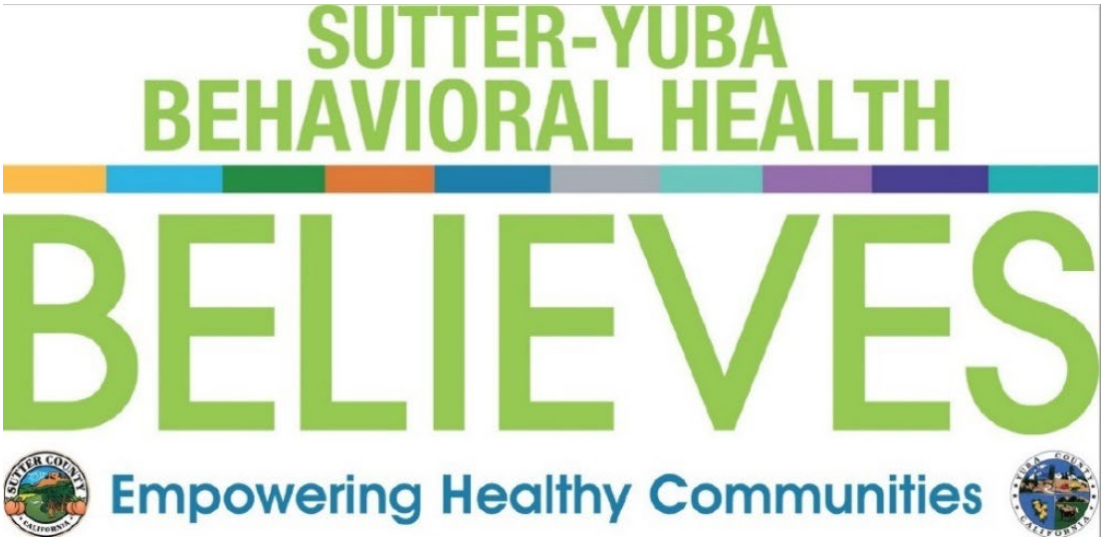

SUTTER-YUBA BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)

FISCAL YEAR 2022-2023

Annual Update

30-day Public Review and Comment:

September 12, 2022, to October 12, 2022

Public Hearing October 13, 2022

2nd 30-day Public Review and Comment:

December 13, 2022 to January 12, 2023

Public Hearing January 13, 2023

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sutter-Yuba Behavioral Health

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

Local Mental Health Director	Program Lead
Name: Rick Bingham, LMFT Telephone Number: 530-822-7200 E-mail: RBingham@co.sutter.ca.us	Name: Elizabeth Gowan, LMFT Telephone Number: 530-491-1701 E-mail: bgowan@co.sutter.ca.us
Local Mental Health Department Mailing Address: 1965 Live Oak Blvd., Suite A P.O. Box 150 Yuba City, CA 95992-1520	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said County/City and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations Section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested part for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December , 2022.

Mental Health Services Act fund are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9 of the California Code of Regulations Section 3410, Non-Supplant.

All documents in the attached Annual Update are true and correct.

Rick Bingham, LMFT	_____	_____
Mental Health Director (PRINT)	Signature	Date

MHSA FY 22/23 – ANNUAL UPDATE FISCAL ACCOUNTABILITY CERTIFICATION

County: Sutter-Yuba Behavioral Health

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

Local Mental Health Director	County Auditor-Controller
Name: Rick Bingham, LMFT Telephone Number: 530-822-7200 E-mail: RBingham@co.sutter.ca.us	Name: Nathan M. Black, CPA Telephone Number: 530-822-7127 E-mail: NBlack@co.sutter.ca.us
Local Mental Health Department Mailing Address: 1965 Live Oak Blvd., Suite A P.O. Box 150 Yuba City, CA 95992-1520	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) Sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations Sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or updated and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county with are not spent for their authorized purpose within the time period specified by WIC Section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Rick Bingham, LMFT _____ _____

Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fun (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC Section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of the knowledge.

Nathan M. Black, CPA _____ _____

County Auditor-Controller (PRINT) Signature Date

BACKGROUND

This summary provides the background and strategies Sutter-Yuba Behavioral Health (SYBH) employed to develop the FY 22/23 Annual Update. In addition, it identifies how the values, learnings and stakeholder input informed the update for this plan.

The MHSA Team consists of the Adult Services Branch Director and the Children's Branch Director as most MHSA programs are operated within these two branches. Rounding out the MHSA team is the Adult Services Deputy Branch director, who is also the county MHSA Coordinator, two Staff Analysts assigned to the Children's and Adult's Services branches, the Community Services Program Manager, and the Prevention Early Intervention Services Coordinator.

The MHSA team developed a timeline to ensure timely completion of each phase and activity related to the plan (See attached MHSA Timeline in Appendices). The MHSA Team also continued to engage the MHSA Steering Committee that was founded with the FY 17/20 Three-Year Program and Expenditure Plan. The MHSA team met with the MHSA Steering Committee for multiple sessions to review the previous Three-Year Program and Expenditure Plan as well as the FY 20/21 Annual Update to obtain feedback and provide comments on current programs.

Following review of all the relevant MHSA regulations and prior plans, the MHSA Team asked for feedback from the Branch Directors and Program Managers over each of their respective MHSA programs. All managers were sent a draft and asked to complete, review, and update the information with their supervisors and staff, identifying goals, targets, sources of data collection, and opportunities for improvement. The draft was also used to identify requests for expansion and new initiatives.

The MHSA team has implemented monthly program development meetings with the full Management team comprised of the Behavioral Health Director, Branch Directors and Managers to look at the MHSA services, including background and data on each of the MHSA components, to receive budget updates and aid in prioritizing services for expansion as well as update on any new initiatives introduced in previous plans. (See attached Program Development Meeting Agendas in Appendices).

With the addition of a new Adult Services Deputy Branch Director in February 2021, the role of MHSA Coordinator has been transferred. The new Deputy Branch Director has knowledge of rules and regulations that guide MHSA programs. She can direct the MHSA team, Program Managers and Supervisors in the complex needs of each department and the planning of the Annual Update.

During the Annual Update, the Staff Analysts and PEI Services Coordinator have been working collaboratively to address areas identified as a priority for continuous quality improvement:

- Data collection and reporting; working with the Electronic Health Record (EHR) technological support, Kingsview, to develop Anasazi MHSA dashboard reports for CSS programs
- Improve access to outcome data contained in the Data Collection Reporting (DCR)

- Development of web-based data collection and evaluation for PEI activities not captured in Anasazi
- Performance-based contract monitoring of MHSA contracts on a quarterly basis
- Informing and educating stakeholders, Behavioral Health staff, and the Local Behavioral Health Advisory Board (BHAB) through quarterly reporting of relevant MHSA data and stories
- Engagement of the MHSA Steering Committee and the BHAB, to review MHSA activities and updates

Three Community Program Planning Process meetings were held. Two were solely in person and one was held as a hybrid in person and via ZOOM, to engage the community and seek input regarding the Annual Update FY 22/23. Two were held on Tuesday August 23rd , 2022. Our Hmong Outreach hosted the early session from 10:30-11:30 AM in Hmong and English, and our Latino Outreach hosted the later session from 4:00-5:00 PM in Spanish and English. We worked with Latino Outreach and Hmong Outreach groups to identify times for the meetings that would work best for their participants. Our final session was held on Wednesday August 24th from 3:00-4:30 PM and was presented in English only. This was the hybrid in person /online meeting.

The Annual Update was posted from September 12, 2022 – October 12, 2022, for a 30-day Public Review and Comment period and was presented to the Sutter-Yuba BHAB on October 13, 2022, at 5:00 PM at 750 Forbes Ave Yuba City, CA. The Sutter-Yuba BHAB is a Brown Act meeting and adhered to all requirements of the Brown Act. The Annual Update was also posted on the Sutter County website at

https://www.suttercounty.org/mhsa

Printed copies of the Annual Update were also made available to be viewed at the Sutter County Administrative Office (1160 Civic Center Blvd #A, Yuba City, CA) and Yuba County Administrative Office (915 Eighth Street Suite 115, Marysville, CA) and Sutter and Yuba County Libraries (750 Forbes Ave, Yuba City, CA and 303 Second St, Marysville, CA, respectively).

COVID-19 Response

With the COVID-19 pandemic effecting millions of people around the World, on March 19, 2020, at 11:59 P.M. Sutter County implemented a Shelter in Place Directive to be in effect until April 9, 2020, or until extended, rescinded, superseded, or amended in writing by the Health Officer of Sutter County. Sutter County has a Joint Powers Agreement with Yuba County to administer the Mental Health Plan and Substance Use services on their behalf, acting as a Bi-County entity; thus, this directive affected behavioral health services provided in Sutter County as well as Yuba County. There have been many changes to the order since that time. New remote work requirements were implemented resulting in up to 50% of staff relocated to work from home, to adhere to social distancing requirements. In-person staff meetings and in-person trainings were replaced with video conferencing and tele meetings, or a postponement altogether of meetings that must be held in-person to have the most beneficial impact.

COUNTY DESCRIPTION AND DEMOGRAPHICS

Sutter-Yuba Behavioral Health serves the communities of both Sutter and Yuba counties. Sutter-Yuba Behavioral Health is unique in that it is the only bi-county Behavioral Health organization in the State of California. The two counties lie about forty miles north of the Sacramento metropolitan area and are separated by the Feather River. The proximity of the cities and the fact that they are in different counties has created a unique partnership between Sutter and Yuba counties that has resulted in the sharing of some key services including Sutter-Yuba Behavioral Health.

The community itself is ethnically and culturally diverse, and includes people of several different backgrounds including Caucasian, African American, Latino, Chinese, Laotian (Hmong), and Asian Indian among others. Spanish is designated as a threshold language due to the large Spanish-speaking population. Though the Hmong and Punjabi Languages do not meet the level of threshold languages, we have many clients who speak these languages and work to have bi-cultural staff who speak these languages. Sutter and Yuba counties' diversity is also reflected in the Asian Indian population. Sutter County has one of the largest Asian Indian communities in the United States for a county of its size.

Yuba County is the home of the 23,000-acre Beale Air Force Base. Sutter and Yuba counties' combined land mass of over 1200 square miles consists largely of rural agricultural land making agriculture a driving force in the economy. In addition to agriculture, the health and education fields make up a large portion of the workforce and economy.

The new 2020 data on the composition of the current population has been provided by the most recent census. The current county populations of 99,633 for Sutter County and 81,575 for 81, 875 for Yuba County reflects a growth rate of approximately 3% from 2010 through 2020. By population, Sutter County is the 37th largest county in California and Yuba County is the 39th largest county.

Sutter-Yuba Behavioral Health's (SYBH) bi-county structure provides mental health services and substance-use disorder services to residents of both Sutter County and Yuba County through a Joint Powers Agreement (JPA). SYBH oversees the full range of clinical operations for specialty mental health and crisis services. On average, SYBH serves over 5,000 unique mental health clients each year.

COMMUNITY PROGRAM PLANNING PROCESS

Sutter-Yuba Behavioral Health (SYBH) is committed to a diverse and inclusive approach in the program planning, evaluation, improvement, and implementation of Mental Health Services Act programs. The Community Program Planning Process is constantly evolving to include the most relevant feedback from stakeholders and consumers at any given point in time. In recent years, the Sutter County Health and Human Services Department has undergone a reorganization of its administrative structure with the addition of three Branch Directors in the various major Mental Health Service areas to provide the most dedicated, focused, and efficient services to address specific populations in the community. As a result of the reorganization, a new Deputy Branch Director who also serves as the MHSA Coordinator was added, and the MHSA team has been able to maintain and strengthen the communication between management and stakeholders in planning and review of MHSA programs.

The Steering Committee has continued to provide a vehicle in which SYBH, and stakeholders can come together to facilitate the course of the Three-Year Program and Expenditure Plan and Annual Updates. The Steering Committee is comprised of various stakeholders throughout the community including consumers, SYBH staff members, education personnel, law enforcement officials, and representatives from various local agencies. Steering Committee members are nominated by officials from local agencies and community organizations. They serve a semi-permanent role for an extended period to maintain consistency in program planning. It is the intent that the Steering Committee meet quarterly for half the year, then monthly during the draft process of the Annual Update. This ensures adequate time to hear all comments and suggestions regarding the direction of SYBH MHSA programs.

Specific comments and recommendations from Steering Committee meetings are identified below:

- Members of the steering committee expressed frustration regarding the required PEI demographics. In their experience students in school get 'turned off' by the gender/sexuality questions and many times stop their surveys and do not partake in activities
- The Steering Committee spent a lot of time discussing outcome measures and how to improve those. They were encouraged to see the work of SYBH on dashboards for outcome measures and are looking forward to seeing ongoing and regular results from these.
- For PEI measurements with youth, particularly in schools, members of the Sutter County Superintendents of Schools and Yuba County Office of Education are collaborating with SYBH MHSA staff to develop outcome measures for MHSA PEI and some school funded prevention programs and services. The development time for this outcome tool is Spring and Summer of 2022. The implementation goal is school year 22/23
- The Steering Committee has expressed concern over the homeless population and lack of supportive/low-income housing. Though they would like to see increases in any of these

services they specifically requested that the HEART program be expanded. Two additional positions (one SUD certified Intervention Counselor and one Prevention Services Coordinator) were subsequently added to the PEI funded homeless services teams.

- The steering committee wants SYBH to review services to the 0-5 age group, collaborating with Sutter and Yuba First Five Commissions to see if there is a need for more services and a productive way to collaborate
- The steering committee dedicated significant time to discussing community needs related to Perinatal Mood and Anxiety Disorders. After this discussion, committee participants from the Sutter and Yuba First Five Commissions organized a community forum on this topic. From this forum came recommendations pertinent to future possible MHSA funded projects.

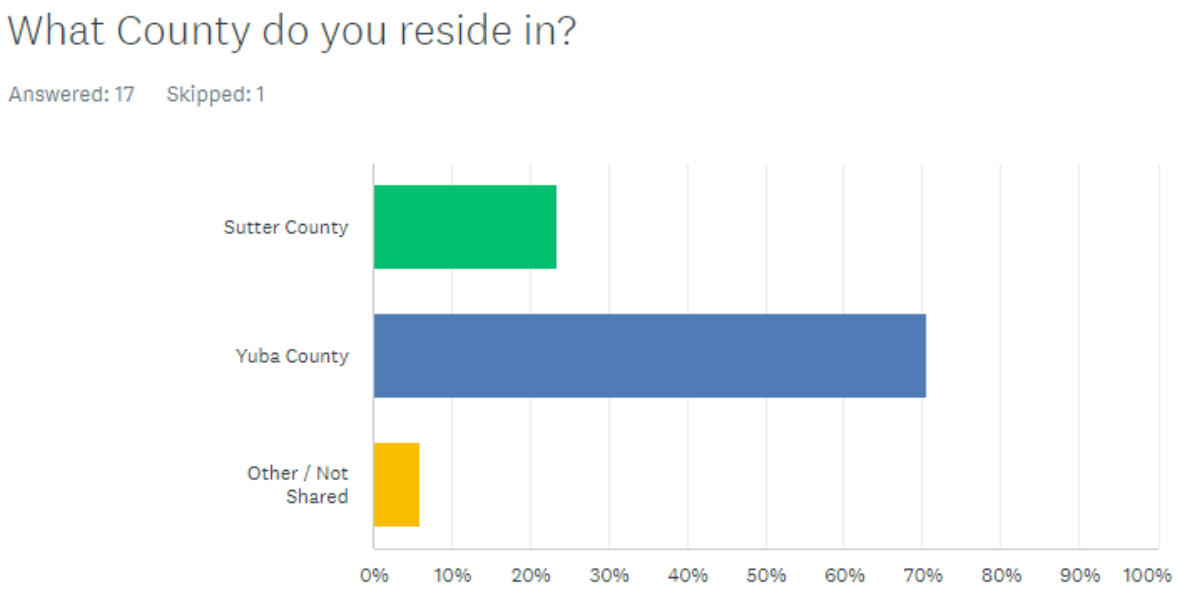
The Program Development Team provided ongoing input for MHSA programs and planning. This group is made up of SYBH administration, program managers and supervisors. Their role of this committee is to understand MHSA, what services they provide for MHSA and to identify gaps in services and needs of the Sutter-Yuba community regarding behavioral health needs.

Public planning sessions and stakeholder forum participants were educated on mental health programs and services at Sutter-Yuba Behavioral Health and encouraged to provide opinions and feedback via group discussions and stakeholder comment forms. Stakeholder and consumer engagement were documented on meeting sign-in sheets and feedback memorialized via in person note takers. Stakeholder participant information and feedback was collected through online surveys. Survey questions included general demographic information such as age, gender, and race/ethnicity as well as opinions on mental health services in the community such as its strengths, weaknesses, and any recommendations.

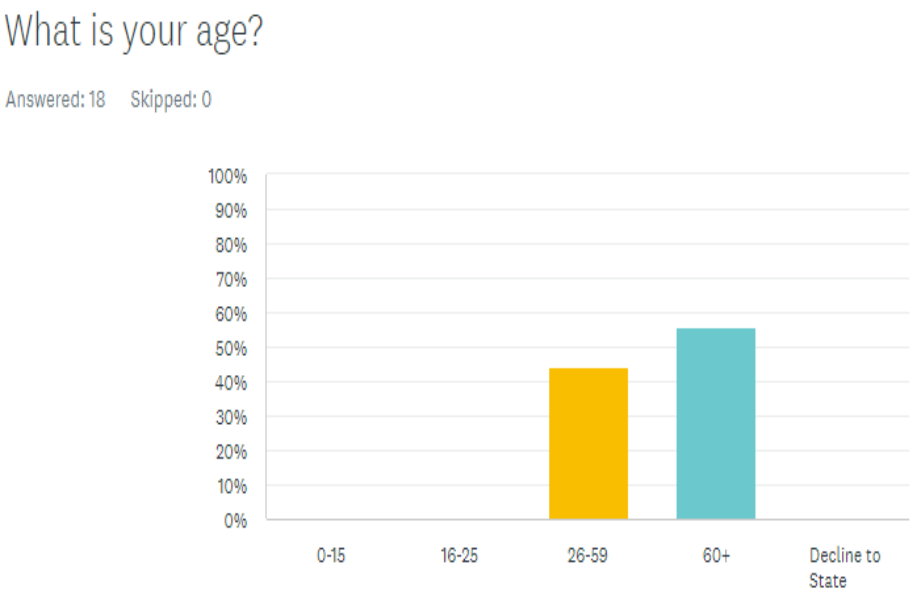
The MHSA team hosted three stakeholder forums or focus groups, one of which was conducted in Hmong and English and one conducted in Spanish and English. MHSA Stakeholder Forum participants were advised on current SYBH MHSA programs, planning and development, the Mental Health Services Act and Community Program Planning Process. Flyers publicizing the MHSA stakeholder forums were posted at the location of each forum. Flyers were also shared at existing mental health services support groups and meetings. Informational emails were sent to the staff at each location and verbally communicated to their partners and consumers. Stakeholder forums were held in person and virtually via ZOOM. The MHSA stakeholder forums are listed as follows:

- Tuesday, August 23, 2022, 10:30-11:30 AM hosted by the Hmong Outreach Community Center
- Tuesday, August 23, 2022, 4:00-5:00 PM hosted by the Latino Outreach Center during the Latino Outreach Center regularly scheduled weekly group meeting.
- Wednesday, August 24, 2022, 3:00-4:00 PM hosted at the Public Health Auditorium and via ZOOM

SYBH held CPPP meetings virtually in February of 2022, for the FY 20/21 Annual Update. Our participation and attendance rate was the highest we have seen in years. Due to the necessity of a FY 22/23 Annual Update, additional CPPP meetings were scheduled within 6 months of the completion of the FY 20/21 AU. While these CPPP meetings were not as highly attended, there was a much more robust discussion that was able to take place. These in person meetings allowed for a round table feel and allowed the conversation to flow. SYBH had 46 stakeholders in attendance of which 18 completed stakeholder forum surveys. According to surveys completed, 70.59 % of attendees who completed the stakeholder forum survey resided in Yuba County and 23.53% resided in Sutter County. 5.88% of respondents resided in neighboring counties, however, work with Sutter-Yuba Behavioral Health in some capacity.



