



Application ID: 2018-1778-G

Application Type: Grant Cycle

Organization: Mountain-Pacific Quality Health Foundation

Primary Contact: Amanda Eby

Project Title: Implementing Trauma-Informed Care and Approaches with Montana Indian Health Care Organizations

NOTE: Your application will not be automatically saved. Please be sure to click the green "save draft" button frequently to ensure you don't lose your work.

CFP Instructions

Montana Healthcare Foundation will consider proposals in three areas for this Call for Proposals

1. **American Indian Health:** Under this CFP, we will address key health and care challenges and the upstream social, economic and educational challenges that drive health disparities. Please note that we are currently accepting two types of grant proposals: competitive grants submitted under this CFP and invited grants submitted under our American Indian Health Initiatives. If you are a tribe, tribal health department, or urban Indian health center (members of the American Indian Health Leaders coalition), please contact MHCF Senior Program Officer Tressie White at tressie.white@mthcf.org before applying, to determine which grant opportunity is most appropriate for your project.
2. **Behavioral Health (Mental Illness and Substance Use Disorders):** Under this CFP, we will support collaborative, systems-based solutions to behavioral health challenges in Montana. We emphasize programs that are likely to become financially self-supporting through third party revenue (i.e., billing insurance), and through creating new partnerships between organizations that address behavioral health prevention and treatment needs by using existing resources more efficiently and effectively.
3. **Partnerships for Better Health:** Under this CFP, we will support the planning and implementation of innovative projects that demonstrate how collaboration between hospitals, community health centers, public health departments, and other community-based organizations can yield synergistic improvements in health, and more efficient use of resources. This portfolio supports collaborative, systems-based solutions that make measurable improvements in health outcomes and are replicable in other Montana communities. Projects funded under this focus area will create new inter-agency partnerships designed to deliver more accessible and effective care; expand the use of care coordination; and strengthen efforts to prevent disease through addressing upstream risk factors such as poverty.

Verification

Call for Proposals

I have read and understand the current Call for Proposals and the vision and values of Montana Healthcare Foundation.

Yes



Focus Area

Please select the focus area you intend to apply under.

American Indian Health

MHCF is committed to working in partnership with Montana’s American Indian people to support healthy communities. Applicants under this focus area must demonstrate support from and collaboration with the appropriate tribal health authorities, such as the relevant tribal council(s), tribal health department leadership, or urban Indian health center leadership. Please upload a letter of support or tribal resolution from each tribe you are proposing to work with in the attachments tab

Select your organization type

MHCF will only fund Montana-based organizations. Montana-based organizations that are eligible to apply for funding include: Tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code). Tax-exempt educational institutions State, tribal, or local government agencies

Tax-Exempt Organizations

Eligibility Criteria

To be eligible to apply, you must comply with all criteria stated below:

- This program will service communities in Montana.
- We have not received three consecutive declined requests for the same project.
- We verify that the proposed project will not supplant other sources of funding. Please review MHCF's guidelines on [supplanting](#).
- We do not discriminate by reason of race, religion, gender, national origin, sexual orientation, or political orientation.

I have read and confirm that each statement above is correct.

Yes

Use of Grant Funds

Montana Healthcare Foundation does NOT fund the following projects or activities:

- Individuals
- Capital campaigns
- Operating deficits or retirement of debt
- Construction projects, real estate acquisitions, or endowment
- Fundraising events
- Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945(d)(1)
- Activities supporting political candidates or voter registration drives, as defined in IRC, section 4945(d)(2)
- Large equipment purchases (for example: medical equipment, vans), where such purchases constitute a substantial portion of the grant budget
- Medical research or research lacking a direct, targeted, and practical benefit to Montanan's health
- Organizations or foundations for redistribution of funds via sub-grants

I have read and confirmed that funds will NOT be used for the listed activities.

Yes

Organization Information

Board List

If applicable, please upload a list of the names and affiliations of your board of directors.

[Mountain-Pacific_Board_of_Directors.docx](#)

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Total Files: 1

Organization Description and Mission

Briefly describe your organization and mission.



Mountain-Pacific Quality Health is a nonprofit corporation that partners within our communities to provide solutions for better health. We first opened our doors in Helena, Montana, in 1973; since then we have broadened our reach to include Wyoming, Alaska, Hawaii and the U.S. Pacific Territories of Guam, American Samoa and the Commonwealth of the Northern Mariana Islands. We partner with health care providers, practitioners, stakeholders and patients on a variety of quality improvement initiatives to achieve better care, better population health and lower health care costs.

