance GONA as a billable service under state Medicaid and through third party insurance programs. Given that GONA has been funded primarily by grant funds that come and go over time, some communities have reported struggles in getting the resources each year to implement GONA. GONA has been implemented effectively as a prevention, intervention, and recovery support model and many GONAs have community members in all three of these stages at one event. The therapeutic impact matches where a person is in their life journey, whether they are working on maintaining wellness, if they are currently healing from a loss or trauma, and even if they have recovered and are working to maintain their health and sobriety. Creating billing and reimbursement mechanisms would be an enormous step forward in supporting effective culturally based trauma interventions for Indigenous peoples across the continuum of care.

One of the advantages of the GONA Collaborative in implementing GONA and replicating best practices was the sharing of information, tools, policies, and other resources developed through the participating organizations. These resources were organized into an accessible database and have continued to grow as a GONA Toolkit for supporting replication in other communities. Historically, this Toolkit was hosted at the National Council of Urban Indian Health and at the development of this report is hosted by the Native American Health Center. ***Advancing an International Toolkit is an opportunity to support best practice replications of GONA which is already being implemented globally***.

As GONA has grown across the Collaborative sites there have been more requests for Training of Facilitators. Just like with all other professionals, there is a need to receive annual training in the form of continuing education for GONA Facilitators. Formalizing a Fidelity tool for GONA Training of Facilitators has been identified as an important opportunity and next step for ensuring that GONA training is quality and as a mechanism for advancing formalized trainings and mentorship of Facilitators. Advancing evaluation and research around the development of such a tool could support enhanced knowledge and best practices in facilitation training.

As the GONA Collaborative has reached the age of 10, many collaborative members, including the authors, are considering what the next 10 years of the Collaborative could be. First, there is a recognition of the importance of the collaborating and working together to grow statewide and beyond, but also the importance of finding the right funders to support the continued growth of GONA through community driven and participatory approaches. There is a reported intent among collaborating authors to strengthen "GONA Champions" who are promoting advocacy in the communities and increasing linkages between Champions on the ground and leadership/policymakers to advance Collaborative indigenous healing efforts.

In addition to the able, there is also a focus on increasing leadership education, understanding, buy-in, and support of the GONA to expand policy and funding for sustainability and expansion over time. Most importantly, the unanticipated outcome of workforce development that is growing out of the GONA provides one of the most important and unique opportunities for growing the indigenous mental health workforce, while at the same time healing communities.

One or two critical take-away messages from the project

> "If GONAs are going to sustain the communities have to take ownership of it. Workers come and go but the community is still going to be there. Changes in the organization impact community participation but they [community] always come back." Fresno Community member

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LIST OF APPENDICIES

The GONA Collaborative NAHC- California Reducing Disparities Project

1. **IRB Approval**
   Pacific Institute for Research and Evaluation (PIRE): CRDP: Examining Outcomes of the Gathering of Native Americans. (PIRE Project Code: 0871.01xx). May 24, 2017.

2. **GONA Fidelity Tool Revised**

3. **GONA Therapeutic Value Brief**

4. **GONA Retrospective Aged Up Study Methods**

Peer Reviewed Publications/Abstracts Associated with the CRDP Project

Kraus, C., Bartgis, J., Lahiff, M., & Auerswald, C. L. (2017). The Gathering of Native Americans Intervention: Cultivating Hope and Meaningful Relationships for Urban American Indian Adolescents in California. Journal of Adolescent Health, 60(2), S1.

Paul Masotti, Janet King, Shir Hadani & John Dennem. Culture is Prevention – The Cultural Connectedness Scale: Development, Use and Future Potential. First Annual National Native Health Research Conference. Healing Ourselves: Cultural- and Traditional Medicine -Based Approaches to Sustainable Health. Book of Abstracts. Denver, CO. September 18-19, 2017.

Frolayne Carlos-Wallace, Valentine Anthony, Janet King, Marina Letson, Paul Masotti, Jami Bartgis. Cross-site Evaluation of the Gathering of Native Americans. APHA Annual Meeting & Expo. Book of Abstracts. San Diego, CA. November 10-14, 2018.

Paul Masotti, John Dennem, Shir Hadani, Janet King, Janice Linton & Bonnie Lockhart. Culture is Prevention Project: Development of the Cultural Connectedness Scale-California for use in Multi -tribal urban communities. APHA Annual Meeting & Expo. Book of Abstracts. San Diego, CA. November 10-14, 2018.

King, J., Masotti, P., Dennem, J., Hadani, S., Linton, J., Lockhart, B., & Bartgis, J. (2019). The Culture Is Prevention Project: Adapting the Cultural Connectedness Scale for Multi-Tribal Communities. American Indian and Alaska native mental health research (Online), 26(3), 104-135.

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Cultural Connectedness Scale-California