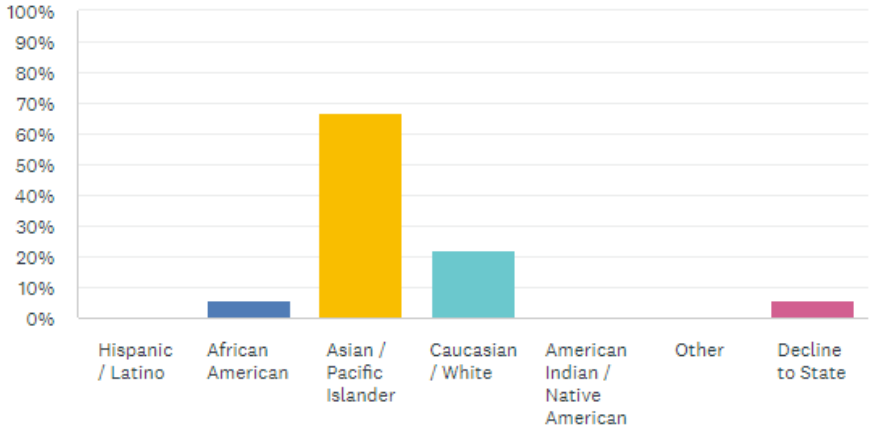
The largest demographic of survey participants in terms of age group were those over the age of 60, with no participants under the age of 25 years old. While there were no participants under the age of 25, many family members or caretakers in attendance were those of children and youth receiving mental health services. The representation of genders is 72.2% identifying as female and 27.8% as male.



Survey participants also reflected a broad range of ethnic and cultural backgrounds with 22.2 % of participants identifying as White or Caucasian, 5.56.% identifying as black or African American, 66.67% identifying as Asian, South Asian, or Pacific Islander, and another 5.56% identified as other with no specification. According to 2020 US Census Bureau data, 75.5% of Sutter and Yuba Counties' population identified as White or Caucasian. However, according to stakeholder surveys completed, 22.22% of attendees identified as White or Caucasian. This was attributed to the very high percentage of individuals attending the Hmong Outreach Community Center meeting attendees completing the survey compared to the other two CPPP meeting sites. Although there was lower representation from the White or Caucasian population at the focus groups for the FY 22/23 Annual Update, SYBH met its goal of representation from the unserved, underserved, and inappropriately served populations. For example, there was significant representation of Asian populations. Compared to the 2020 US Census Bureau data for Sutter and Yuba Counties, 12.7% is Asian, South Asian, or Pacific Islander. However, among the Asian participants 12 out of 13, or 92.3% identified as Hmong leaving .07% as other Asian. The Sutter and Yuba Counties communities reports a large South Asian population indicating a disparity in the representation of South Asian participants.

What is your Ethnicity?

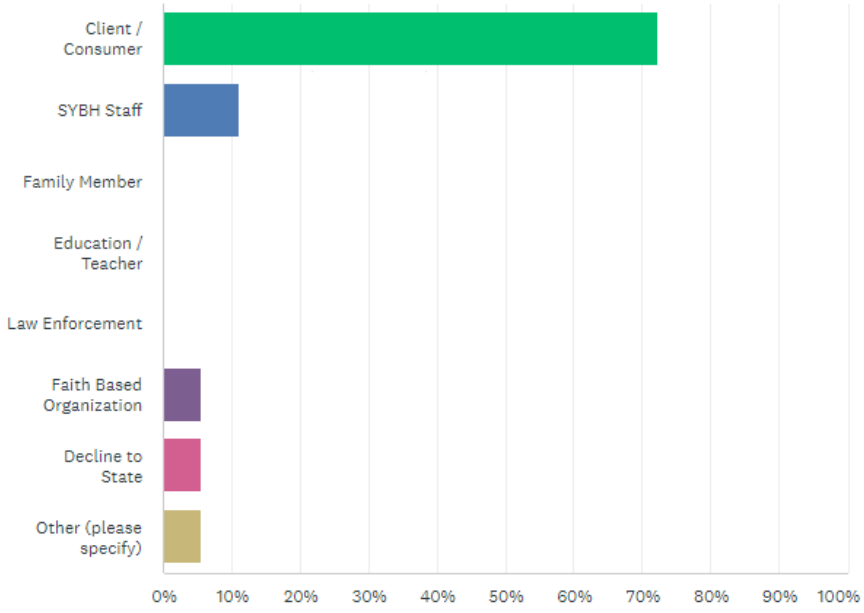
Answered: 18 Skipped: 0



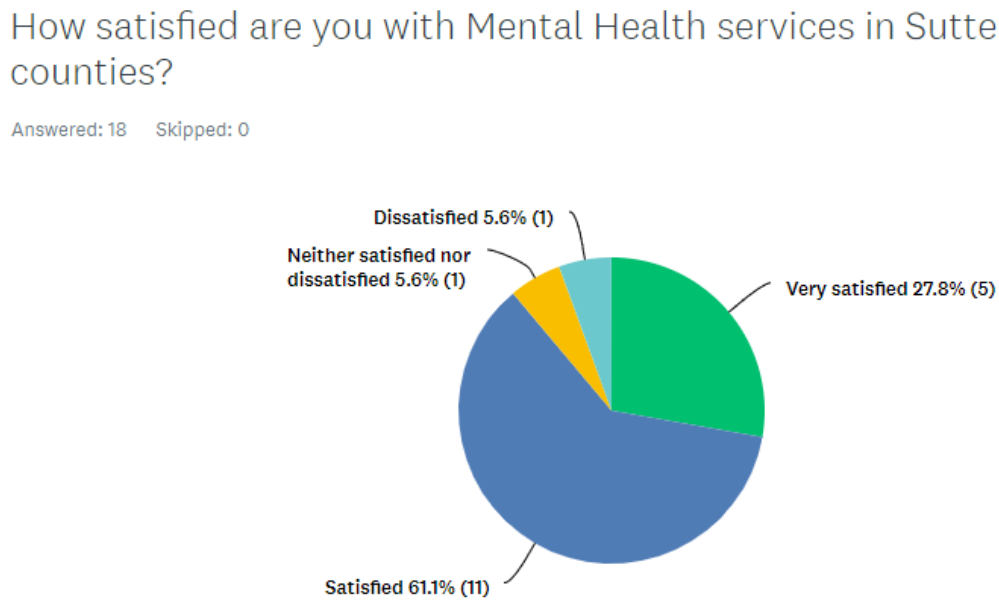
Additionally, there was a wide variety of stakeholders from various personal and professional backgrounds. Participating stakeholders consisted of consumers, healthcare providers and behavioral health staff to personnel from education agencies and social services. The largest group of survey participants consisted of consumers, their family members, and caretakers. This stakeholder group made up 72.22% of participants. There was also participation from behavioral health staff at 11.11% and Faith Based Organizations at 5.56%. It should also be noted that some respondents identified with more than one group.

What group do you represent here today?

Answered: 18 Skipped: 0



When asked whether stakeholders were satisfied with mental health services in Sutter and Yuba Counties, a total of 88.89% of stakeholders who completed feedback forms indicated they were satisfied or very satisfied. On the other hand, 5.56% of stakeholders were unsatisfied or very unsatisfied with mental health services in Sutter and Yuba Counties and 5.56% were neutral.



When asked for their opinions of aspects of the MHSA Annual Update they saw as most valuable and important, common themes that the community valued and thought were of the most importance was having accessibility, navigation, outreach, and education.

Some key summary points as discussed during the stakeholder meetings are detailed below and focused on each location.

HMONG Outreach Center:

- I want to say thank you for the program and for teaching about the programs and services. Coming here to group and being able to garden, it really helps with my depression and makes me not want to harm myself. When I see other friends or family members with problems, I tell them to come here to get services. They have really helped with my mental health. Grateful for being able to go on the outings, I want to thank these programs, they are doing a really good job.
- I'm just speaking for myself, before starting services here I feel like my mental health was very bad, I was stressed about my children. Now that I've been receiving services, I am feeling better. Do not stress about your adult children, they can work for themselves and help themselves. Once I learned that I don't feel as depressed and anxious. Coming to group really helps me, especially with the garden outside. Even when I can't take out the weeds from the garden, the next week I can do it. One suggestion is a bigger group room so more people can come. Sometimes we have good laughter and that really helps with mental health.

- I was wondering if we can have group hours longer than 2 hours, because when I am here for group, I feel like my mental health is a lot better, when I go home, I feel like my mental health deteriorates. I was wondering if we can hold group longer than that? (Other people think it's a good idea but may have other appointments and may not be able to come to group). (By show of hands about 5 out of 12 wished for more group time)
- Sometimes on outings we must pay for our own lunch, we see that the outing really helps with our mental health, but a lot of us say no to outings because we can't afford to buy lunch. I was wondering if MHSA can set aside a portion to pay for the lunch when we go out so that it doesn't make us worry even more.
- Sometimes when the person who is having the problem chooses not to seek services, that is where the big gap is. There's nothing you can do in those circumstances.

Latino Outreach Center:

- How is this information given to the community, to the schools? How do you get this information out there? If school is not in session, you are just going to go the emergency room when kids are having problems, and they are not going to get the help they need. (This was a question about how parents/schools get information about accessing services)
- My son has been in school for 10 years, and there has never been an open door offered to get help if he needs help. I've started to know my son better because of this program. Don't just assume it is there at the schools. Go visit there once a year and let them know what help is available. My son went through a battle of divorce drama, my son needed someone to talk to, how is he can find the opportunities to help him? The little bit I have learned so far is big to me. People say there are opportunities, but where? When my son was crawling into this bad situation if we would have known about this, we could have gotten the help. Teachers need to know about the services that are offered here at the Center. My son went to the hospital, and they just sent him home with medicine, but that doesn't fix the problem, he needs more. Access and advertising, want parents to be informed about the services.
- Referrals come from counselors that they are aware of problems, there is a gap where students who are not outwardly suffering but are hiding their problems. Need more info for those parents
- I had a different experience, the school did share information about the services, it was just the amount of time I had to wait to get her into services
- Is there anything we can do as a community to help with the wait list that we have? To help provide support to those families that are waiting for help. How can they as a community pass along the word and the information?
- A drop-in support group led by a therapist would be very helpful because people are coming from a lot of different places, and if there is a waitlist there needs to be general support, not necessarily something specific and structured like Strengthening Families.
- An unstructured group would be helpful where we can get what we need, but also structure is helpful, to hold us accountable. I got services at probation and if you miss one session, you miss a lot, but it was good for me. If groups are provided early in the day a lot of the parents' work, so we have to look at

- The nurtured heart classes are great to offer in Spanish. There are lots of other programs that could be offered in Spanish as well. Recommendation is for PEI staff to assist with getting more programming in Spanish

General Community Meeting

- I think that one of the things we come across the most is that people don't have the capacity to navigate services. They might have some idea that they exist, but not know how to access them. Not just the people but the staff members don't know how to access them. There's so much that is happening, keeping up with all of the information is a lot. Having navigators or someone skilled in all of those areas to provide the information. If they keep getting turned away, they can call a navigator who can help them get what they want. This is true of the jail, hospitals, shelters, etc. A team of navigators would be very useful.
- I also think it would be important to support community-based wellness centers or school-based wellness centers, that could support mental
- I have seen a piece missing in the therapy. None of the programs address the brain function and the automatic response that brings them back to the drug use. Neural feedback is like resetting a computer and the brain retrains itself. It is highly effective for schizophrenia, autism, anxiety, all of those things, and it is permanent. It moves them from having trauma or abuse situations. You can talk about these things, and it doesn't fix it. You do a brain mapping, and the client sits and watches a movie. When the brain does not act correctly, the computer, the brain switches.
- We are a volunteer group with the organization PAL, parents of addicted loved ones. We often know of people that are living out in the community, addicted to drugs, homeless. Many of them are seriously addicted, we are very concerned about fentanyl
- The people that we serve are homeless or addicted and they get clean, but then they might not have a person following them up to make sure that they stick with a program.
- Offer parent support group: peer to peer support

In summary, although the community expressed needs in certain areas, there was overwhelming support for the MHSA FY 22/23 Annual Update. In the upcoming years, SYBH will include stakeholder feedback from the standing Sutter County Health and Welfare Committee, the Board of Supervisors, homeless services and support planning meetings, and the Behavioral Health Advisory Board in the summary stakeholder feedback for the CCP process. This will include public comments, feedback, or general thoughts on the issues related to community behavioral health issues and needs to include issues as discussed in the CalAIM community stakeholder forums and in the Sutter - Yuba Local Homeless Action Plan. Additionally, SYBH will be working to make the MHSA Annual Update and Three Year Plan more community friendly. SYBH and Sutter County HHS has received feedback that the plan is long, hard to read and does not adequately communicate program outcomes. Over the next several years, SYBH will be working to improve the MHSA Annual Plan to address this feedback to include the addition of a public information officer, data and performance management supports, and community friendly report design and publication assistance.

Public Review and Public Hearing Process

The FY 22/23 Annual Update was posted from September 12, 2022 - October 12, 2022, for a 30-day Public Review and Comment period. The FY 22/23 Annual Update was also posted on the Sutter County website at:
https://www.suttercounty.org/mhsa

Printed copies of the plan were also available to be viewed at the Sutter County Administrative Office (1160 Civic Center Blvd #A, Yuba City, CA), Yuba County Administrative Office (915 Eighth Street Suite 115, Marysville, CA), and Sutter and Yuba County Libraries (750 Forbes Ave, Yuba City, CA and 303 Second St, Marysville, CA, respectively).

Two press releases noticing the posting of the FY 22/23 Annual Update were sent to the local newspaper with a full article detailing public comment period, public hearing date and the process for the posting of the plan. It was published in the local newspaper, the Appeal Democrat, on September 10, 2022, and October 10, 2022. Flyers posting the dates of the public hearing were posted at Sutter-Yuba Behavioral Health (SYBH), SYBH's Latino Center, Hmong Center, Public Health, the County Administrator's offices for both Sutter and Yuba counties, both Sutter and Yuba County main libraries, and other various county buildings in the two counties.

A Public Hearing was then held at the Sutter County Library for the BHAB meeting on October 13, 2022, at 5:00 PM in-person. There were not enough board members present to recommend approval to the Board of Supervisors and a special BHAB meeting was set for October 27th.

On the 27th of October the BHAB recommended approval to the BOS. There were no public comments received via e-mail or in person during the open public comment period.

On October 25th, 2022, SYBH participated in the MHSA Audit for the 21-24 Three-Year Program and Expenditure Plan as well as our 20-21 Annual Update. During this review we were informed that our annual PEI plans must be included in our MHSA Annual Updates and MHSA Three-Year Program and Expenditure Plans. The version that was reviewed by the public during the September - October review process, and by the BHAB did not have the PEI plans included for review.

The second review of FY 22/23 Annual Update, including the FY 19-21 PEI plans was posted from December 13, 2022 – January 12, 2023, for a 30-day Public Review and Comment period. The FY 22/23 Annual Update was also posted on the Sutter County website at:
https://www.suttercounty.org/mhsa

Printed copies of the plan were also available to be viewed at the Sutter County Administrative Office (1160 Civic Center Blvd #A, Yuba City, CA), Yuba County Administrative Office (915 Eighth Street Suite 115, Marysville, CA), and Sutter and Yuba County Libraries (750 Forbes Ave, Yuba City, CA and 303 Second St, Marysville, CA, respectively).

Two press releases noticing the posting of the FY 22/23 Annual Update were sent to the local newspaper with a full article detailing public comment period, public hearing date and the process for the posting of the plan. It was published in the local newspaper, the Appeal Democrat, on December 13, 2022, and January 10, 2023. Flyers posting the dates of the public hearing were posted at Sutter-Yuba Behavioral Health (SYBH), SYBH's Latino Center, Hmong Center, Public Health, the County Administrator's offices for both Sutter and Yuba counties, both Sutter and Yuba County main libraries, and other various county buildings in the two counties.

A Public Hearing was then held at the Sutter County Library for the BHAB meeting on January 12, 2023, at 5:00 PM in-person.

Comments received during Public Comment Period 12/13/22 – 1/12/23

Below are comments which we received during the, 12/13/22 – 1/12/23, Public Comment Period. These comments have already been incorporated into the Annual Update. They are listed as part of this Executive Summary so that it easy to see what public comments have been added to the Annual Update without reading the entire plan.

Comments received 12/16/22 and referencing Annual Update page number:

Page 15, Last sentence Under the CCP

In summary, although the community expressed needs in certain areas, there was overwhelming support for the MHSA FY 22/23 Annual Update. In the upcoming years, SYBH will include stakeholder feedback from the standing Sutter County Health and Welfare Committee, the Board of Supervisors, homeless services and support planning meetings, and the Behavioral Health Advisory Board in the summary stakeholder feedback for the CCP process. This will include public comments, feedback, or general thoughts on the issues related to community behavioral health issues and needs to include issues as discussed in the CalAIM community stakeholder forums and in the Sutter - Yuba Local Homeless Action Plan. Additionally, SYBH will be working to make the MHSA Annual Update and Three-Year Plan more community friendly. SYBH and Sutter County HHS has received feedback that the plan is long, hard to read and does not adequately communicate program outcomes. Over the next several years, SYBH will be working to improve the MHSA Annual Plan to address this feedback to include the addition of a public information officer, data and performance management supports, and community friendly report design and publication assistance.

Pg 17, Community Services and Supports

In the Community Services and Supports section, you will find descriptions of the Full-Service Partnerships (FSP) and General Systems Development (GSD) programs funded by the Mental Health Services Act at Sutter-Yuba Behavioral Health. Additionally, over the next year and based on feedback received from several community members, if funding is available, SYBH will explore if a Neurofeedback Pilot would be possible under MHSA funding that could include CSS, PEI, or Innovation dollars. This pilot would be explored in

collaboration with managed care plan partners and would be required to meet all MHSA and stakeholder requirements including evaluation. Also, as the Department of Health Care Services provides instructions to counties on Care Court requirements, required mobile community crisis response teams, and the implementation of community supports and enhanced care management under CalAIM, and per stakeholder feedback and support, additional changes may be made in CSS program areas.

Pg 17 Community Services and Supports

Currently, the children and youth FSP programs are broken down into three age groups: Early Childhood (0-5 years), Children's (6-15 years), and Transitional-Aged Youth (TAY) (16-25 years). The Early Childhood and Children's FSP programs are currently contracted out to Youth 4 Change, an 18 community-based organization with a long history of providing effective FSP services while the TAY FSP program is provided in-house. Also, as the Department of Health Care Services provides instructions to counties on Care Court requirements, required mobile community crisis response teams, the implementation of community supports and enhanced care management under CalAIM, and the California Children and Youth Behavioral Health Initiative, and per stakeholder feedback and support, additional changes to current programs may be made in CSS program areas.

Pg 19, graphs are blurry, please work with IT to get clear graphs included in the final draft

Pg 47, youth that are Anxious and dressed should read as youth that are anxious and depressed

Pg 34, PEI

Prevention and Early Intervention programs use a variety of trainings and evidence-based practices to provide the community awareness, early interventions, and community campaign methods such as Knowing the Signs of Suicide and Each Mind Matters. Each activity within the program works to address the needs of subpopulations within the community. Program changes under PEI will include the addition of a funded public information officer position to help with information sharing, social media management, community forums, public education addressing stigma, discrimination, services access, and other behavioral health topics in the coming budget year. This position will help integrate important behavioral health topics into public health community education efforts. Additionally, if funding is available, SYBH will work to develop more adult focused PEI programming in alignment with stakeholder feedback to include partnering with other public entities such as the Sutter County Museum and Library around culture and community resilience, as well as brief solution focused therapy approaches, neurofeedback or other PEI supports focused on adults.