Our vision is to be a recognized leader for driving innovation in health care. Our mission is partnering within our communities to provide solutions for better health.

Executive Director or Chief Executive Officer Contact

Please list your organization's Executive Director or Chief Executive Officer's name

Sara Medley

Executive Director or Chief Executive Officer's Email

Please list the email that is associated with the person listed above.

smedley@mpqhf.org

Primary Project Manager Contact

Please list the name of the person responsible for project operations

Amanda Eby

Project Manager's Email

Please list email associated with person listed above.

aeby@mpqhf.org

Primary Fiscal Contact for Application

Please list primary fiscal contact for application.



Chris Wall

Fiscal Contact's Email

Please list email associated with person listed above.

cwall@mpqhf.org

Social Media

Facebook, Twitter, YouTube, Other

Facebook Link

https://www.facebook.com/mpqhf/?ref=br_tf

Twitter Handle

@MountnPacific

YouTube Link

<https://www.youtube.com/channel/UCBS67pcPF2JMqe17noKmUYg>

Please provide a brief description of "Other" social media.

If you use social media, please list your web address(s) and/or twitter handle here. If you check the "Other" box above, please provide a brief description.

LinkedIn

<https://www.linkedin.com/company/mountain-pacific-quality-health/>

Request to Share Application Information



Please confirm if you are willing to let us share information about your project with other funders and/or applicants. There are a couple of situations in which sharing your project might help to advance the work you hope to do.

- Foundations and other funders may be interested in contributing to your proposed project.
- Many applicants are working on similar topics and projects, and might benefit from collaboration. When MHCF becomes aware of such related interests, we would like to help by connecting organizations with similar interests, and at times convening discussions among them.

I give MHCF permission to

Share my project topic and organization name with potential funders., Share my entire application with potential funders., Share my project topic and organization with organizations working on similar issues

Demographic Information

Montana Geographic Regions Served

Please select the areas that will be served with this program's funding. Please use this [map](#) for geographic definitions.

Statewide

Montana County Served

Please select the county or counties in which your project will serve.

American Indian Reservation(s) or Urban Indian Population Served

Will your project focus on an American Indian Reservation(s) or Urban Indian Population? Please select any communities that will be served by this project.

Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne, Rocky Boy, Urban

Please provide a brief description regarding "Urban".

Urban Indian Centers of Billings, Helena, Butte, Missoula and Great Falls



Demographic Information for the Population(s) Served

Will any of the following at risk populations be a central focus of your project?

Low income/economically disadvantaged, Children, American Indian/Alaska Native

Project Information

Project Title

Provide a name for your project that describes the primary goal and region or community served.

Implementing Trauma-Informed Care and Approaches with Montana Indian Health Care Organizations

Project Summary

Briefly summarize your project in 200 words or less. Include the goal, partner organizations, region or community served, and expected outcomes.

NOTE: this summary is important, as it will be used in public materials that describe your project, if funded. Please refer to past examples of project descriptions to assist you in developing a concise and informative description. (Note: Applicants may find it easier to return to this question after completing the questions under the "Project Proposal" section.)

Mountain-Pacific will collaborate with Indian Health Service (IHS) facilities, tribal health departments and urban Indian centers to support comprehensive approaches to trauma-informed care that involve organizational and clinical practices in implementing widespread changes to address trauma and its impact on American Indian and Alaska Native (AI/AN) populations in Montana. Mountain-Pacific will provide project management services to facilitate the transformation process to trauma-informed care; engage tribal leaders and members in the planning and implementation; train staff on trauma-informed principles and approaches; design, track workflows for trauma screening; develop an emotionally safe environment; determine and ensure safeguards like compassion fatigue training to prevent secondary traumatic stress in staff; and foster partnerships for referral sources that can monitor and maintain the ongoing mental and emotional well-being of patients and staff.

Project Proposal

Health Problem

What is the health problem you seek to address and its importance? In a few paragraphs, please describe the population and geographic area in regards to county or towns you project would serve, the health problem you seek to address, and why it is important. Are there any particular risk factors or challenges that make this a prominent issue in the population your project will serve?