Pg 69, Heart Team

The overwhelming amount of community input regarding the need to address the issue of homelessness in the Yuba-Sutter area, as well as the need to provide behavioral health informed services to the homeless, led to the creation of a Community Services Manager position, to be funded partially by Public Health dollars and partially by Sutter Yuba Behavioral Health MHSA dollars. This will allow homeless services to be brought together under one program with one manager. As funding allows, additional program changes may be made to ensure that SYBH, HEART and iCARE team is coordinating with CalAIM services (community supports and enhanced care management) to support those who are homeless, and strategically evolving program performance to ensure effective integration with the efforts identified in the Sutter – Yuba Local Homeless

Action Plan. If funding allows, these changes could include joint training opportunities for collaborating teams, enhancements in allowable data sharing efforts, focused work on integration and increased access to Substance Use Disorder Treatment services. Lastly, for those beneficiaries that the HEART or ICARE team houses, welcome home packages for critical household items will be provided to include kitchen utensils, cooking items, bedding and sheets, towels, and other allowable/reasonable items.

BHAB board member noted additional address for Tri-County Diversity on D street to be added to PEI locations. - Updated

BHAB board member noted that additional grammatical errors we found in the PEI reports that were added after the fact. – Updated

COMMUNITY SERVICES AND SUPPORTS

Sutter-Yuba Behavioral Health is dedicated to an integrated service model for clients and families with a focus on unserved, underserved and inappropriately served populations. The Community Services and Supports programs provide a wide array of client and family driven mental health services and systems. Community Services and Supports (CSS) focus on community collaboration, cultural competence, wellness, recovery, and resilience.

In FY 21/22, SYBH served 4339 unique individuals: approximately 2.42% of the population of both Sutter and Yuba counties for this fiscal year. Per the National Institute of Mental Health (NIMH), the 2019 prevalence rates for individuals estimated to live with severe and persistent behavioral health conditions is 5.2 %. For the population of Sutter and Yuba counties, this percentage is equivalent to 9,423 individuals. With the increasing need for services that offer a higher level of care, there has been a shift to move more resources to higher levels of treatment such as full-service partnerships.

Of the individuals seen by SYBH in FY 21/22, 53.9% identified as female, 46. % as male, and less than 1% as other or not reported. Additionally, 58.9% identified as White, 13.5 % Latino, 4.2 % African American, 5.3% Asian/Pacific Islander, less than 1% Native American, 5.26% identifying as two or more ethnicities, less than 1% as other, and 10.5 % reporting as unknown.

In the Community Services and Supports section, you will find descriptions of the Full-Service Partnerships (FSP) and General Systems Development (GSD) programs funded by the Mental Health Services Act at Sutter-Yuba Behavioral Health. Additionally, over the next year and based on feedback received from several community members, if funding is available, SYBH will explore if a Neurofeedback Pilot would be possible under MHSA funding that could include CSS, PEI, or Innovation dollars. This pilot would be explored in collaboration with managed care plan partners and would be required to meet all MHSA and stakeholder requirements. Also, as the Department of Health Care Services provides instructions to counties on Care Court requirements, required mobile community crisis response teams, and the implementation of community supports and enhanced care management under CalAIM, and per stakeholder feedback and support, additional changes may be made in CSS program areas.

Children and Youth Full-Service Partnerships

The children and youth Full-Service Partnership (FSP) programs provides a wide array of services to keep children, youth, and their families healthy, safe, and successful in school and in their transition into adulthood, while living in a home and community that supports recovery and wellness. The programs assist children and youth in accessing behavioral support services such as: assessments, individual, group and family therapy, medication support services, and case management assistance (which includes, but is not limited to assistance with transportation, obtaining housing, basic needs, concrete supports, care coordination, and linkage to community resources). Services are provided in clients' homes, schools, and other community-based locations. All FSP clients and their caregivers have access to someone known to them 24 hours per day/seven days per week for crisis support services. Currently, the children and youth FSP programs are broken down into three age groups: Early Childhood (0-5 years), Children's (6-15 years), and Transitional-Aged Youth (TAY) (16-25 years). The Early Childhood and Children's FSP programs are currently contracted out to Youth 4 Change, a community-based organization with a long history of providing effective FSP services while the TAY FSP program is provided in-house. Also, as the Department of Health Care Services provides instructions to counties on Care Court requirements, required mobile community crisis response teams, the implementation of community supports and enhanced care management under CalAIM, and the California Children and Youth Behavioral Health Initiative, and per stakeholder feedback and support, additional changes to current programs may be made in CSS program areas.

Early Childhood and Children's Full-Service Partnership

The Early Childhood and Children's FSP programs serves children and adolescents who have behavioral problems that significantly impact their social, emotional, and educational experiences. The Early Childhood FSP program serves children 0 through 5 years of age and the Children's FSP program serves children and adolescents 6 through 15 years of age. Children enrolled in this program receive behavioral health services that are tailored and individualized to match everyone's needs and goals. These services are available to qualifying children with serious emotional disturbances and who are experiencing significant emotional, psychological, or behavioral problems that are interfering with their well-being and their families. The program is currently contracted out to Youth 4 Change, a community-based organization with a long history of providing effective FSP services. The program uses a "wrap-like" model and utilizes an FSP treatment team. To provide 24/7 access to services, the program has multiple FSP teams that manage a shared caseload and communicate client needs whenever needed.

Number Served:

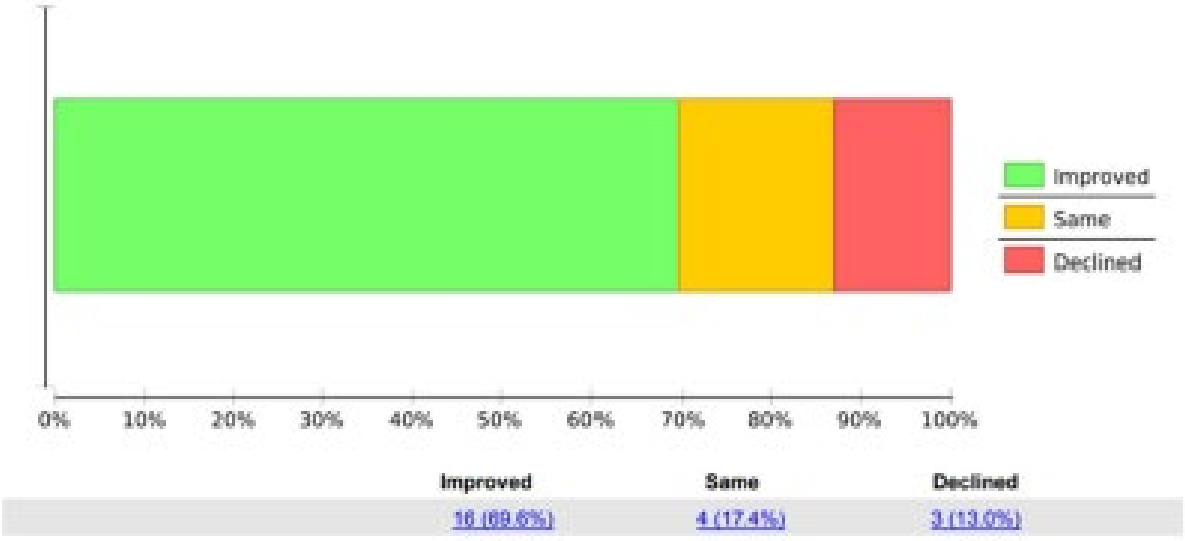
- FY 21/22, SYBH served 119 unduplicated children in the 0-15 age group.

Program Outcomes:

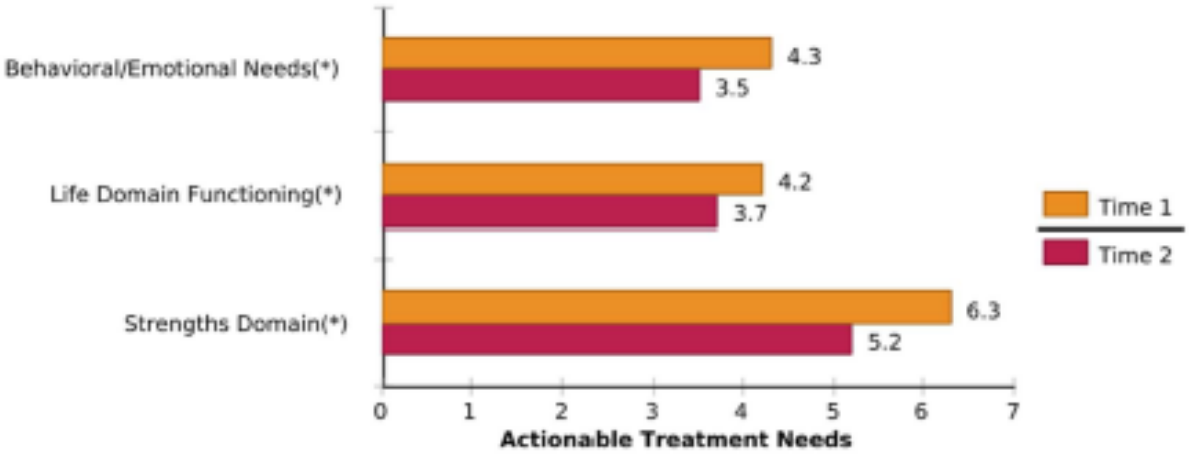
The Early Childhood and Children's FSP program collects and evaluates outcome measures from the CANS 50 assessment and Data Collection Reporting (DCR) assessments such as the Key Event Tracking (KET) and 3M. DCR outcome measures include indicators such as status of education, justice involvement, homelessness, etc.

CANS 50 outcome measures are collected at initial intake and every 6 months. Assessment results from the CANS 50 are collected and analyzed in Objective Arts, a data analysis software program. Outcome measures are also collected via assessments in the DCR. Although information is regularly entered into the DCR, SYBH has had challenges retrieving this data. In FY 21/22, SYBH was able to work with DHCS to retrieve this data and is working towards ensuring this data is accurate to use it as a tool to monitor program outcomes effectively.

The CANS 50 data below, provided by Youth 4 Change, shows the outcomes of children and youth who have been discharged from the Early Childhood and Children's FSP programs in FY 21/22. In FY 21/22, of children and youth who completed or were discharged from the program, 69.6% improved in treatment, 17.4% stabilized with no further functional impairment, and 13% indicated higher number of actionable items at update or discharge.



Additionally, in FY 21/22, the number of actionable items decreased showing a reduction of functional impairment and an increase in strengths in all three domains. The chart below shows the change in average number of Actionable items from the initial CANS to a planned discharge in the following domains on the CANS Core 50 assessment: Behavioral/Emotional Domain, and Life Domain. The Behavioral/Emotional Needs Domain has 9 items, the Life Domain Functioning Domain has 11 items, and the Strengths Domain has 9 items. Time 1 is the average number of actionable items at initial CANS and Time 2 is the average number of actionable items of CANS assessments at planned discharge.



Challenges Faced:

Some challenges we are facing include staffing and capacity needs. The number of children and youth that meet criteria for FSP services is increasing beyond what the program can accommodate. It appears that local demand for services for all youth and children continue to rise and multiple community partners and agency staff have commented that symptom severity for local youth seeking services has increased over the past few years. There is no indication that this trend is reversing.

Due to the COVID-19 pandemic, the Early Childhood and Children's FSP programs faced some challenges in managing the safety need of staff and clients while providing specialty mental health services. In FY 21/22, staffing needs also presented some challenges. There have been multiple vacancies for clinicians that Youth 4 Change have not been able to fill due to a shortage of clinicians in the local area.

Client access has also been a challenge for the Early Childhood and Children's FSP programs. With schools moving to online learning during the pandemic, it has been more challenging to meet with clients. Typically, school location was a consistent place to meet with clients.

Successes:

Despite the safety restrictions associated with the COVID-19 pandemic, the Early Childhood and Children's FSP programs were able to implement and utilize telehealth services to meet the treatment needs of clients, including medication support services. The pandemic caused additional economic stress on many families. For some of these families, natural supports, such as basic housing were in jeopardy. FSP services were able to support these family's ensuring stability for the vulnerable clients. In addition, the program was able to implement an on-call line for Spanish speaking clients.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be assessing the need for increased services to address the capacity and staffing issues identified in this program. If there are resources for program expansion, SYBH will report any changes that may occur in the next Annual Update.

Transitional-Aged Youth Full-Service Partnership

The TAY FSP program serves youth and young adults between ages 16 and 25 years who have mental health/substance abuse problems which result in significant social, emotional, psychological, and educational and/or vocational difficulties. The TAY FSP program utilizes a "whatever it takes" team approach that is individually tailored to the youth's needs and goals.

The TAY FSP program serves youth who are homeless (or at serious risk), youth aging out of the foster care/juvenile probation systems, gang-involved (or at serious risk), youth with high-risk self-harming behaviors and youth whose cultural identity places them in underserved populations within our community. Program goals are to improve the overall quality of life of the TAY FSP youth served, as well as reducing negative psychiatric symptoms, reducing incarcerations, hospitalizations, and homelessness. The program also strives to assist youth with a successful transition into adulthood; living in a setting of their choosing, and engaged in a meaningful activity such as work, school, or volunteering. The TAY FSP program has a particular focus on the instillation of hope, wellness, recovery, and resiliency. TAY FSP program staff have been trained in the evidence-based Transition to Independence Process (TIP).

The TAY FSP program provides intensive community-based services. The ratio between TAY FSP youth and case manager does not exceed 15:1. The program accepts a limited number of TAY FSP students so that the program can effectively maintain this ratio thereby providing intensive services. Youth who are transitioning out of hospitalization and especially those who have experienced first episode psychosis are prioritized. All TAY FSP referrals should meet CALOCUS / LOCUS level 4 or 5.

TAY FSP services are generally limited to a 3-year period of treatment whereafter the youth is stepped down to a lower level of care.

Services provided in the TAY FSP program are administered by a treatment team and may include assessment, diagnosis, plan development, individual and group therapy, individual and group rehabilitation services, medication support services, targeted case management, intensive care coordination (ICC), intensive home-based services (IHBS), and peer mentor support. TAY FSP clients also have access if needed to a housing specialist, employment specialist, adult education specialist, and substance use disorder counseling which are available through coordination with the Adult Outpatient Program. In addition, there are a few dedicated TAY FSP supportive housing units that may be accessed dependent upon availability and need.

Number Served:

- In FY 21/22, the TAY FSP Program served 40 unduplicated youth.

Program Outcomes:

Outcome's data are collected via assessments and conducted at various points in time during the client's enrollment in the TAY FSP program. These assessments may be conducted at initial intake, termination, and every 6 months. CANS 50 assessments are conducted every 6 months and monitored via dashboards that pull the information from the EHR.

The TAY FSP program collects outcome measures from the LOCUS, CALOCUS, MORS, TAY Transcripts, CANS 50 and Data Collection Reporting (DCR) assessments such as the Key Event Tracking (KET) and 3M. Assessment results from the LOCUS, CALOCUS, MORS and TAY Transcripts are collected and compared to evaluate clients' progress throughout treatment. DCR outcome measures include indicators such as status of education, justice involvement, homelessness, etc.

Challenges Faced:

Due to the COVID-19 pandemic, the TAY FSP program experienced challenges around transportation and in-person services. This includes essential group sessions and activities which were placed on hold for a period.

Successes:

In FY 21/22, the TAY FSP program had 9 clients graduate from the program. Additionally, the program was able to bring aboard 2 Peer Mentors to assist with program needs. The program was also able to implement telehealth services and established a virtual support group through Microsoft Teams. The TAY FSP program has also been able to improve processes increasing efficiency in accessing flex funding which has helped in the provision of services and supports for TAY FSP clients.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be assessing challenges to identify if policy changes need to be made to improve services and review transportation issues to see if there are any ways to decrease the challenges of transportation. If there is need, and resources for program change, SYBH will report any changes that may occur in the next Annual Update.

Children and Youth General Services Development

Youth Urgent Services

The Youth Urgent Services program provides expedited access to outpatient behavioral health services for youth who have utilized Psychiatric Emergency Services (PES) and those being released from a psychiatric hospital. Youth Urgent Services are designed to stabilize clients and triage to the necessary level of care for ongoing treatment services. It provides behavioral health assessments, psychotherapy, medication support and referral services for children and youth between zero and twenty years of age. The Youth Urgent Services team will refer clients to ongoing behavioral health services or stabilize the youth and family to discharge. Staff members conduct weekly reviews with a multidisciplinary team to ensure every child who visits PES or is hospitalized has been offered expedited and adequate care. Youth Urgent Services are available by referral only from PES or psychiatric hospitals.

Clients are assessed within three days of their PES visit and a clinician and resource specialist work to address current crisis and risk needs to stabilize the youth and family. The Youth Urgent Services team will refer clients to ongoing behavioral health services or stabilize the youth and family to discharge. Staff members conduct weekly reviews with a multidisciplinary team to ensure every child who visits Psychiatric Emergency Services or is hospitalized has been offered expedited and adequate care.

Numbers Served:

- In FY 21/22 50 unduplicated children and youth were served

Program Outcomes:

Outcome data is collected at triage after the child or youth has been referred from PES. If children or youth present at PES or are hospitalized while receiving services with Youth Urgent Services, those events are recorded to monitor how often or frequent the child or youth is reporting to PES or being hospitalized.

Youth Urgent services currently tracks several outcome measures for children referred to the program. For children and youth referred from Psychiatric Emergency Services (PES), we track the number of days from PES assessment to the date of Youth Urgent appointment. In addition, we track the number and frequency of clients presenting to PES while actively receiving services from Youth Urgent Services. We also track the number and frequency of clients going to or returning to mental health hospitals while receiving services from Youth Urgent Services.

Challenges Faced:

In FY 21/22, Youth Urgent Services has seen an increase in symptom acuity resulting in more hospitalizations. It is unknown, though likely that this is a result of the COVID 19 pandemic. This has resulted in more referrals from hospitalization compared to referrals from PES where staff attempt to stabilize youth first to prevent hospitalization.

Successes:

Due to the COVID-19 pandemic, the Youth Urgent Services team successfully implemented and utilized telehealth to provide necessary services. As offices began to reopen, the Youth Urgent Services team have now successfully transitioned back to face-to-face services. Telehealth is now offered as a mode of service when clinically appropriate

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing the Youth Urgent Services Program to identify ways to increase access and to see how to decrease referrals from hospitalization and increase the number of youths they are able to stabilize to remain in their homes before hospitalization. SYBH will report any changes that may occur to address these needs in the next Annual Update.

Adult and Older Adult Full-Service Partnerships

During the planning process a review of high utilization of emergency services revealed a population that frequently does not engage in on-going care. This high-risk population was identified as underserved and inappropriately served. This is a particularly vulnerable population of individuals with long-term disabling conditions who have both significant psychiatric impairments and complex living situations such as homelessness, SUD, chronic untreated medical conditions, and or criminal justice involvement either as a victim and or perpetrator. The Innovation Project iCARE (described below under “Innovations”) was designed to provide Peer to Peer outreach and engagement to this population but access to Adult and Older Adult FSP services were limited. This plan reflects re-prioritization of CSS funds to create more FSP slots for the identified population and creating more efficiencies in CSS General Systems Development for the Acute Services program to free up CSS funds to create more FSP capacity. The proposed plan for Adult and Older Adult FSP, will now include two FSPs one of which will be a community-based contract. In addition, more FSP funds were used to expand the current county run FSP. These changes result in an increase of 75% in the number of Adult and Older Adult FSP slots compared to FY 18/19.

HEALTHY OPTIONS FOR PROMOTING EMPOWERMENT (HOPE)
Adult Full-Service Partnership

Healthy Options for Promoting Empowerment (HOPE) is an Adult and Older Adult MHSA Full-Service Partnership (FSP) program. This includes intensive case management and rehabilitation services to adults with serious mental health conditions or co-occurring mental health and substance use disorders. Participants in the HOPE program receive intensive support towards recovery goals and are encouraged to fully participate in Wellness and Recovery Center at SYBH. The goal of this program is to help participants reach and maintain stability, participate fully in community life, decrease isolation, increase independence, and support a sense of belonging. Services are provided based upon participants' individual wellness and recovery goals. Intervention counselors are available to clients on a 24/7 basis.

Services are accessed by clinician referral through Psychiatric Health Facility Social Workers, Psychiatric Emergency Services and Adult Outpatient Services.

The Adult/Older Adult FSP provides assessment, diagnosis and treatment of serious mental health conditions and co-occurring mental health and substance use disorders. In addition, HOPE offers case management, individual and group rehab services, collateral, and peer support programs such as the Wellness and Recovery program, and access to employment and housing Resource Specialists. The treatment team consists of Personal Service Coordinators that assist in the development of an individualized Personal Service Plan and access services by therapists, psychiatrists, nursing staff, counselors, and support staff according to each member's needs. The PSC provides wrap-around support and maintains contact with each client multiple times per week. PSCs are also available to HOPE clients by phone on a 24 hour per day, 7 day per week basis.

In alignment with the goals of Sutter-Yuba Behavioral Health, the adult/older adult FSP strives to provide a broad range of culturally sensitive, consumer-driven supports and services. The Adult/Older Adult FSP aims to prevent and reduce conservatorship, institutionalization, and hospitalization.

In FY 21/22, HOPE served 43 clients.

Outcome information will be tracked and reported through the MHSA Data Collection and Reporting System, Levels of Care Utilization Score (LOCUS) and Milestones of Recovery Scale (MORS assessments). SYBH Adult Services has been actively working on compiling and analyzing LOCUS/MORS data since 2021.

SUPPORT, HOPE, INDEPENDENCE, NEW EMPOWERMENT (SHINE)

During FY 21/22 SYBH developed a contract with Telecare to implement an Adult/Older FSP to serve 30 clients. The FSP program is named, Support, Hope, Independence, New Empowerment (SHINE) and was implemented during FY 21/22.

Telecare is a family and employee-owned company that has been treating individuals with serious mental illness since 1965. They specialize in outcomes driven services for individuals who are at risk of crisis and hospitalization. Their programs are recovery-focused and clinically effective and are designed in partnership with local, county, state, and other behavioral health organizations. They provide services in many states and have more than 4000 employees.

The SHINE FSP program is based on elements of the Assertive Community Treatment (ACT) model. SHINE staff create a supportive positive environment, including services that are based on client needs, hopes, and dreams. They partner with SYBH to provide services from a multidisciplinary team which includes peer specialists, psychiatric services, personal service coordinators with experience in both mental health and co-occurring substance use, to promote a program culture where resilience and hope can flourish.

In FY 21/22, SHINE served 23 clients. The program continues to accept referrals to build towards a full caseload of 30.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing both Adult FSP programs to identify gaps in services and changes that may be made to the 2021-2024 Three-Year Program and Expenditure Plan. At this point it appears that significant changes will not be made, but that there may be changes to capacity driven by data collected on number of participants. However, the first goal will be to fully use all FSP slots by filling the new SHINE program slots. SYBH will report any changes to the 2021-2024 Three-Year Program and Expenditure Plan that may occur to address these needs in the next Annual Update.

Adult General Services Development

The Urgent Services Adult Team provides timely access to behavioral health services to those who have moderate to severe behavioral health conditions who are in psychiatric distress. A goal of the Urgent Services Adult team is to provide treatment to clients with severe behavioral health conditions that have gone untreated or have been significantly under treated, or misdiagnosed. The Urgent Services Adult team is a client centered program that seeks to provide immediate relief to families and clients in distress. If we do not have a service that meets the immediate needs of clients,

we work with them to find a service in the community that does. As a walk-in clinic we welcome anyone who needs a psychiatric assessment over the age of 18, regardless of their ability to pay.

Therapists in the urgent services department provide triage services, intakes assessments, treatment planning, individual therapy, group therapy, and linkage to community services. The Urgent Services Adult team is comprised of therapists, resources specialists, and an access coordinator who links clients to services that are clinically appropriate for the clients presenting behavioral health needs.

The Urgent Services Adult team provides referrals to other community agencies, and programs within the agency as needed. The Open Access Clinic: is available Monday-Wednesday 8:00 AM-2:00 PM at 1965 Live Oak Blvd, Yuba City Ca, 95991. During these hours, walk-in, telephone, and tele-health video triages take place.

Number Served:

- In FY 21/22, 649 unduplicated clients were served

Program Outcomes:

Data is collected by completing the LOCUS/MORS every six months. Reassessments are completed annually and during this time a LOCUS/MORS is also completed. SYBH Adult Services has been actively working on compiling and analyzing LOCUS/MORS data in 2021. Future reports will include evaluation on these data points.

Challenges Faced:

The COVID-19 pandemic brought on several challenges, including a limited ability to see clients in-person and social distancing requirements. While providing phone services, there have been challenges in contacting clients. Staff make three attempts over the course of three days to make contact. Due to a National and Statewide health care staffing shortage and impact of COVID-19, we have been minimally staffed and this has led to staff feeling overwhelmed. As a result of limited staff, in early 2020 the Open Access Clinic (OAC) was reduced to three days a week. Some staff have expressed interest in operating OAC as an appointment-based clinic as opposed to a walk-in clinic. We have had some mixed recommendations from consumers regarding phone/telehealth services, though it appears most consumers like the option to have telehealth services as this eases some barriers for them.

Successes:

The COVID-19 pandemic allowed for phone/telehealth services to be provided which subsequently led to clients being seen in a timely fashion and assessments being completed efficiently.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be reviewing the Adult Urgent Services Program to identify ways to increase access to services and provide services to those that may not need long term services in the SYBH system.

Additionally, given the success of telehealth services with our clientele, SYBH will explore expanding these services in this program. Furthermore, SYBH is currently reviewing this program to see if it should remain under CSS or if it fits better under the PEI category. SYBH will report any changes that may occur to address these needs in the next Annual Update.

Bi-County Elder Services Team (BEST)

The BEST Program serves older adults (age 60+) in both Sutter and Yuba counties with serious mental health conditions as well as co-occurring mental health and substance use conditions. The BEST therapist provides outreach, assessment, individual therapy, case management, linkage to other adult services such as medication support or substance use disorder treatment and linkage to community resources and supports.

The BEST therapist also conducts outreach activities to local communities and agencies which cater the older adult population and participates as an active member of older adult multi-disciplinary teams in Sutter County and Yuba County. The position partners closely with other agencies on this team who are often involved in advocating for and serving older adults, such as Adult Protective Services, In Home Supportive Services, Senior Legal Services, and the FREED Center for Independent Living. The therapist serves as a consultant to these agencies, assisting with interventions in the community when necessary, and providing information about mental health issues that impact older adults.

Numbers Served:

- In FY 21/22, 37 unduplicated clients were served

Program Outcomes:

Data is collected through annual reassessments which include LOCUS/MORS. SYBH Adult Services has been actively working on compiling and analyzing LOCUS/MORS data since 2021. Future reports will include evaluation on these data points.

Challenges Faces:

The current challenges faced for the BEST program, are a result of the COVID-19 pandemic. Clients have increased needs and face continued isolation. It has been an ongoing struggle to transition clients out of specialty mental health services to network of care providers as many BEST clients have Medi-Cal and Medicare. This results in clients remaining in services for an extended period.

Successes: BEST supervisor role and responsibilities were reduced and now reflect specific focus on the elder adults that they serve to ensure increased time and focus on this population.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH does not anticipate changes to this program which would veer away from the 2021-2024 Three-Year Program and Expenditure Plan. If changes are needed SYBH will address these needs in the next Annual Update.

Ethnic Outreach Services

The Ethnic Services Centers and Outreach Program consists of Spanish-speaking and Hmong speaking providers that have a cultural understanding of the behavioral health and other special needs of the persons they serve. The services provided through Sutter-Yuba's Outreach Centers include bilingual counseling, referrals and linkage, outreach provided in settings such as schools, homes, local primary care clinics, community agencies, and at the Outreach Centers and other Sutter-Yuba office locations.

Numbers Served:

- In FY 21/22 the Ethnic Services Program served 251 unduplicated clients
    - Hmong Outreach: 53
    - Latino Outreach: 198

Target number of individuals served each year:

- Hmong Outreach: 50
- Latino Outreach: 270

Program Goals:

- Conduct 2-4 outreach events annually for behavioral health Outreach Centers to help reduce stigma and promote access to underserved sub-populations within each target area
- Conduct 4 outreach events annually to promote PEI programs using methods that are culturally relevant and trauma-informed
- Promote outreach and engagement events to unserved and underserved populations identified in the MHSA plan
- Follow up on stakeholder feedback, from the CPPP and explore the plausibility of implementing an Eastern Indian Outreach Center

Hmong Outreach Center

Description: The Hmong Outreach Center serves bilingual and Hmong-speaking only adults and families, delivering culturally and linguistically appropriate services. The Hmong Center outpatient behavioral health program is designed to provide a full range of coordinated therapeutic and support services in the form of triages, intake assessments, treatment planning, diagnosis and treatment of mental health conditions and co-occurring mental health and substance use disorders, and linkage to

community resources and supports. Further service linkage and coordination includes medication evaluation/support for mental health conditions, housing assistance, counseling and education on nutrition, primary health care, natural healers, spiritual leaders, and gardening. The Hmong Outreach Center has broadened its access by remaining open until 6:00 PM four days/week and offering flexible hours to provide resource navigation to the public, which allow the community to come in for help with accessing services throughout the entire public system to help them get and stay connected for all their needs which help reduce contributing factors to poor mental health conditions.

Numbers Served:

- In FY 21/22 there were 53 unduplicated clients

Program Goals:

The Hmong Outreach center plans to revitalize the IMPACT Youth program (which dwindled down due to COVID-19 response and active members moving away to attend college). Future plans also involve adding additional office space to expand the Hmong Center garden/yard for outreach/engagement activities.

Latino Outreach Center

Description: The Latino Outreach Center (LOC) serves bilingual and Spanish-speaking only adults, children, and families. Services offered include individual and group therapy, case management, linkage to other adult services such as medication support or substance use disorder treatment and linkage to community resources and supports, and transportation services as needed.

The Latino Outreach Center now operates as a walk-in clinic or by appointment for triage and intake services (Open Access Clinic) on Thursdays from 9:00 AM – 12:00 PM. There is an Open Access Clinic sign-in sheet to collect the number of clients served. In the past, LOC would administer consumer satisfaction surveys that were anonymous. Due to COVID-19, outcome measures were not gathered for this time.

During FY 21/22, the Latino Outreach Center lost a mental health therapist and due to the shortage of bilingual therapists in the community, the Latino Outreach Center has been unable to fill the open therapist position which has caused a decrease in services provided. Due to COVID-19 and limited staff, there were no community outreach events performed by the Latino Outreach Center to help reduce stigma within the Latino community.

Numbers Served:

- In FY 21/22, there were 198 unduplicated clients

Program Goals:

Latino Outreach Staff would like to be able to do more targeted outreach events in the community to help reduce stigma and ensure that underserved populations know where and how to access services.

The Latino Outreach Center would benefit from filling the open Bilingual Therapist position and having an Intervention Counselor to help with the high demand for services for both youth and adults.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH is still reviewing stakeholder feedback from February 2022 to identify how to implement the ideas that were put forth during the CPPP. These include specific ideas for both the Hmong and Latino outreach services. Additionally, SYBH will follow through on suggestions from stakeholders to explore the plausibility of providing outreach service to the Eastern Indian population.

Wellness and Recovery Program

The Wellness and Recovery Program offers recovery-oriented groups and individual support to consumers with serious mental health conditions or co-occurring mental health and substance use disorders. Team members include Mental Health Therapists, Peer Specialists and Resource Specialists. The program also partners with Sutter County Schools to provide an onsite Adult Education and Work Wellness program. Together, these programs help consumers work toward their social, occupational, and educational goals.

Participation is for current SYBH consumers by referral from their provider. Peer staff, Peer volunteers, and County providers work as an integrated team to provide a wide range of wellness and recovery-oriented activities and services such as Mindfulness, Life Skills, Culinary Academy, This Way Up depression group, Pathways to Recover, Town Hall, Art, and Music Groups, Getting Fit and Peer Counseling. The goal is to facilitate increased social supports, positive community re-integration and additional employment training opportunities. The W&R team takes participants on various social outings throughout the year including Sacramento Rivercats' games, Sacramento Kings, Folsom Zoo, and the State Fair. This allows participants the opportunity to engage in new experiences outside their home while remaining positively supported by fellow participants and W&R staff.

During FY 19/20, SYBH began contracting with Youth for Change (YFC) as the employer for the peer staff. This contract remains in effect through FY 22/23. YFC has been able to provide more training, support, and increased employee benefits. In addition, the Supervisor for the Peer Recovery staff is now a person with lived experience.

There are a total of five Peer Mentor staff and one Peer Mentor Supervisor. County staff include one Mental Health Therapist/Supervisor, one Resource Specialist and one Mental Health Worker.

Due to COVID-19, minimal in-person groups were held during 20/21 fiscal year. Packets including group material and content, or 5-7 groups were created and individually delivered to clients for completion at home.

In person groups have resumed as of February 2022. There are a few individuals who still receive packets when their health issues prohibit participation in person.

FY 21/22 unduplicated count of individuals served was 119.

Most of the Peer Recovery Staff have been provided and completed:

- 60+ hours of Peer Specialist Training through Crestwood Recovery
- LEAP (Listen-Empathize-Agree-Partner), an evidence-based program that teaches how to create alliances with people struggling with serious mental illness that led to treatment and recovery
- MHFA (Mental Health First Aid), an interactive 8-hour course designed to present an overview of mental illness and substance use disorders

The trainings below were delayed in 21/22 due to the need for in-person trainings. We hope to have the Peer Recovery staff complete these during the 22/23 FY.

- WRAP (Wellness Recovery Action Plan) The WRAP process supports participants to identify the tools that keep them well and create action plans to put them into practice everyday life.

With the enactment of Calif SB 803, the W/R Peer Program is mobilizing to obtain official Peer Specialist Certification with the State of California for the peer staff who wish to be certified. The Certified Peer Specialists will be able to bill Medi-Cal for peer services rendered; Youth for Change and SYBH's Adult Branch have plans to create a new position, tentatively titled "Certified Peer Specialist", that will likely earn a higher wage and have the added responsibility of charting and billing W/R group services.

SUPPORTIVE HOUSING SERVICES

SYBH has collaborated with Regional Housing Authority and Pacific West Communities in the development and construction of a 40-unit shared permanent supportive housing, housing-first model apartment complex. SYBH used non-competitive No Place Like Home (NPLH) funding and MHSA housing funds in funding the apartment complex development The apartment complex, located at 448 Garden Highway, is known as New Haven Court Apartment Complex (NHC). New Haven Court is a permanent supported housing (PSH) apartment complex where unsheltered individuals are housed using a “Housing First” model. Residents of 19 of the 40 units receive daily

MHSA funded staff support to help with retaining housing, building life skills, and addressing behavioral health conditions. NHC began moving residents during May of 2021.

Since 2021, construction has been taking place on a second No Place Like Home funded project: the Cedar Lane permanent supportive housing apartment complex on Cedar Lane in Olivehurst, CA. Like New Haven Court, Cedar Lane is a mixed-use housing complex for individuals experiencing chronic homelessness. The Cedar Lane complex closely mirrors the New Haven Court project. There are 40 total units, 19 of these units are specifically for individuals experiencing mental health challenges that meet the requirements for service by SYBH. 20 units are for other community members experiencing homelessness, and 1 unit is in use for the resident manager. Cedar Lane is slated to begin moving in residents as early as November of 2022.

All housing that is funded by NPLH and MHSA at both New Haven Court and Cedar Lane is required to have on-site permanent supportive housing services (SHS) for those who are placed in a SYBH unit. These are MHSA-funded supportive services that assist residents with sustaining their housing tenancy, improving daily living skills, and connecting with community resources. The SHS that are provided at New Haven Court, and identical services to be provided at Cedar Lane beginning as early as November 2022, are provided by Telecare Corp., under a contract with SYBH.

Telecare is a family and employee-owned company that has been treating individuals with serious mental illness since 1965. They specialize in outcomes driven services for individuals who are at risk of crisis and hospitalization. Their programs are recovery -focused and clinically effective and are designed in partnership with local, county, state, and other behavioral health organizations. They provide services in many states and have more than 4,000 employees.

Telecare has experience in providing SHS. Telecare's SHS are focused on stabilizing residents in their housing. This includes preparation for housing inspections, document collection activities, problem solving lease violations/tenancy issues and independent living skill development. Another area of focus in Supportive Housing Services is to collaborate and coordinate with other onsite providers and the property managers to develop a unified sense of community amongst all residents. This includes development of an active and vibrant resident council, and onsite socialization services that will enhance connectedness amongst residents to further enhance a sense of community.

Telecare SHS provides onsite services that are available 7 days a week. They are voluntary to all SYBH residents and will include, but not be limited to:

- Case management services
- Community resource linkage and referrals
- Behavioral health referral and coordination
- Crisis intervention services
- Group psychoeducation, social and rehabilitative services
- Individual housing stabilization planning
- Independent living skill building

- Collaboration with property management, regional housing authority, and other onsite providers

Teesdale & Heather Glen

Teesdale and Heather Glen are two properties that were bought using the original MHSA housing funds. Both are multi-family units that serve as permanent and supportive housing for SYBH clients. Both TAY and Adult clients are housed in these units. Supportive Housing Services are provided by SYBH staff members.

PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) programs are designed to promote wellness, foster health, and prevent suffering that can result from untreated mental illness, and improve mental health conditions in the early stages of its development. Prevention and Early Intervention services emphasize outreach and education to inform the community of indicators and risk factors leading up to mental health disorders. These programs are implemented to reach the most unserved, underserved, and inappropriately served communities of Sutter and Yuba counties. Efforts are made to reach these communities and improve linkage and referrals at the earliest possible onset of mental illness. Education aims to reduce stigma and discrimination of those suffering from mental illness. Early Intervention programs are targeted at those exhibiting early signs of a mental illness and are designed to reduce the duration of untreated serious mental illness and prevent mental illness from becoming severe.

Since the inception of MHSA, Sutter-Yuba Behavioral Health has implemented 15 activities and trainings focused on Outreach, Prevention and Early Intervention. With the collaboration of various agencies within the community, SYBH has developed programs across schools, ethnic outreach centers, law enforcement agencies and other family-focused social services departments. SYBH strives to expand its PEI programs and continually develop new ideas to reach all populations and communities of Sutter and Yuba counties.

Prevention and Early Intervention programs use a variety of trainings and evidence-based practices to provide the community awareness, early interventions, and community campaign methods such as Knowing the Signs of Suicide and Each Mind Matters. Each activity within the program works to address the needs of subpopulations within the community. Program changes under PEI will include the addition of a funded public information officer position to help with information sharing, social media management, community forums, public education addressing stigma, discrimination, services access, and other behavioral health topics in the coming budget year. This position will help integrate important behavioral health topics into public health community education efforts. Additionally, if funding is available, SYBH will work to develop more adult focused PEI programming in alignment with stakeholder feedback to include partnering with other public entities such as the Sutter County Museum and Library around culture and community resilience, as well as brief solution focused therapy approaches, neurofeedback or other PEI supports focused on adults.

COVID-19

The COVID-19 Pandemic has greatly affected the number of participants PEI has been able to reach in every division of the PEI program. Many programs had significantly decreased attendance rates or were not able to be offered at all during FY 21/22. As most programs are designed to be held in-person and to provide outreach or trainings face to face, the introduction of remote learning created

a barrier to access with our school age children. All schools in 2020 began remote classrooms with the introduction of school-based learning over a video monitor. With the number and limitations of in-person meeting participants also being restricted, adult programs have also seen a dramatic decrease in numbers. The PEI Staff with SYBH has had to redirect their efforts in response to the COVID-19 Pandemic.

The Prevention and Early Intervention staff have been working to improve tracking systems and ensure compliance with the Prevention and Early Intervention regulations released in July of 2018. Our agency has experienced challenges in having the proper systems in place to provide referrals for behavioral health services for all activities of the programs. This is in part because PEI activities are not managed in our Electronic Health Record. New requirements of the Sexual Orientation and Gender Identity (SOGI) questions have also created a barrier to having the demographic information collected. Once a participant reaches these required questions, they stop completing any of the remaining questions of the survey. This has led to an increase in the "declined to state option" for many of our demographics, not just the SOGI questions.