Montana’s high rates of substance and alcohol use, coupled with mental illness and disparate mental health providers, contribute to residents’ lifelong, chronic physical health problems and Montana’s consistently high suicide rate. All these health issues can be linked back to one issue – untreated trauma. Trauma is a significant health problem, revealing the link between traumatic childhood experiences and physical and behavioral health problems in adulthood. Teaching organizations and communities to acknowledge and understand the importance of addressing patients’ trauma is key to engaging them in their health care, improving their health outcomes and reducing utilization.

Trauma is a dominant health problem on Montana reservations. According to the National Native Children’s Trauma Center (NNCTC), research suggests Native American youth are at an increased risk of trauma, depression and post-traumatic stress disorder (PTSD) as a result of grief and exposure to violence. The risk factors on Montana reservations that contribute to trauma include violence, low income and lack of education and, in turn, the family breakdown in Indian communities. Behavioral and social determinants of health such as income, housing, employment and access to transportation and healthy food have a much more significant affect on overall health than traditional health care delivery, which drives only 20 percent of health outcomes. Trauma affects all social determinants of health, because it affects a person’s overall ability to function.

According to the Tribal Youth Program and Tribal Juvenile Healing to Wellness administered by the Office of Juvenile Justice and Delinquency Prevention, Indian populations have been impacted by various kinds of trauma, including cultural trauma, which is an attack on the fabric of a society and affects the essence of the community and its members; historical trauma, a cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations; and inter-generational trauma, which occurs when trauma is not resolved, subsequently internalized and passed through generations. Tribal members also experience more trauma due to grief and loss compared to other Montanans. Preventable deaths occur related to violence, suicide, auto accidents and chronic disease. Continuous losses damage the sense of safety and security, continuity and generational relationships among tribal communities. Montana Indians continue to suffer when their tribal communities produce multiple generations of family members with repeated exposure to trauma, contributing to toxic stress without protective resources in place, which results in poor coping, the inability to function productively and poor relationships (often due to behavioral health issues).

Project Description

Provide a detailed description of the project that would be funded by this grant. If the proposal involves a new health program or service describe the new service in detail. If it involves an expansion of an existing program or service, describe, in detail, what will change. How does this project relate to other work that you are currently doing or plan to do? If there other sources of funding for this work or related aspects of the project, please describe the related work and explain which specific aspects of your project would be funded by MHCF grant.



Year one will lay the groundwork for transforming organizations to trauma-informed cultures. We will incorporate tribal healing methods into guidance from the SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach and the Center on Health Care Strategies' *Advancing Trauma-Informed Care Initiative*.

Governance & Leadership: Garner support from leadership to implement and sustain a trauma-informed approach and identify leaders for transformation; analyze National Native Children's Trauma Center (NNCTC)'s recommendations to incorporate into project plan; develop project plan for incorporating trauma-interventions that respect tribal culture.

Policy: Research trauma-informed policies to adapt and incorporate into each organization's mission; develop policies for organizational processes and relations with cross-sector agencies and community-based organizations.

Physical Environment: Support designing a nonthreatening, inviting, calming, safe and supportive environment through collaboration and shared areas.

Patient/Tribal Member Involvement: Engage patients/tribal members in planning process; assist with obtaining patient feedback on environment, trauma-screening tools and cultural healing methods.

Cross Sector Collaboration: Foster partnerships with community-based, state and/or regional organizations that support a trauma-informed approach and encourage traditional healing as part of the treatment process. Facilitate communication with partners about goals and priorities for trauma-informed care.

Training and Workforce Development: Work with each organization's human resource department to incorporate trauma-informed principles into the hiring process, supervision and staff evaluation; assist with developing policies/procedures to support staff with trauma history or experiencing secondary trauma; train staff on policies/procedures, trauma-screening tools and referral processes, de-escalation, follow-up and support.

Year two will transition the governance structure and training foundation into action.

Screening, Assessment and Treatment Services: Assess organization's ability to provide trauma-specific treatment, addressing gender-based needs for trauma screening, assessment and treatment; Assist with selecting trauma screening tool(s) and develop workflow for implementation, e.g., Life Events Checklist (LEC), [Abbreviated PTSD Checklist – Civilian version \(PCL-C\)](#), [Stressful Life Experiences \(SLE\)](#) screen, PTSD Checklist, Trauma Symptom Checklist for Children (TSCC); implement/test screening tools with workflows.