Prevention Programs and Activities

The Prevention Program is composed of eight activities. These activities include among others, The Council, Girls' Circle, Non-Binary Unity Circle, Nurtured Heart Approach, and the Camptonville Community Partnership. Each activity uses an evidence-based method and/or targets a subset of the community population to promote prevention efforts in the community. Each activity has its own set of indicators to measure outcomes based on its unique approach.

Activity: The Council *Program Code: PP-01*

Description: The Council occurs in school-based locations and juvenile hall. School-based and juvenile justice settings allows for participation by culturally diverse populations and includes underserved populations in Sutter and Yuba Counties.

The Council groups are well-suited in all settings where boys live and gather schools, after school programs, community youth groups and projects, juvenile justice settings, recreational programs, foster care services, mentoring projects, faith organizations, outdoor and adventure learning, camps, and mental health programs. Adolescent males are almost three times as likely as same-age females to have higher levels of substance abuse, especially binge drinking.

The Council is a strengths-based group approach for boys and youth who identify with male development to promote their safe and healthy passage through the pre-teen and adolescent years. PEI staff use a team approach in preparing for each session and use the curriculum as designed.

Goals: The goals of this activity are to decrease risk factors and increase protective factors.

Numbers Served:
Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low.

- In FY 21/22, 47 unduplicated clients were served

Annual Target of Individuals Served:

- 85 high school students

Indicators and Desired Outcomes:
The indicators noticed or perceived for referral into the program are as follows:

- Decreasing school attendance
- Low or declining grades
- Referrals for student participants

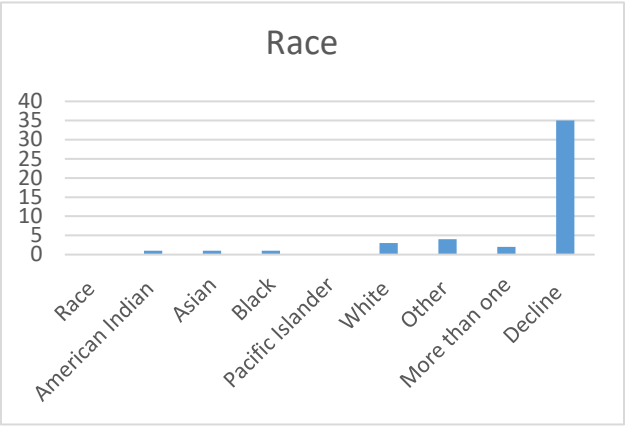
The outcomes predicted from this standardized curriculum are as follows:

- Increase in school engagement
- Decrease in substance use
- Practicing caring, respecting boundaries and respecting differences
- Improving attitudes about healthy identities

Data Collection and Evaluation: No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Culturally Competent: The program is intended for middle to high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Demographics:



Activity: Girls Circle *Program Code: PP-02*

Description: Girls Circle is a high school or middle school girls' support group that runs in eight, ten, or twelve-week sessions, meeting once per week for 40-60 minutes. Each session has a theme, and each week includes activities and/or discussion related to topics within that theme. PEI staff facilitate and support the activities and/or discussions, but participants are encouraged to direct the discussions and to support each other.

The Girls Circle program is advertised at participating schools to enable staff to refer student to the program and enable girls to self-refer. Information tables & presentations have also been used to introduce the program at new schools or at sites where we are attempting to get information about the program out to a larger audience. School sites request our staff to provide Girls Circle with the school counselors referring students to the group.

Indicators and Desired Outcomes: Girls Circle measures outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model. Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. The facilitator collects and analyzes the forms to determine the upcoming content for the next class.

The indicators noticed or perceived for referral into the program are as follows:

- Low school attendance / attachment to School
- Increase in substance abuse

The outcomes predicted from this standardized curriculum are as follows:

- Avoiding self-harm and decrease in substance abuse
- Positive body image
- Communicating needs to adults
- Making healthy choices regarding nutrition and self-care and activities

Goals: Girls Circle goals are to reduce negative outcomes of untreated mental illness by counteracting social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Connecting the students with the school counselor builds a safety net and a path to connecting to services.

Numbers Served:
Due to the COVID-19 in-person school restrictions, our annual attendance and number of students reached is low.

- In FY 21/22, 166 unduplicated clients were served

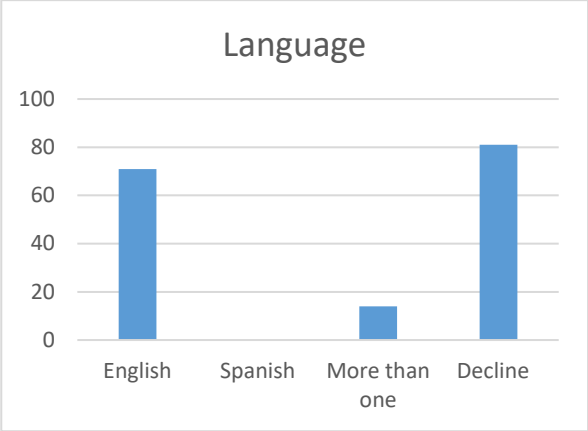
Annual Target of Individuals Served:

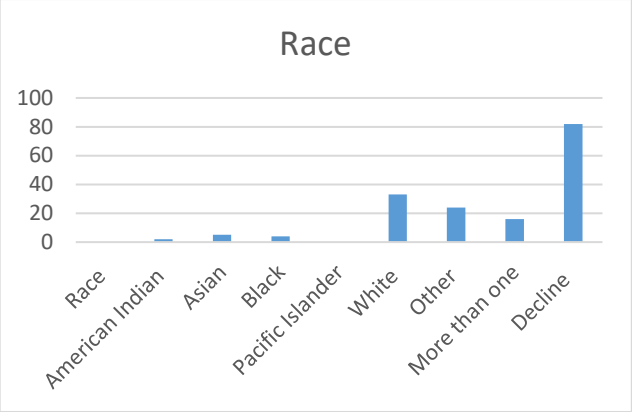
- 100 high school students
- 100 middle school students

Data Collection and Evaluation: No formal evaluation tool was used locally. To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Culturally Competent: The program is intended for middle to high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Demographics:





Activity: Unity Circle *Program Code: PP-03*

Description: Unity Circle is a 10-week session guide for LGBTQ+ youth of all gender identities and sexual orientation and their allies (transgender, cisgender, nonbinary, gender non-conforming, agender, gender fluid, gender questioning, two-spirit; gay, bisexual, lesbian, pansexual, and straight). This program may be appropriate for a Gay-Straight Alliance (GSA) and/or used in conjunction with the existing girl's circle or council groups. The Pride group provides a safe and supportive environment for all youth with expansive gender identities and sexual orientations and their allies. Due to marginalization, it actively counters isolation, internalized self-rejections, and other adverse health and mental health effects on LGBTQ+ youth.

Goals: Unity Circle actively counters isolation, internalized self-rejection, and other adverse health and mental health effects on LGBTQ+ youth due to marginalization. With respect for individual safety, control, and preference, and with no requirement for self-disclosure, the circle promotes belonging, inherent value, and community resilience.

Numbers Served:

- In FY 21/22, 26 unduplicated clients were served

Indicators and Desired Outcomes:
The indicators noticed or perceived for referral into the program are as follows:

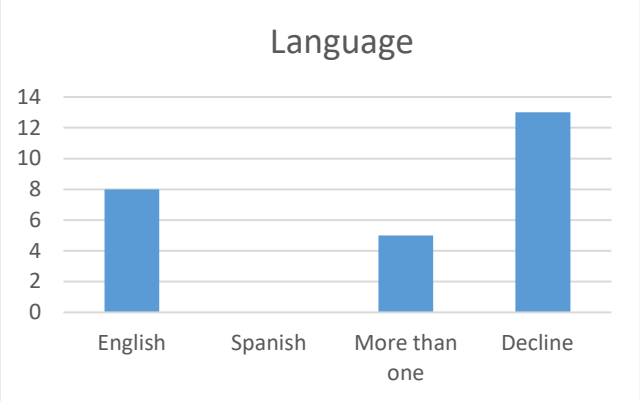
- Students that isolate because they struggle to find an identity
- Students that are bullied because of their gender identity
- Rejection from family because of their gender identity

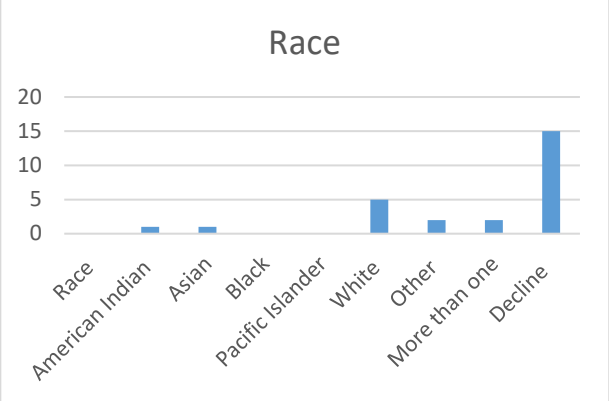
The outcomes predicted from this standardized curriculum are as follows:

- Express experiences, identify needs, recognize cultural and social influences on diverse identities and preferences, develop resources and skills, learn equity-building strategies, promote protective factors, and celebrate with authenticity
- To recognize individual strengths and capacities through adversity, to foster the protective factors of social support

Data Collection and Evaluation:
Pre- and Post-surveys that collect data at the beginning and at the end of the program. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Culturally Competent: The program is intended for high school students from all backgrounds, races, ethnicities, and ages (within the appropriate age range for the groups).





Activity: Nurtured Heart Approach *Program Code: PP-04*

Description: The Nurtured Heart Approach® (NHA) is more than just a parenting or educator behavior management strategy. It is a philosophy for creating healthy relationships with the people in your life. NHA consists of a set of strategies that assists children in further developing their self-regulation and has been found effective with children of all ages. It focuses on transforming the way children perceive themselves, their caregivers, and the world around them. Children learn to understand that they will receive endless amounts of praise, energy, recognition, and reward through the positive behavior they display, and this supports children to build a positive portfolio of themselves. NHA is being successfully implemented through families, classrooms, foster care, health care professionals, social workers and criminal justice organizations that are seeking successful, early intervention techniques. The activity is open to everyone regardless of their parenting skills and is non-discriminatory.

Indicators and Desired Outcomes:
The indicators noticed or perceived for referral into the program are as follows:

- School referrals
- CPS / County Court referrals
- Probation department referrals
- Community referrals

The outcomes predicted from this standardized curriculum are as follows:

- Improve family relationships
- Promote positive behavioral changes in children
- Improve the child-parent relationship

Goals: The goals of this activity are to improve communication, manage behavior or teach social skills and target specific realms of problematic actions that children are manifesting.

Numbers Served:

- In FY 21/22, 100 unduplicated clients were served

The PEI staff have adapted this program to a virtual learning environment. This has allowed the program to continue to be taught in schools via ZOOM.

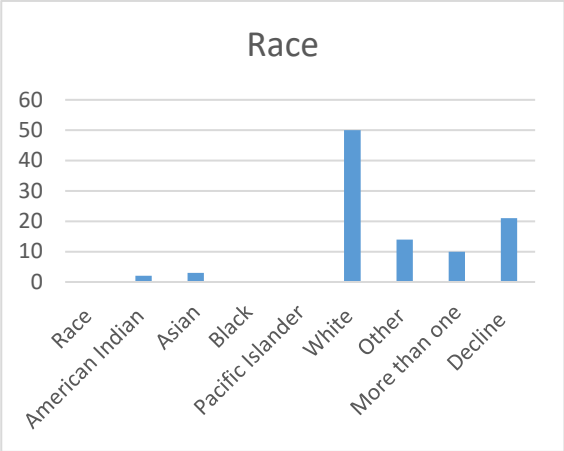
Annual Target of Individuals Served:

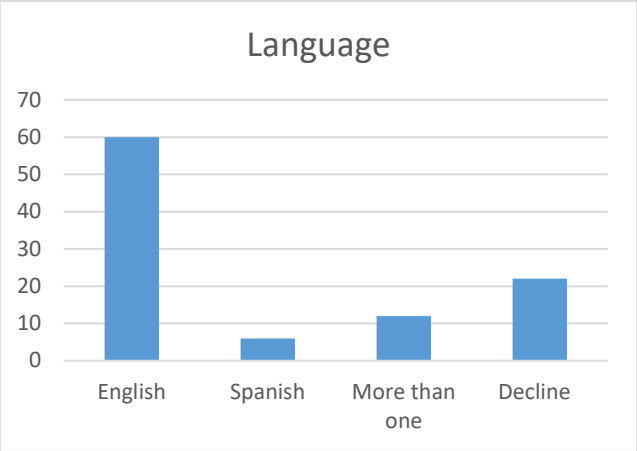
- 100 English-speaking Adults
- 50 Spanish-speaking Adults

Data Collection and Evaluation: Data is collected through completed Nurtured Heart Approach evaluations at the end of each week. To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the 2022/2023 academic year.

Culturally Competent: The program is intended for parents from all backgrounds, races, ethnicities, and ages. NHA is available in Spanish and English.

Demographics:





Activity: Camptonville Community Partnership *Program Code: PP-05*

Description: The Camptonville Community Partnership Program is an activity that targets members of stressed families, students at risk of school failure, underserved populations, and those at risk of a potentially serious mental illness. The Program's target population is Yuba County upper foothills youth aged 8 to 18 years of age. These efforts will increase the foothill community capacity to provide prevention and early intervention opportunities for youth. Referrals for the program come from the schools and foothills community members. The Camptonville Community Partnership Program helps strengthening relationships between family members, classmates and teachers through activities that provide teamwork and building their communication skills.

The Camptonville Community Partnership (CCP) PEI contract offers small stipends for mentorships and skill building projects giving adults opportunities to work with students, at their own schools.

Activities are outlined below.

Mentorship/ Skill Building	Number of youths served (unduplicated #'s)	Total attendance	Ages
Camptonville After School Program	51	199	5-14
Chaperoned Internet assistance for schoolwork	5	31	
Mentorship opportunities	6	22	10-13
Total youth served	56	252	5-16

These activities:

- Develop after school/evening recreation program(s) using youth and adult mentors,
- Subsidized organized sport scholarships to cover the cost of participation (registration, travel, uniforms, equipment etc.)
- Provided stipends to aid the community in program participation

Indicators and Desired Outcomes:
The indicators noticed or perceived for referral into the program are as follows:

- Low socioeconomic status
- Loss of significant relationship
- Stigma
- Low self-esteem

The outcomes predicted from this standardized curriculum are as follows:

- Self-regulation
- Secure attachment
- Mastery of communication and language skills
- Ability to make friends and get along with others

Goals: The Camptonville Community Partnership Program helps strengthen relationships between family members, classmates and teachers through activities that provide teamwork and building communication skills.

Numbers Served:

- In FY 21/22, 56 unduplicated clients were served

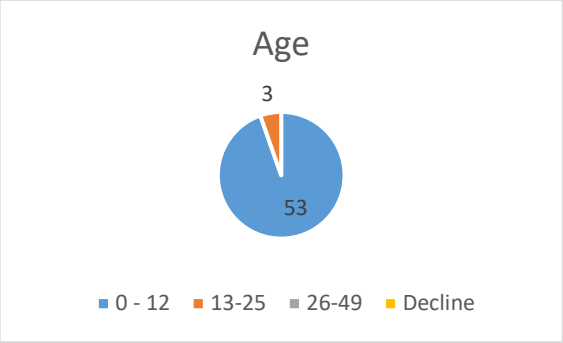
Annual Target of Individuals Served:

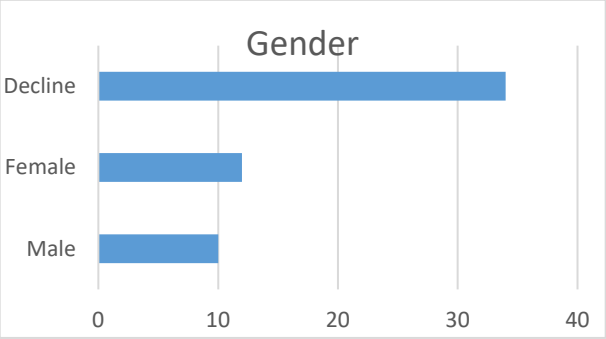
- 40 - 60 Youth and families

Data Collection and Evaluation: Monthly demographic reports are collected by the staff of CCP and are then sent to Prevention and Early Intervention staff with a thorough description of all monthly activities, including the number of individuals reached and how the activity provides protective factors and relates to prevention. Submitted documents include sign in sheets and satisfaction surveys.

Culturally Competent: Camptonville Community Partnership takes a multi-pronged approach that builds the Camptonville, Brownsville, Challenge community's capacity to sustain youth and engage mentorship to reduce negative outcomes. The Yuba County foothills region is an isolated community that requires outreach to the community through schools and local agencies to reach the various small towns in the region.

Demographics:





Activity: CyberBullying *Program Code: PP-06*

Description: Cyberbullying: A Prevention Curriculum for Grades 6 –12 is a program that deals with attitudes and behaviors associated with cyberbullying. It consists of eight, 50-minute sessions with additional reproduceable resources.

Goals: This program strives to achieve these goals:

- Raise students' and parents' awareness of cyberbullying and why it is so harmful
- Equip students with the skills and resources to treat each other respectfully when using online tools
- Give students information about getting help if they, or others they know, are being cyberbullied
- Teach students how to use technology in positive ways

Numbers Served:

- In FY 21/22, 44 Unduplicated clients were served

Target Population:

- Middle and High school students in Sutter County and Yuba County

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Students may feel invisible or anonymous while online
- Feelings of loneliness may lead to a greater willingness to engage in negative actions

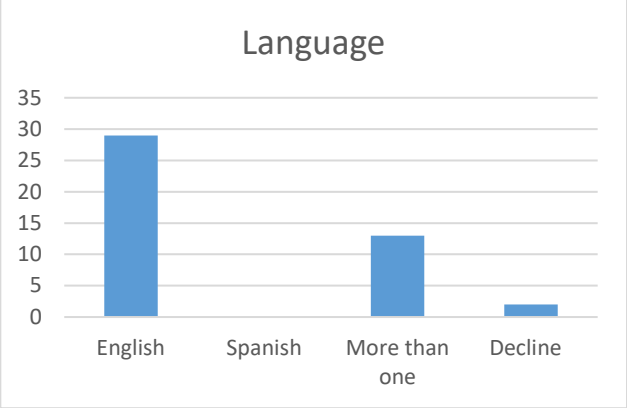
The outcomes predicted from this standardized curriculum are as follows:

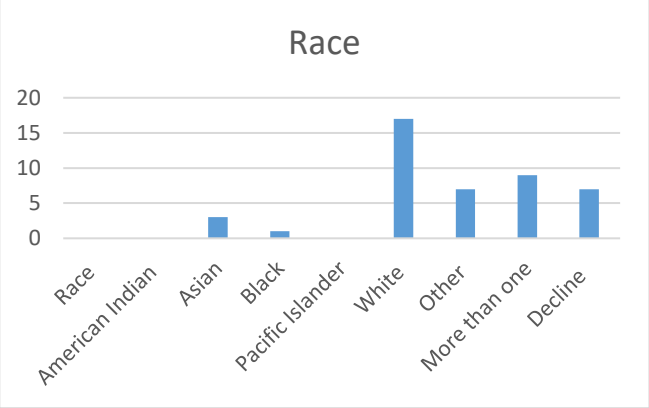
- Identify the effects of cyberbullying on the student who is bullied, on bystanders, and on the students, who bully
- Identify what technology is used and what steps to take, if they know someone else is being cyberbullied
- Identify cyberbullying situations
- Identify how they personally will commit themselves to stop or prevent cyberbullying

Data Collection and Evaluation: A pre-test/post-test that is conducted before and after implementation of the curriculum to measure student retention will be administered. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Culturally Competent: The program is intended for middle to high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Demographics





Activity: Stopping the Pain *Program Code: PP-07*

Description: Stopping the Pain, the Signs of Self-Injury prevention program, is designed to address the problems of self-injury through the school environment. The exercises in *Stopping the Pain* will help explore why anyone would self-injure and give ideas how you can stop. The workbook provides high school students with tools to prevent and respond to self-injury. These tools are targeted for use by students, school staff, and parents. This workbook was designed to provide and learn new skills for dealing with issues in life, reduce stress, and reach out to others when needed. The work through the workbook, is your own personal and private road map to regaining control of your life.