Progress Monitoring and Quality Assurance: Facilitate plan-do-study-act (PDSA) cycles for trauma-screening workflows to assess implementation progress and identify strengths and weaknesses; guide monitoring of trauma-informed principles, goals, trauma-screening tools, treatment and referral follow-up rates.

Partners

What partners are essential to successfully implementing this project?

Identify the organizations you will partner with to complete this project. Do not simply list the names of partners: instead, please clearly describe the role and contributions of each partner in your proposed project. Be sure to provide specifics, including a description of new partnerships, the time, expertise or assets that each partner will contribute. Refer to our selection criterion on Partnerships in the CFP to understand how MHCF evaluates the strength of an applicant's partnerships.



To comprehensively implement trauma-informed care and make a meaningful impact in the Indian communities of Montana, Mountain-Pacific must strengthen existing relationships with all three types of Indian health care facilities: IHS, tribal health and urban centers. These facilities include Blackfeet Service Unit, Crow Service Unit, Flathead Tribal Health, Fort Belknap Service Unit, Fort Peck Service Unit, Northern Cheyenne Service Unit, Rocky Boy Tribal Health, Indian Health Board of Billings, North American Indian Alliance (Butte), Indian Family Health Clinic (Great Falls), Helena Indian Alliance and Missoula Urban Indian Health Center. Mountain-Pacific has existing relationships with the IHS Area Office, service units and tribal communities through a Centers for Medicare & Medicaid Services (CMS)/IHS-funded project, Partnership to Advance Tribal Health (PATH). We will build relationships with the urban centers by listening to their population needs regarding trauma and finding shared goals for building trauma-informed approach partnerships that incorporate SAMHSA principles and tribes' cultural priorities.

Mountain-Pacific staff will provide project management expertise to support tribal leaders and various Indian health administrators and staff to implement trauma-informed principles. We will use Indian health leaders' input to create project plans, research and recommend methods and tools, design workflows, monitor and provide feedback, facilitate meetings and foster partnerships. Administrators from participating Indian health organizations will need to consider Mountain-Pacific's recommendations such as policy templates and screening tools, train staff on trauma-informed approach principles and screening and consider feedback and data analysis for trauma-informed care quality improvement.

Another possible partner to be recruited is the Montana State University Center for American Indian and Rural Health (CAIRHE). CAIRHE's mission is to reduce significant health disparities in tribal and non-tribal rural communities through community-based participatory research that is considerate of and consistent with cultural beliefs. Mountain-Pacific will reach out to CAIRHE if additional guidance is needed for incorporating cultural beliefs into the organizations' project plans, for data to help focus project plans or for support in partnering with reservation-based organizations

Lastly, Mountain-Pacific and the Indian health organizations will use the following national organizations for guidance and resources to implement trauma-informed care approaches: NNCTC, Indian Country Child Trauma Center, Mobilizing Action for Resilient Communities (MARC), Office of Juvenile Justice and Delinquency Prevention Tribal Youth Program and Tribal Juvenile Healing to Wellness, Center for Health Care Strategies, Inc., SAMHSA and Elevate Montana.

Sustaining the Project

Montana Health Care Foundation grants are not intended to provide ongoing funding for programming beyond the term of the grant, and the Foundation does not usually provide renewal grants. Will this grant support activities and provide impact that you hope to continue beyond the term of the grant? If so, please describe how you intend to fund them.

Is there a potential for funding part of the program through billing insurance or other private parties? Do you expect the project will generate savings for the health system through improving health outcomes and, if so, could hospitals, clinics, or insurance carriers be a potential source of ongoing funding through a shared savings agreement or other partnership? If there are partners that stand to benefit from the project, are they willing to commit funding to sustain it after the startup phase?

Note: If this is a planning grant, you may answer "This is a planning grant; sustainability will be addressed during the planning phase."



Sustainability for trauma-informed care will largely be created by the policies and procedures organizations create to define and guide the model to continue without funding and despite staff turnover. The Billings Area Office has expressed concern for needing standardized language and policy on trauma-informed care. Once those policies are implemented (especially those for human resource departments) and staff is trained, an infrastructure will be in place to support organizations in continuing this model. However, Mountain-Pacific will work with the Indian health organizations to investigate options for billing Medicaid and other payers for trauma screenings, treatment and referrals. IHS will work with their Resource and Patient Management System (RPMS) data system to create tabs specifically for trauma screening and treatment data. Sustainability will depend on IHS' ability to modify its current electronic health record (EHR) system to have functionality and structure to track and support trauma screenings and treatment. Also, Mountain-Pacific has proposed supporting tribes in implementing the Medicaid Tribal Health Improvement Program (T-HIP) and related quality improvement programs. T-HIP could be a mechanism for supporting this work for at least the immediate future.

Sustainability can also be linked to the cost savings from trauma-informed care. There is a scientific basis to connect health outcomes, health care spending and utilization to adverse childhood experiences. The original Adverse Childhood Experiences (ACE) study from the late 1990s has been repeated many times and still proves that the amount of trauma a person endured as a child is the best predictor for health care spending and utilization, poorly controlled chronic illness, obesity, substance abuse, smoking and teen birth. An effectively implemented trauma-informed care program will increase patient engagement, because patients feel more supported, so they will be more likely to go to scheduled appointments and check in with their providers, Taking control of their physical and mental health will improve patient outcomes and reduce utilization, thereby creating cost savings. The reincorporation of community and traditional healing methods will provide additional support to trauma victims and contribute to program sustainability.

Value and Impact

Please provide a general discussion of the overall value and impact of the project to the communities you seek to serve.

Implementing trauma-informed care creates an opportunity to bring cultural healing back to Montana's Indian communities by creating a renewed sense of trust in the power of their own traditional healing methods to recover from trauma. Trauma-informed approaches can be implemented across the health care sector and among collaborating Indian health organizations to improve care for individuals with a history of trauma. The Billings Area Office recognizes the value of trauma-informed approaches to improve the mental and physical well-being of service units' staff and patients, because the awareness and acknowledgement of trauma play a significant role in decreasing social determinants of health, leading to improved patient outcomes, decreased costs and increased staff and patient resiliency. Implementing trauma-informed approaches will empower patients; provide options for patients that cater to their personal health and treatment preferences; enhance collaboration among staff, patients and families in treatment planning and develop settings that ensure patients' emotional safety.

Challenges

Please briefly describe any challenges, barriers, and risks that might make it hard for you to accomplish any of the project goals. How will you overcome these challenges?

Mountain-Pacific and Billings Area Office (BAO) staff will collaborate and strategize on how to overcome various challenges that are culturally rooted in disparities among tribal and non-tribal communities. The BAO aims to dissipate cultural differences between providers and tribal members and the challenge of getting them both to understand the power of cultural healing methods to recover from trauma. Another challenge is overcoming the fear of consequences of using traditional healing methods and restoring faith in the power of those methods, which has been lost in Indian communities over generations. The BAO seeks to convince providers to incorporate traditional healing methods into patient care plans. Mountain-Pacific will work with the BAO to surmount these challenges by listening to tribal leaders' concerns and goals to create a sense of community trust. Finally, it is risky addressing trauma, because it could induce secondary trauma. Mountain-Pacific will work with IHS project leaders to create safeguards to prevent secondary trauma via trusting relationships, emotionally safe environments and training about trauma-specific treatments.



Work Plan

1. Create standardized policies and procedures within each organization for trauma-informed approaches by March 31, 2019.
2. Design emotionally safe environments within organizations and involve trauma survivors in the planning process by June 30, 2019.
3. Engage partners across the health care sector and community-based organizations in trauma-informed approaches by September 30, 2019.
4. Train clinical and non-clinical staff on trauma-informed principles, policies and procedures, trauma screening tools and treatment options or referral processes by December 31, 2019.
5. Implement and test selected screening tools with workflows designed to allow for flexibility to incorporate traditional cultural healing methods – starting in January 2020 and continuing through the year.
6. Guide ongoing monitoring, tracking and evaluation of the implementation of trauma-informed principles; progress of tribe-specific goals; effectiveness of trauma screening tools, treatment and rates of referral follow-up – starting in January 2020 and continuing through the year.
7. MPQH will engage with tribes and urban programs to determine their needs and support for the project by January 31, 2019

Outcomes

Outcomes

1. Each IHS service unit, tribal health department and urban center has trauma-informed policies and procedures in place, including staff training materials and guides for trauma screening, treatment or referral.
2. Indian health organizations' clinical and non-clinical staff realize the impact of trauma, recognize the symptoms and understand how to appropriately respond.
3. Indian cultural healing methods are accepted and encouraged as tools to building resiliency and recovering from trauma.