Goals: Stopping the Pain works towards these program goals

- Understand why you hurt yourself
- Find better ways to handle difficult feelings
- Control your desire to hurt yourself
- Make a commitment to stop hurting yourself and get the right kind of support you need from the people who care about you

Numbers Served:

- In FY 21/22, 22 clients were served

Target Population:

- High School Students

Indicators and Desired Outcomes:
The indicators noticed or perceived for referral into the program are as follows:

- Students who self-harm
- Students that may exhibit any of the following
    - Neglect, abuse, aggression, or anger

The outcomes predicted from this standardized curriculum are as follows:

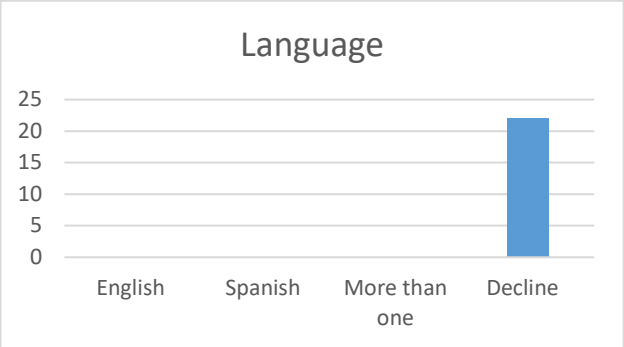
- Stop self-harm and become aware of my feelings
- Find new ways to cope with self-harm and build a positive plan
- Build better relationship with parents
- Find positive things in life that make people happy and have stronger self esteem

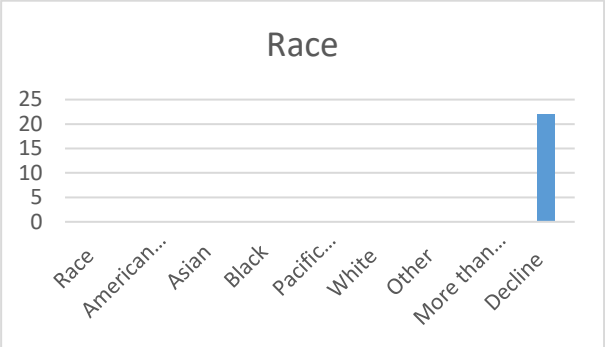
Culturally Competent: The program is intended for high school students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Data Collection and Evaluation: A Pre and post survey are collected. Surveys will be completed by each student at the beginning and at the end of the program. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Changes to 2021-2024 Three-Year Program and Expenditure Plan: SYBH already has plans for three new activities beginning FY 21/22. Based on the needs of the community and requests from schools, Unity Circle, CyberBullying, and a new grief support activity will be implemented.

Demographics





NEW PREVENTION PROGRAMS FOR FY 22/23

Activity: Women's Circle *Program Code: PP-08*

Description: The women's circle is a support group for women to share, explore, build skills, and encourage one another to live authentically in mind, body, heart, and spirit; t**hrough discussions and creative arts activities, women address and build skills in the areas of relationships, self-care, clarifying purpose, goal setting, money, conflicts, skills in work and professional life. The 10-week**

program focuses on holistic health and wellness using a variety of creative processes such as collage, games, surveys, case studies, and analysis, along with guided visualization, stress relief, and inspirational role models to explore self-care and how to support one another. Themes include physical, emotional, spiritual, occupational, and financial wellness, intimacy, and sexual wellness in women's lives.

Goals: By participating in meaningful, gender-relevant discussions and capacity-building activities, women reinforce their vital roles within the community and society. Women grow through and toward relationships as they share diverse strengths and capabilities that shape their lives and communities.

Numbers Served: 0

Annual target of individuals served: 20 to 25

Target population: The women support group id s program for women in colleges, careers, recovery programs, institutions, job training, military or volunteer service, faith-based setting, homemakers, and caregivers. The women's circle Is open to anyone in our community regardless of Race/ethnicity.

Indicators:

- Women who have a difficult time making friends
- Women who would like to improve their relationship with family
- Women who have a hard time expressing themselves

Desired outcomes: Women gain Self-esteem, confidence, and power to live according to their true values.

The approach used to select outcome: Pre and post surveys

Cultural Competency and Non-Stigmatizing and Non-Discriminatory Strategies: The curriculum can be presented in English and Spanish.

Data collection and frequency: PEI staff will administer the pre- and post-surveys at the beginning and the end of the 10-session program.

Demographics: Demographics will be collected at the end of the FY: 22-23

Activity: My Journey Grief Support Group *Program Code: PP-09*

Description:

- My Journey Grief support, a comprehensive, intervention-based program to support students after the death of an important person in their life (parent, caregiver, sibling, grandparent, friend, etc.).

- The My Journey Grief model is peer support, which consists of bringing grieving people together to form a compassionate and caring community who support and grow alongside one another, by creating a space for "kids to be kids" through a variety of methods including play, music, art, drama, and reflective sharing

Goals:

- Support groups helps students build resilience to overcome loss and adversity in their lives and grow from this loss and adversity.
- address the needs of the whole child: breaking down isolation and stigmas
- equipping families with coping strategies and communication skills
- promoting good mental and physical health.
- provide unlimited, and accessible support and advocacy to children and teens.

Numbers Served: 0

Annual target of individuals served: Pending program implementation

Target population: K-12

Indicators:

- **Social Isolation**
- **Reduce stigma around death and grief**
- **Youth that show signs of being over stress/overwhelm**
- **Youth that are Anxious and depressed**
- **Youth that are affected emotionally by the death of a loved one**

Desired outcomes:

- Empower educators and/or staff to create an empathetic environment in their classroom
- Learn how to understand how adversity, loss, and trauma shape the behaviors, learning, relationships, and wellbeing of children and adolescents
- Prepares students to navigate the adversity and loss in their daily lives – today and in the future
- Prevention-based social and emotional learning program for all K-12 students
- Parent/caregiver training on fostering resilience with children and teenagers within the home
- Reduce isolation and increase coping skills.
- Improved self-esteem and self-efficacy
- Feel more connected to the deceased parent or sibling
- Enhance sense of connectedness
- Adapt strategies such as mindfulness, emotion regulation and healthy coping.

Approach used to select outcome:

- Education and advocacy efforts

Cultural Competency:

Data collection and frequency:
No data will be collected for elementary schools, PEI is working on developing

Demographics: 0

Early Intervention Programs

Activity: Strengthening Families *Program Code: EIP-01*

Description: Strengthening Families is an evidence-based prevention program that is intended for high-risk and general population families. This evidence-based family skills training program has significantly improved parenting skills and family relationships, reduced problem behaviors, delinquency, and alcohol and drug abuse in youth ages 10 to 14, and improved social competencies and school performance. The Strengthening Families Program is a three-hour parenting program for youth 10 to 14 years of age and their parents. The program is offered to both counties in a series of seven weeks. Families are provided with dinner; parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion during the second hour. Families reunite to work together in a family class.

Goals:

- Increasing protective factors
- Improving family relations
- Reducing family conflicts
- Reducing levels of substance use and involvement with law enforcement

Numbers Served:

- In FY 21/22, 0 clients were served.

Annual Target of Individuals Served:

- 30 individuals.

Indicators and Desired Outcomes:

Indicators were selected using the guidance from the Strengthening Families Evidence-Based model. These indicators also help evaluate the reduction of prolonged suffering.

The indicators noticed or perceived for referral into the program are as follows:

- Knowledge about depression and suicide
- Attitudes about depression and suicide
- Alcohol and drug abuse in children

- Social competencies
- School performance
- Parental understanding of child behaviors
- Child understanding of parental efforts

The outcomes predicted from this standardized curriculum are as follows**:**

- Increased protective factors and family interactions
- Learned nurturing skills that support their children
- Effective discipline and guidance for children during their teen years
- Appreciation for parental efforts
- Increased parental understanding of children's behaviors
- Health understanding of limits for both parents and children

Culturally Competent: The program is intended for youth ages 10 to 14 from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups)

Data Collection and Evaluation: PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
At this point in time there no changes are anticipated o the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Activity: Aggression Replacement training *Program Code: EIP-02*

Description: Aggression Replacement Training is a ten-week course for adolescents on a high school campus. It is a cognitive-behavioral intervention that trains participants to cope with their aggressive and violent behaviors. The program is taught in a one-hour class per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Participants are selected by the school administration, not to exceed 10 participants per course. The Public Health PEI Team provides trained instructors and all materials to a limited number of high schools.

The activity specifically targets chronically aggressive children and adolescents ages 12-17. Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs, Aggression Replacement Training has been implemented in schools and juvenile delinquency programs across the United States and throughout the world.

Goals:

- Improve mental health and related functional outcomes
- Learning behavioral modification
- Improve functional outcomes in the classroom setting

Numbers Served:

- In FY 21/22, 6 unduplicated clients were served

Annual Target of Individuals Served:

- 20 High School Students

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Ability to recognize anger and control
- Social skills
- Moral reasoning capacity
- Felony recidivism rates

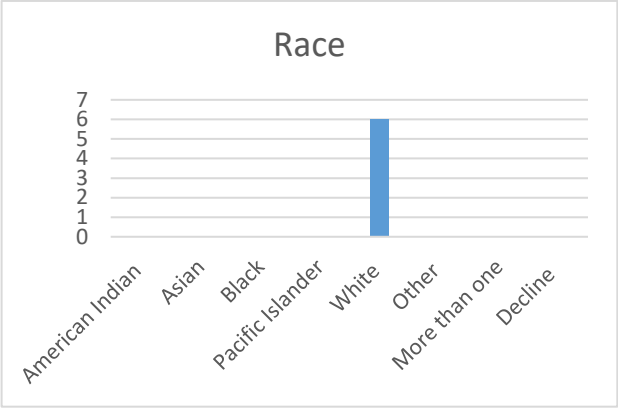
The outcomes predicted from this standardized curriculum are as follows**:**

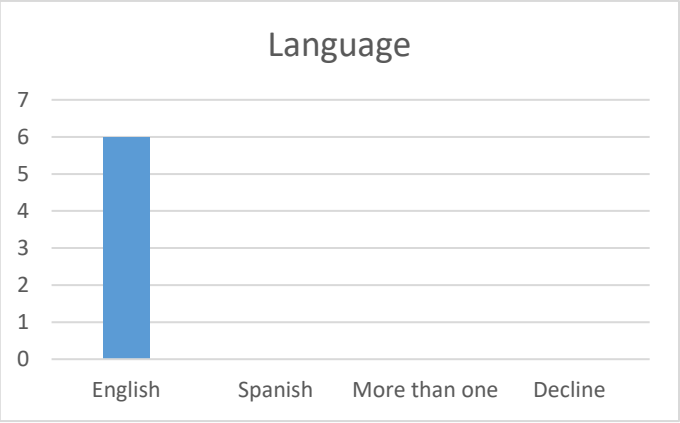
- Increased ability to identify anger behavior cycle elements & control
- Increase in social skills
- Increase in moral reasoning capacity
- Decrease in felony recidivism rates

Culturally Competent: The program is intended for youth ages 10 to 14 from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups).

Data Collection and Evaluation: PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Demographics:





Activity: Second Step Bullying Prevention *Program Code: EIP-03*

Description: The Second Step Bullying Prevention includes training and resources for school staff, classroom lessons, games, activities, and Home Link materials for families, which build on the

foundation of Social Emotional Learning (SEL) to give schools the tools to prevent bullying. The Second Step Bullying Prevention Unit, combined with SEL, empowers schools to engage in comprehensive research-based bullying prevention, starting in kindergarten.

Goals:

- Increase social-emotional development and increase sense of belonging in schools
- Foster self-awareness & self-confidence
- Increase belief in the ability to accomplish meaningful actions & goals in their lives
- Social problem solving and friendship building
- Learning positive assertive skills

Numbers Served:

- In FY 21/22, 808 unduplicated clients were served.

Annual Target of Individuals Served:

- 800+ Elementary School children

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Anger
- Passivity
- Anxiety
- Fear
- Jealousy
- Truancy
- Defiant behavior

The outcomes predicted from this standardized curriculum are as follows:

- Socially responsible behavior
- Friendships
- Cooperation/Coping and conflict resolutions
- Emotion-management skills
- Academic improvement
- Reduction of truancy
- Increased empathy

Data Collection and Evaluation: No data will be collected from the bullying prevention program for elementary school students. No formal evaluation tool will be used.

Culturally Competent: Yes, the program is intended for elementary students from all backgrounds, races, ethnicities, ages (within the appropriate age range for the groups). The curriculum is also available in Spanish.

Demographics

All elementary school students decline to answer all demographics questions

Activity: PACES – Positive Adverse Childhood Experiences *Program Code: EIP-04*

Description: MHSA funding is being used to provide 1 full time position under Prevention and Early Intervention programs to maintain and monitor the PACES website. The position is responsible for creating content, networking, and increasing provider members and posting blog posts to the website. ACES are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACES cause much of our burden of chronic disease, most mental illnesses and are at the root of most violence. The purpose of the website is to raise awareness and educate the community on adverse childhood experiences and to decrease risk factors as well as inform the community of mental and behavioral health resources to address these issues.

Goals:

- Decrease in risk factors or indicators
- Create safe, stable, and nurturing relationships
- Increase in Community Protective Factors
    - Communities where families have access to economic and financial help
    - Communities where families have access to medical care and mental health services
    - Communities with access to safe, stable housing
    - Communities where families have access to nurturing and safe childcare
    - Communities where families have access to high-quality preschool
    - Communities where families have access to safe, engaging after school programs and activities
    - Communities where adults have work opportunities with family-friendly policies
    - Communities where residents feel connected to each other and are involved in the community
    - Communities where violence is not tolerated or accepted

Successes:

- Full time PEI staff has increased member providers listed on the website from 4 members to 92

Target Population:

- All Yuba-Sutter communities' families with children at risk of adverse childhood experiences. Growing up in a family with mental health or substance use problems.

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows

- Physical, sexual, and verbal abuse
- Physical and emotional neglect
- A family member who is:
    - Depressed or diagnosed with other mental illness
    - Addicted to alcohol or another substance
    - In prison

The outcomes predicted from this standardized curriculum are as follows:

- Increase awareness by measurement of new visitors to the website each month
- Create strong partnerships between the community and business, health care, government, and other sectors

Culturally Competent: Yes, through our annual training provided to all our Prevention and Early Intervention of our staff.
Data Collection and Evaluation: Data is collected through the PACES website as well as community surveys and KidsData.org

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
At this point in time there are no changes anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Activity: Mental Health First Aid (MHFA) *Program Code: OES-01*

Description: Mental Health First Aid and Youth Mental Health First Aid is an interactive 8-hour course designed to present an overview of mental illness and substance use disorders. This training will give members of the public aged 18 and older critical skills to help someone who is developing a mental health problem or experiencing a mental health crisis. These trainings are free of charge to all participants, including workbooks and materials.

The course teaches participants the risk factors and warning signs of various mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose or provide any therapy or counseling. Instead, participants learn to support someone developing signs and symptoms of a mental illness or emotional crisis by applying a core five-step action plan. PEI staff collected all evaluations and analyzed Pre- and Post-Survey data in FY 21/22 to best measure changes in attitudes, knowledge, and behavior regarding suicide.

Goals:

- Provide life-assisting guidance to persons at risk in a flexible manner
- Identify what needs to be in a person at risk's plan for safety
- Demonstrate the skills required to provide suicide first aid to a person at risk of suicide

Numbers Served:

- In FY 21/22, 324 unduplicated clients were served

Target Population:

- California Highway Patrol, Yuba County Jail Staff, Sutter, and Yuba County Probation, community members, non-profit agencies, Latino Community and Head Start program in both counties.

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

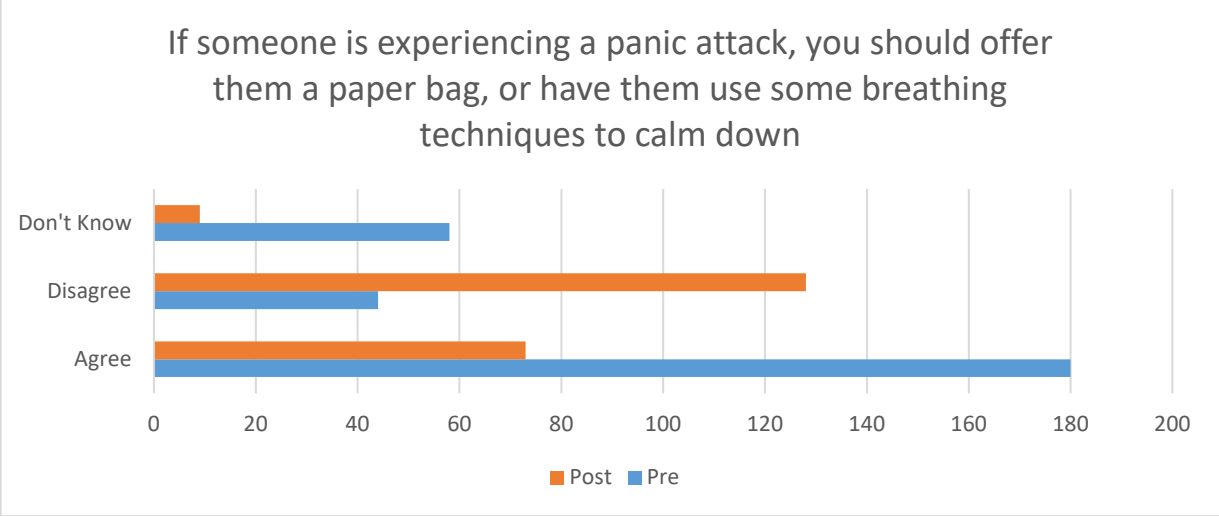
- Recognized risk factors and warning signs of various mental health challenges common among adolescents
- Anxiety or Depression
- Psychosis, Disruptive Behavior Disorders, and SUD's
- Eating Disorders
- AD/HD

The outcomes predicted from this standardized curriculum are as follows:

- Learn to support someone developing signs and symptoms of a mental illness
- Apply a core five-step action plan

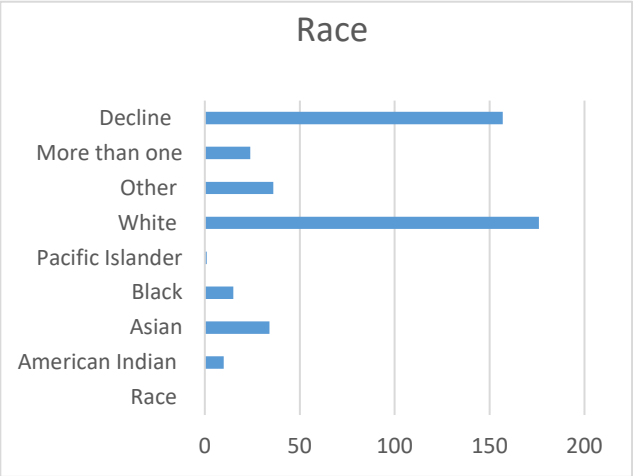
Culturally Competent: The MHFA/YMHFA program is intended for adults 18+ from all backgrounds, races, ethnicities, and ages. The curriculum is also available in Spanish. The teen Mental Health First Aid is intended for high school students from all backgrounds, races, and ethnicities. The curriculum is available in Spanish.

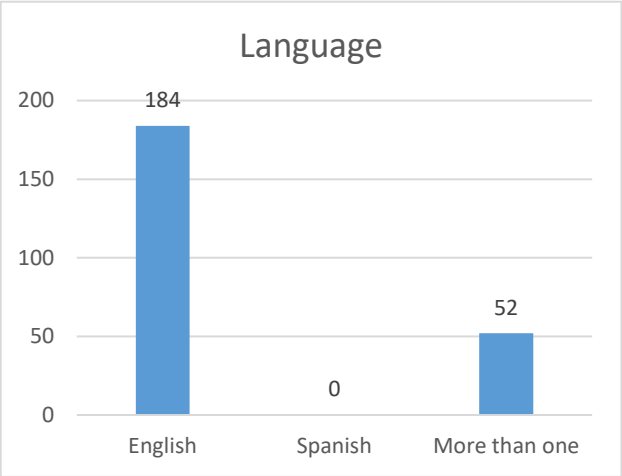
Data Collection and Evaluation: Program outcomes are measured by collecting the pre- and post-surveys. The instructors review the data and report it to the PEI Program manager.



As evidenced above from just one of the MHFA Pre and Post questions, the training proves successful in educating and correcting common misconceptions the public may have heard somewhere.

Demographics:





Activity: Behavioral Health Educational Videos *Program Code: OES - 02*

Description: SYBH is collaborating with a local video production company to create and produce a series of short 2–4-minute television-ready videos for the purpose of educating, outreach, advertising and promotion of Sutter-Yuba Behavioral Health services and the Mental Health First Aid (MHFA) program. The educational and outreach videos will consist of interviews and reenactment of events and situations where mental health services and Mental Health First Aid made a significant difference in people's lives. The project includes story conceptualization and development, interviews, video production, and formatting for broadcast through a variety of traditional and digital platforms such as television, social media, web, and in-house display.

Goals:

- Raise awareness of mental health issues
- Educate the community on mental health resources and Mental Health First Aid
- Increase mental health outreach to the Sutter and Yuba Counties community

Numbers Served:

- This project recently launched in May of 2021 and SYBH is in the process of conducting research, content development, and identifying cast members

Target Population:

- Sutter and Yuba Counties residents

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
The community planning process that took place this year provided consistent feedback indicating that community members want to be provided with consistent, current, and timely information about MHSA programs, general mental health services, and means for accessing services. This included a recommendation that teachers, school districts and counselors are proactively outreached

to and have easy access to this information when seeking it. Furthermore, it was recommended that SYBH provide better navigation services to assist individuals new to services who have been attempting to access behavioral health services but are struggling with the many barriers and complexities encountered in the system. Subsequently, during FY 22/23 we will explore and, if fiscally possible, implement additional PEI funded staffing to increase outreach, public information sharing, and navigation services.

Stigma and Discrimination Reduction Programs

Activity: Tri-County Diversity *Program Code: RP-01*

Description: Tri-County Diversity is working with all ages in our local schools, including the Marysville Joint Unified School District and River Valley, Marysville, and Yuba City High Schools. Tri-County Diversity helps to further influence and create strong collaboration with schools and the public and private sectors of our community regarding issues surrounding LGBTQIA+ persons though collaborative efforts. Tri-County Diversity is connected to our community though outreach and events provided throughout Sutter and Yuba Counties. Tri-County Diversity has a website to help provide access to their services as well as a Social Media presence (Facebook, Instagram) and profiles on Meetup.com for the adult and young adult portions of the group. The youth portion of the group keeps in contact with school Gay Straight Alliance groups for collaboration and is available to school administration as needed. Tri-County Diversity continues to participate in outreach events to include the United Way Resource Fair, Summer Stroll and Peach Festival, connecting with all those interested in learning or just being able to get involved with activities for youth and adults. Tri-County Diversity increases opportunities for social interaction to encourage support, education, and community involvement in a safe, supportive environment for the LGBTQIA+ community members through outreach and support events. Tri-County Diversity provides quarterly reports on all events and activities and submits them to the PEI Program Manager for review. The PEI Program Manager reviews the quarterly reports & demographic information received from Tri-County Diversity to determine participation, outreach, and event activities.
Tri-County Diversity has a permanent address located at 201 D Street, Suite L In Marysville, Ca.

Goals: To provide social space, peer support and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter, and Colusa Counties, along with their straight supporters.

Numbers Served:

- In FY 21/22, 313 unduplicated students were served

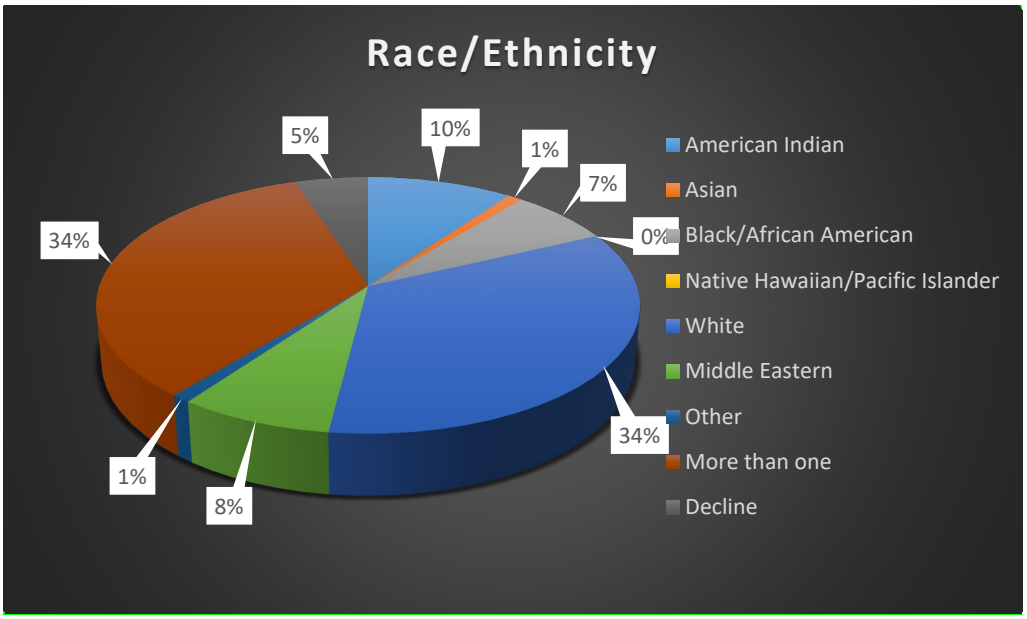
Annual Target of Individuals Served:

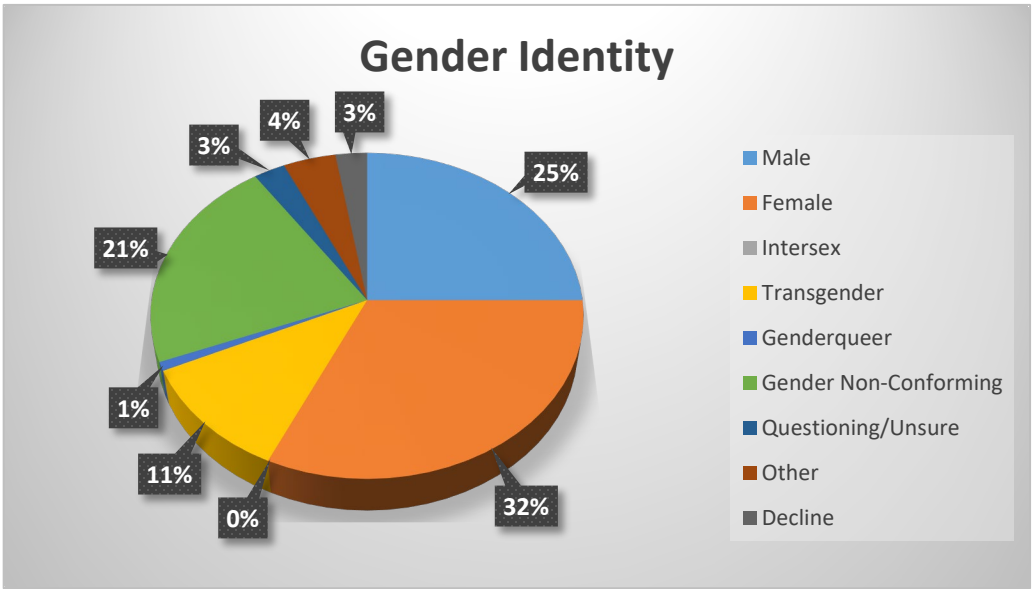
- 225 Individuals

Data Collection and Evaluation: Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. For 2020-2021, Tri-County Diversity served a total of 313 people in 53 online outreach events, had hotline calls, mailed care packages, presented 3

virtual presentations, and gave Sutter-Yuba Behavioral Health referrals for additional mental health services.
Please note that this is the only non-profit serving as an outreach to the LGBTQIA+ community in Sutter, Yuba, and Colusa Counties.

Demographics:
The numbers below are first-time contacts with members for the year, and do not include all participants, but only those participants that willingly submitted demographic information.





Activity: Hmong Impact Youth *Program Code: RP-02*

Description: Due to low penetration rates and contrasting reports from the community regarding challenges and barriers that Hmong youth and families often face with mental health issues, the Hmong Impact Youth program was created to educate, raise awareness, and decrease mental health stigma and discrimination and support Hmong youth who may be experiencing mental health issues. Because there is a cultural and generation gap amongst Hmong youth, parents and older adults, the Hmong Youth Needs Assessment Survey was tailored to gather information from the different perspectives of youth, parents, and the Hmong community. Although the target population is Hmong Youth, everyone is told at outreach events that anyone can become members if they identify with this underserved group.

The activity is Hmong youth driven under the Hmong American Association agency/umbrella, thus reducing mental health stigma compared to if ran through the Hmong outreach Center (HOC). Meeting locations are generally at the Hmong American Association office, located in downtown Marysville; however, meeting locations and activity locations also vary based on community needs. For example, Impact Youth has met at local churches, at the HOC, at Starbucks, at Cookie Tree, and various community locations that would allow the participants to feel more comfortable and have easier access. It was also agreed that running this program/service through Hmong American Association would allow for a broader scope, and thus broader range of activities to make it more culturally responsive, due to the limitations and scope of activities provided through the county. Hmong Outreach Center staff provides Technical Assistance and assists in putting together and keeping this program/service running since the Hmong American Association does not have staffing capacity. The Hmong American Association Board/staff are available anytime by phone, appointment, and/or at regular Hmong American Association Board meetings.

Goals:

- Becoming self-sustaining, with age, generational, and culturally appropriate activities that naturally engage and retain youth members
- Inspire new leaders to make a difference
- Preserve their Hmong culture
- Appreciate the sacrifices of the older generation
- Connect back to their roots
- To embrace their Hmong identity

Numbers Served:

- In FY 21/22, 228 unduplicated clients served.

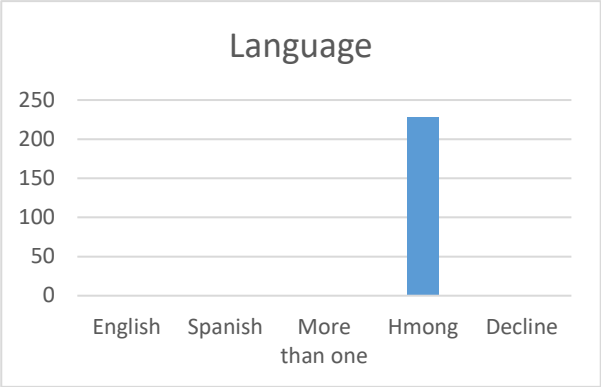
Annual Target of Individuals Served:

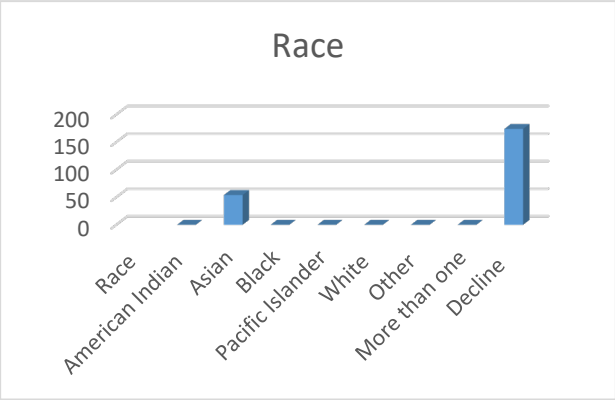
- 40 Hmong Youth

Data Collection and Evaluation: To streamline evaluation efforts and have them align with the evaluation tools the schools use for the same programs, we are in the process of collaborating with the school to create one evaluation outcome tool. The evaluation of this tool is scheduled to take place from January 2022 to August 2022. The new evaluation tool will begin to be used in the

2022/2023 academic year.

Demographics





Activity: Implicit Bias and Diversity, Equity, and Inclusion (DEI) in Mental Health

Program Code: RP-03

Description: SYBH sponsored several Implicit Bias and Diversity, Equality, and Inclusion (DEI) trainings to improve cultural competency within SYBH as well as educate community members and stakeholders on issues of social/racial injustice, etc. and its implications on the behavioral health system and organizations in general. The Implicit Bias trainings, which was a 2-course series, explored the meaning of implicit bias, how it impacts organizations, and how to mitigate it. Broadly speaking, implicit bias is the subconscious form of group-based bias involving varying degrees of discrimination or unequal treatment of others. The Implicit Bias trainings were provided to all SYBH staff and Sutter County Health and Human Services staff. The trainings were also offered to staff from other Sutter County departments, such as HR, local behavioral/mental health community-based organizations, local educational agencies, healthcare and law enforcement agencies, and community members in an effort to combat its effect in the community, including the behavioral health system. SYBH hosted 4 Implicit Bias trainings in FY 21/22 and 7 in FY 21/22. SYBH also hosted 2 DEI seminars for leadership staff in FY 21/22 and will continue to provide 4 additional seminars for front-line staff through the end of FY 21/22. The DEI efforts also aim to increase knowledge and competence in the areas of diversity, equality, and inclusion in the organization and behavioral health system.

Goals:

- Increase community awareness of mental health issues as it pertains to DEI
- Educate the community on DEI-related issues in the mental health system

Numbers Served:

- In FY 21/22 to December 31, 2021, 444 Individuals participated and were trained

Annual Target of Individuals Served:

- 600 Individuals

Indicators and Desired Outcomes:
Indicators:

- Individuals impacted by mental health
- Individuals that provide mental health services
- Individuals who work with the mental health population or providers of mental health services

Desired outcomes:

- Greater reach and impact of mental health awareness in the community through outreach and education
- Increased awareness and knowledge of DEI-related mental health issues

Data Collection and Evaluation: Demographic data of participants was collected to determine the reach of the activity and their relationship to the community or profession. Some activities included a pre and post assessment to determine the impact of the activity on their knowledge and awareness.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
At this point in time there are no changes anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Suicide Prevention Programs

Activity: Yellow Ribbon Suicide Prevention *Program Code: SP-01*

Description: This activity is intended for high school students, their families, and the staff at their schools. Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school.

Goals:

- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Reduce stigma around mental health and suicide
- Encourage help-seeking behaviors through the Ask 4 Help message
- Engage parents and school staff as partners in prevention through “gatekeeper” education
- Increase knowledge about community resources for getting help
- Encourage schools to develop community-based partnerships

Numbers Served:

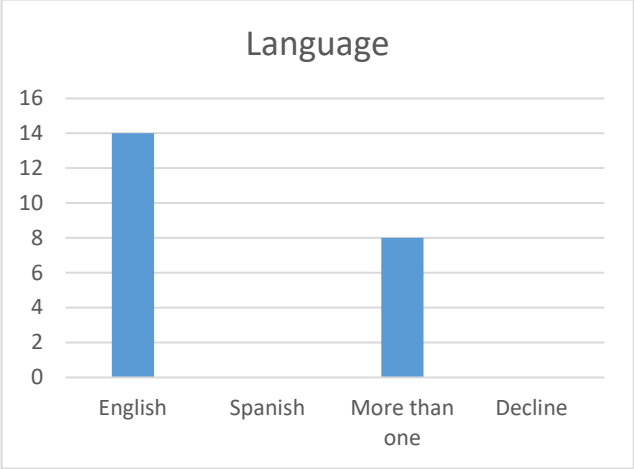
- In FY 21/22, 22 unduplicated clients were served. Due to the COVID-19 pandemic, restrictions around outreach events and gatherings limited the activities SYBH was able to hold.

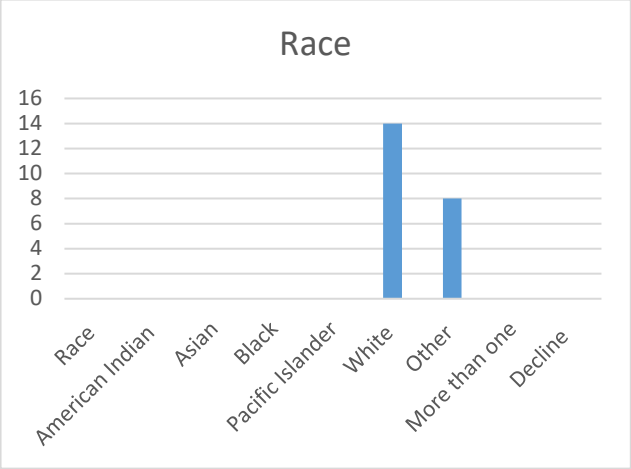
Target Population:

- High School Students

Data Collection and Evaluation: There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with school. Many schools also follow the presentations with in-class and/or smaller group discussions. Informal data collection occurs at the beginning of the presentation, with optional screening at the end of the presentation. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Demographics





Activity: Applied Suicide Intervention Skills Training (ASIST) Program Code: SP-02

Description: The Applied Suicide Intervention Skills Training (ASIST) workshop is for community members who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours), two-trainer, intensive, interactive, and practice-dominated course designed to help people recognize risk and learn how to intervene to prevent the immediate risk of suicide. ASIST is for all community members in Sutter and Yuba Counties. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training. ASIST can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide.

Sutter-Yuba Behavioral Health collaborates with organizations and agencies in the community to offer the training in various settings, including schools, government buildings, privately owned buildings, and Sutter-Yuba Behavioral Health locations. By offering the training in different locations, it is easier for community members from both Sutter and Yuba Counties to participate. The training

uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation, and practice experiences, running simulations, and commenting through restatements and summaries. Trainers talk about what will be happening before it happens, and participants have the opportunity for increasing challenge as they become more comfortable with the concepts and start to practice skills.