Work Plan

Use of Montana Healthcare Foundation Funds

	Year 1	Year 2	Total	Description
Requested Amount from MHCF	\$53,324.80	\$44,959.20	\$98,284.00	

MHCF Expenses



Total Project Expenses	\$75,563.60	\$63,866.62	\$139,430.22
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Net Project Surplus/Deficit

	Year 1	Year 2	Total
Net Project Surplus/(Deficit)	\$0.00	\$0.00	\$0.00

Annual Project FTE's

	Year 1	Year 2
Annual Project FTE's	0.45	0.39

Work Plan Detail

Please describe any additional information regarding your work plan that you would like to share with MHCF.

NOTE: if your proposal is funded, MHCF will work with you during the grantmaking process to finalize the Work Plan.

We will divide this project into two phases that will coincide with the two years of the contract. Phase one/year one will focus on providing a foundation for preparing organizations to provide trauma-informed care. Trauma-informed care acknowledges the need to understand patients' potential trauma to effectively improve their engagement, adherence to treatment and health outcomes and to improve provider and staff wellness. The mission for phase one/year one will be to meet the needs of the tribal members, recognizing that there is no universal definition of trauma. Each organization's model for trauma-informed care will be tailored according to the tribe's culture. We will incorporate tribal healing methods and activate patients in their own healing and treatment.

Key components of phase one will include leadership buy-in and engagement, development of standardized policies and procedures, creating a safe and supportive environment, collaboration with community, state and regional organizations and comprehensive training for all levels of clinical and non-clinical staff.

Phase two/year two of the project will transition the governance structure and training foundation into action. Mountain-Pacific staff will work with Indian health organizations to design, test, monitor and implement trauma screening tools and workflows. We will support staff with trauma treatment and referral processes according to the organization's resources and monitor and offer feedback to maximize strengths and improve weaknesses of trauma-related workflows.

Further detail of our work plan is outlined in the project description.

Outcomes

Evaluation Plan

Evaluation Plan



Each MHCf grantee is responsible for defining specific desired outcomes, and conducting a limited self-evaluation. Please describe your plans for evaluating this project and effectiveness in achieving outcomes listed above. Specifically:

How will you evaluate the value and impact of this project?

"Outcome evaluation" assesses the results of the program. It may include, for example, measured changes in health outcomes, changes in healthcare quality metrics, changes in revenue, or qualitative outcomes such as new partnerships or policy changes. What will you measure to determine if your project is achieving the outcomes that you hope to achieve? Describe the methods you will use to measure outcomes.

"Process evaluation" tracks the activities involved with implementing a program to identify factors that are necessary for success—for example, tracking meetings held to formalize a new partnership between stakeholders, or tracking revenues to ensure sustainability. How will you evaluate the process of implementing this work?

Mountain-Pacific and BAO staff will collect samples of trauma-informed policies and procedures developed by each organization and assess them for incorporation of trauma-informed principles, cultural sensitivity and standardization. We will also rely on an outside source such as CAIRHE to evaluate these resources. Mountain-Pacific will administer a survey to all organization clinical and non-clinical staff that assesses their understanding of trauma and its impact on those they serve, their ability to recognize the symptoms of trauma and their knowledge and comfort level with responding to trauma. We will have a goal of a 70 percent return rate for the survey. Lastly, Mountain-Pacific will support the BAO in assessing providers and tribal members' confidence in traditional cultural healing methods and their power to support recovery and healing from trauma and to build resiliency.

MHCf Work Plan Updates

The following list the additional outcomes and work plan items MHCf included with your proposal based on our assessment of what is needed for success. The grant proposal approved by MHCf includes the following changes and is what you agreed by signing the grant agreement

- MPQH will engage the tribes and urban programs to determine their needs and support for the project by January 31, 2019

Project Budget

The minimum grant request is \$10,000. The maximum grant request is \$50,000 for a 12-month project, and \$100,000 for a 24-month project. Please enter the total dollar amount of funding you are requesting from MHCf.