Goals:

- Improve trainee skills and readiness
- Utilize interventions shown to increase hope and reduce suicidality
- Increase general counseling and listening skills

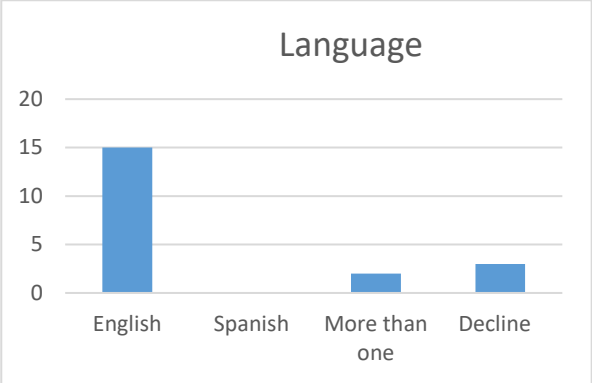
Numbers Served: 20 clients were served

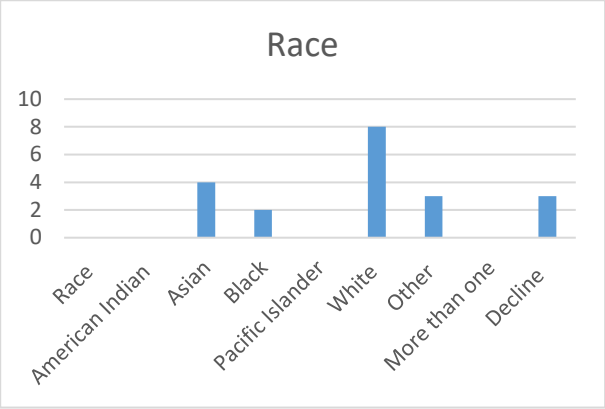
Annual Target of Individuals Served:

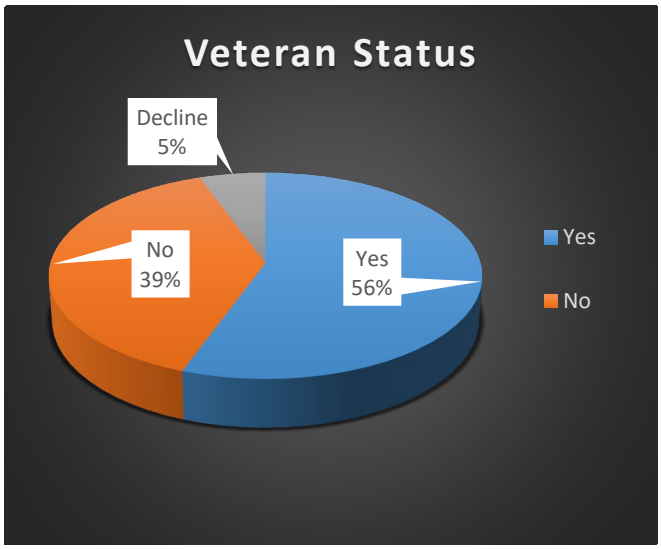
- 90 Adults

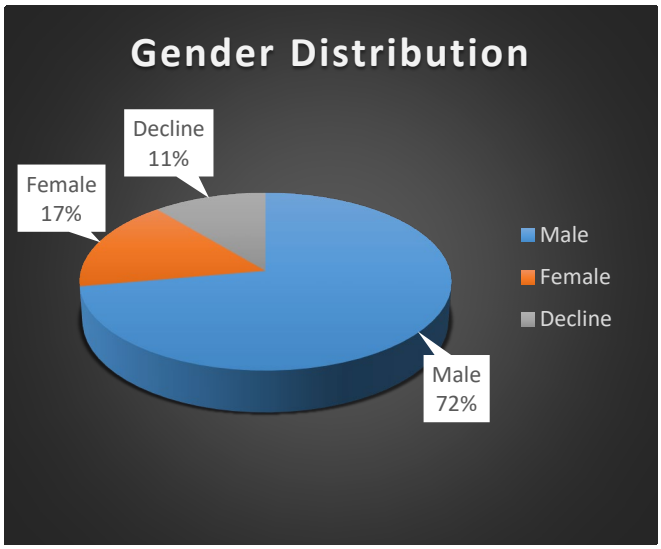
Data Collection and Evaluation: Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language. Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcomes survey to track and evaluate the effectiveness of the program.

Demographics:









Activity: SafeTALK *Program Code: SP-03*

Description: SafeTALK is a training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and connects them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all trainings. The 'safe' of SafeTALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe. SafeTALK was developed by Living Works Education to complement longer suicide intervention training.

The SafeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these barriers. Six sixty- to ninety- second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used throughout the training to provide experiential references for the participants.

SafeTALK trainings are held in venues throughout Sutter and Yuba counties, including government buildings and community spaces. PEI staff collaborate with organizations and agencies in the community to offer the training in various settings including schools, government buildings, privately owned buildings, and behavioral health buildings. Offering the training in different locations facilitates the ability of community members from both counties we serve to participate. Program staff also employ several methods to reach out and engage potential training participants, including flyer distribution, social media postings, Eventbrite invites, emails, and other community outreach activities.

Goals:

- Learn how to become suicide alert

- Learn how to identify people who might be having thoughts of suicide
- Learn how to connect people who might be having thoughts of suicide to persons trained in suicide intervention

Numbers Served:

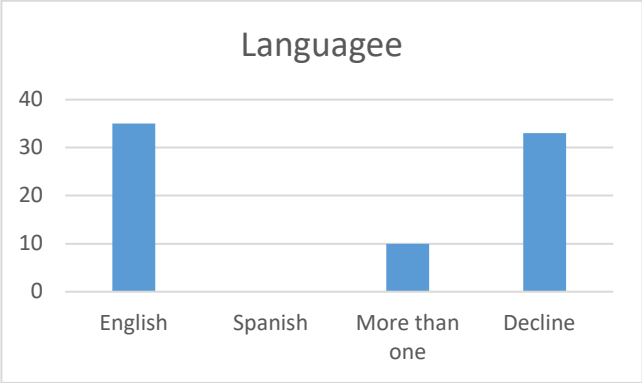
- In FY 21/22, 78 clients were served.

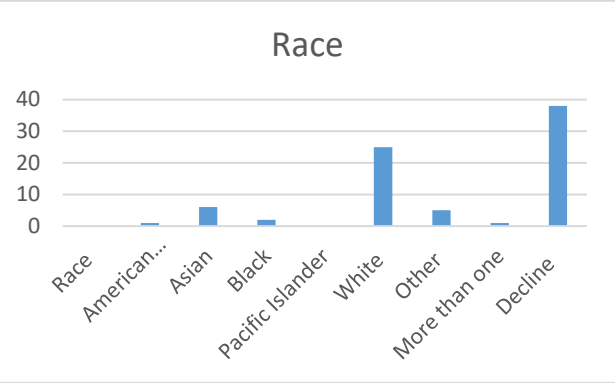
Annual Target of Individuals Served:

- 100 Adults

Data Collection and Evaluation: Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The evaluations are completed anonymously. The evaluations are written, in a culturally competent way, using non-stigmatizing language. PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Demographics





Activity: Signs of Suicide Prevention *Program Code: SP-04*

Description: Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13). Using an age-appropriate DVD and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to "Acknowledge, Care, and Tell" if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide.

Goals:

- Decrease suicide and suicide attempts by increasing student knowledge about depression
- Encourage personal help-seeking and/or help-seeking on behalf of a friend
- Reduce the stigma of mental illness
- Encourage schools to develop community-based partnerships to support student mental health

Numbers Served:

- In FY 21/22, 2433 unduplicated clients were served

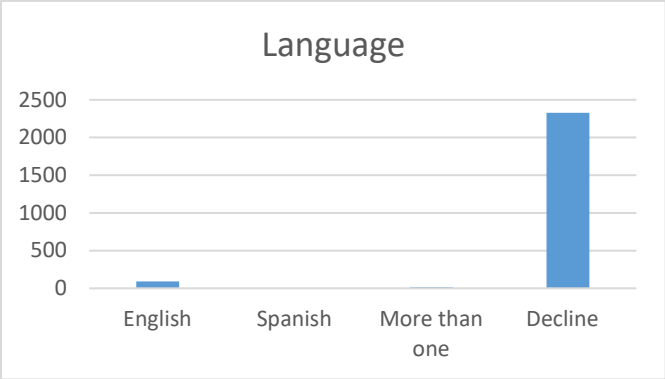
Outcomes Desired: The outcomes desired from this standardized curriculum are as follows**:**

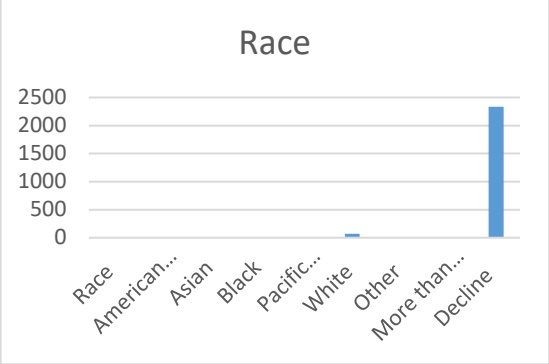
- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Acknowledge the importance of seeking help
- engage parents and school staff as partners in prevention

Data Collection and Evaluation: At the beginning of the presentation, there is discussion about students' knowledge about suicide and depression, as well as group brainstorming about who trusted adults could be within and outside of school. There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with staff. Many schools also follow the presentations with in-class and/or smaller group discussions.
Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
SYBH has written a draft Suicide Prevention Plan and will continue to work on this plan, until it is in its final form. One goal in this plan will be to develop a Suicide Prevention Collaborative. At this point in time no changes anticipated to the 2021-2024 Three-Year Program and Expenditure Plan. Any needed changes will be reported in the next Annual Update.

Demographics:





Access and Linkage to Treatment Program

Activity: Promotores Project *Program Code: AL-01*

Description: The Promotores Project was planned for and initiated during FY 18/19, but due to an unanticipated change in staffing this activity could not be fully implemented. This activity was expected to be re-ignited during FY 19/20. PEI faced some challenges in staffing the program. In FY 21/22, two new staff members were hired and assigned to manage the Promotores program, but the COVID-19 pandemic prevented PEI from implementing the program. Promotores did community outreach regarding Mental Health Awareness, Each Mind Matters, and Knowing the Signs of Suicide in FY 21/22.

Goals:

- Help improve access to behavioral health and related community services in the local Latino community
- Provides an opportunity for peer mentors to educate community members that may be experiencing behavioral health concerns
- When working in the community, develop communication strategies to engage community members and connect them to services
- Develop a simple demographic form that can be utilized in massive community outreach

Numbers Served:

- In FY 21/22, 948 unduplicated clients were served

Annual Target of Individuals Served:

- 500 clients from the Yuba and Sutter Latino and Punjabi communities

Outcomes Desired:

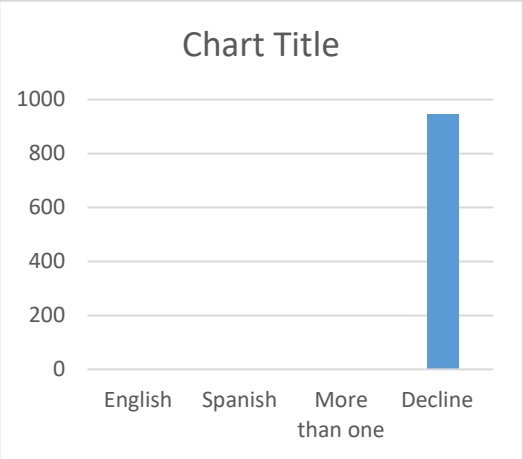
The outcomes desired from this standardized curriculum are as follows**:**

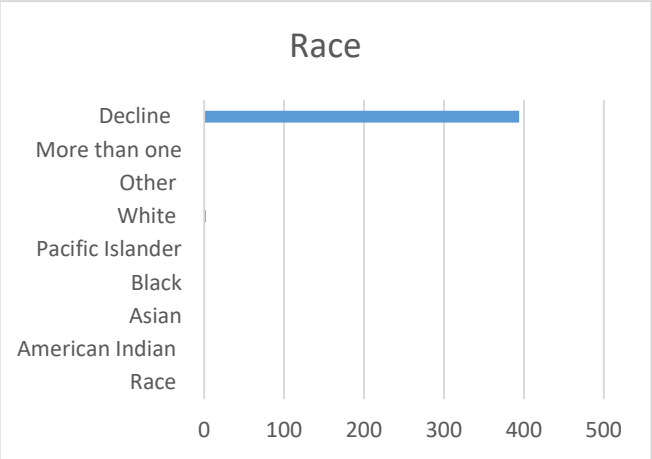
- Increase awareness of behavioral health services and resources in the community Development and dissemination of Promotores in Behavioral Health to promote various resources in the community
- Promotores to become a resource for behavioral health services
- Enhance the quality of life for families by promoting behavioral health and well-being using a strength-based approach to empower families when delivering services
- Eliminate cultural barriers such as language, stigma, and mistrust to increase access and awareness to community services, specifically behavioral health services
- Raise awareness of substance use amongst youth, families, and the community
- Disseminate information to the Latino Community on Substance Abuse in youth, families, and the community

Culturally Competent: The role of the Promotores is to provide adequate resources and prevention services in all areas of prevention to our diverse community in Sutter-Yuba Counties in their primary language.

Data Collection and Evaluation: Data collection will depend on the number of Promotores trained and the number of trainings Promotores provide to the community.

Demographics:





Activity: Peer Resource Engagement Program (PREP) *Program Code: AL-02*

Description: The Peer Resource Engagement Program (PREP) is founded around the idea that High School students understand the social and emotional stressors with which their peers are currently challenged. PREP provides a safe space to discuss, address, and examine youth stressors and issues and provide engaging activities to lessen the stressors. SYBH has entered an identical MOU with both the Sutter County Superintendent of Schools and the Yuba County Office of Education to administer these programs for each county.

The program empowers youth to lead efforts through mental health education and awareness while creating a positive impact in the community. Data collections and program effectiveness evaluation have been difficult, due to the recent closures of schools and any in-person meetings and the re-design of most of the program to fit into this new environment. The program successfully reached 352 students through activity bag distribution and online presence; however, the administration of pre/post surveys to determine if there was a decrease in risk factors or an increase in protective factors for students was not possible at this time.

Goals:

- To spread mental health awareness and preventions tools to youth in Sutter and Yuba Counties
- Provide interventions to students of identified target populations and appropriately connect them to resources

- Add protective factors to students via mentoring, positive role-modeling, and support
- Improvement of grades and attendance and a decline in discipline and negative behaviors

Numbers Served:

- In FY 21/22, 417 unduplicated clients

Annual Target of Individuals Served:

- 500+ Individuals

Indicators and Desired Outcomes:

The indicators noticed or perceived for referral into the program are as follows:

- Students that are at risk of being expelled from school
- Risk of a potentially serious mental illness

The outcomes predicted from this standardized curriculum are as follows:

- Decrease in school discipline referrals, suspensions, and absences
- Improvement in grades
- Appropriate use of school counseling (decrease of responsive sessions and increase in preventative sessions with counselor)

Cultural Competency: The program is intended for high school students from all backgrounds, races, ethnicities, and ages (within the appropriate age range for the groups).

Data Collection and Evaluation: PEI staff have plans to incorporate new outcome measures for school year 22/23. We are developing a broader outcome survey to track and evaluate the effectiveness of the program.

Homeless Engagement and Resolution Team (HEART)

The Homeless Engagement and Resolution Team (HEART) is a street outreach program that was designed to identify, engage, interview, and assess homeless clients for services that are available throughout Sutter County and Yuba County. All clients engaged are referred to coordinated entry in connection to:

- Shelter and Housing
- Behavioral Health Treatment
- Substance Use Treatment
- Medical Treatment
- Victim Advocacy
- Veteran's Resources
- Showers

- Laundry
- Life Skills Classes

The program is designed to engage and build relationships in an effort to connect people to services, with the goal of ultimately ending their homelessness. Transportation to services and providers can be provided with the program to help link clients to services.

The team is a multidisciplinary team which is supervised by a Prevention Services Coordinator. The team consists of an Intervention Counselor, Peer Mentor, and Outreach Worker. The team partners with Law Enforcement, Code Enforcement officers and the street nurse team during outreach activities.

Number Served:
In FY 21/22 The HEART team engaged with 235 individuals in both Sutter and Yuba Counties.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
The Prevention Services Coordinator position was added in July 2022, as well as an intervention Counselor role specific to substance use disorders to work with the HEaRT team. In addition, during the CPPP process, the MHSA team took into consideration feedback provided to SYBH staff by community members in multiple different meetings and settings. These include: Sutter and Yuba County Board of Supervisors meetings, the Creating Safe and Informed Communities Committee monthly meetings, Sutter County weekly homeless planning meetings, and Community Health Assessment meetings conducted by Public Health. The overwhelming amount of community input regarding the need to address the issue of homelessness in the Yuba-Sutter area, as well as the need to provide behavioral health informed services to the homeless, led to the creation of a Community Services Manager position, to be funded partially by Public Health dollars and partially by Sutter Yuba Behavioral Health MHSA dollars. This will allow homeless services to be brought together under one program with one manager. As funding allows, additional program changes may be made to ensure that SYBH, HEART and iCARE team is coordinating with CalAIM services (community supports and enhanced care management) to support those who are homeless, and strategically evolving program performance to ensure effective integration with the efforts identified in the Sutter – Yuba Local Homeless Action Plan. If funding allows, these changes could include joint training opportunities for collaborating teams, enhancements in allowable data sharing efforts, focused work on integration and increased access to Substance Use Disorder Treatment services. Lastly, for those beneficiaries that the HEART or ICARE team houses, welcome home packages for critical household items will be provided to include kitchen utensils, cooking items, bedding and sheets, towels, and other allowable/reasonable items.

Timely Access to Services Program

Activity: Adult Early Intervention Program *Program Code: TA-01*

Description: The PEI-funded Adult and Older Adult Early Intervention Program is focused on serving adults and older adults who are newly diagnosed with a moderate to severe mental health condition, adults who have been in previous treatment but who have been mis-diagnosed, or adults who are identified as having severe mental health conditions that have gone untreated or significantly under-treated.

The goal of the Early Intervention Program is to provide education, support, and therapeutic tools for mental health recovery. These interventions will be provided in six one-hour weekly or bi-weekly therapy sessions after initial referral to the program. Adult therapists will combine education with tools from the following evidence-based treatments for early intervention: Cognitive Behavioral Therapy for anxiety and depression, Dialectical Behavior Therapy for personality disorder, emotion regulation disorders and co-occurring disorders, Seeking Safety for co-occurring trauma and substance use, NAVIGATE for psychotic disorders, and Motivational Interviewing for engagement across diagnostic categories. Participants will also be eligible to participate in weekly group therapy if desired. After the initial six hour-long sessions, participants in the program will continue to be eligible to participate in weekly group sessions as well as 30-minute individual therapy sessions every two, three, or four weeks as determined by the client and clinician. Clients may participate in the Early Intervention Program for up to 18 months after being received into the program.

The pandemic and staffing shortages delayed the startup of this program. SYBH plans for a FY 22/23 implementation.

Activity: Family Urgent Response System (FURS) *Program Code: TA-02*

Description: The Family Urgent Response System (FURS) for Foster Youth and Caregivers is a coordinated statewide, regional, and county-level system that provides 24-hour mobile response services, in-home, in-person crisis stabilization, conflict resolution and support services and resources to foster youth, former foster youth, and caregivers. The program aims to preserve placement for foster children and youth and strengthen relationships between the child or youth and their caregiver. It is focused on providing trauma-informed intervention to reduce additional trauma and hospitalization or law enforcement involvement. The program makes available a statewide toll-free hotline available 24 hours a day, 7 days a week for foster children, youth, and caregivers to call for support and resources to promote a healthy and healing environment for children, youth, and families. The program is currently contracted out to Youth For Change, a community-based organization with experience in providing in-person crisis intervention.

Currently, the FURS program has not required MHSA funding as initially planned. MHSA funding was

allocated to the program initially with the anticipation that it may be required. However, funding from Child Welfare was able to meet the financial needs of the program. As the program grows, it is anticipated that additional funding may be needed from the MHSA to support the provision of services.

Number Served:

- In FY 21/22, 0 clients were served. The FURS Interim Plan was launched March 1, 2021, and the long-term plan fully launched July 1, 2021

Data Collection and Evaluation: In FY 21/22, the program was still in its infancy and had not served any clients. The contractor will be collecting data through its Call Source and Exym phone answering system and Electronic Health Record, respectively. The contractor will also be completing the CANS crisis module to help inform outcomes and treatment planning.

INNOVATIONS (INN)

In 2018, SYBH reviewed data for individuals that were receiving hospital and emergency services as their primary source of care through Mental Health Plan (MHP) services. As a result of that review, it was noted that less than 2 percent of those served in emergency services and inpatient care at high levels of utilization were enrolled in Full-Service Partnerships or receiving regular outpatient care. When stakeholders, to include consumers and family members were asked why this might be occurring, stakeholders shared:

- There is significant stigma associated with our buildings and programs
- Sometimes our services didn't meet their needs or were unhelpful
- They liked the idea of family and client support in non-clinical engagement services, and the option for family therapy and support for loved ones living with chronic behavioral health conditions

Thus, a mobile engagement team was identified as a needed and helpful resource to explore via an innovation project called iCARE. The iCARE mobile engagement team serves individuals that are high utilizers of emergency or inpatient care, calling law enforcement or emergency medical services repeatedly, or are unengaged in care and living with untreated severe and or chronic behavioral health conditions. The iCARE team is focused on getting to know clients, understanding their ideas about personal wellness, desires for their own life, building trust and spending time getting to know client needs. The iCARE mobile engagement team is not a crisis team or a case management team, but works closely with SYBH's crisis, case management and FSP teams. The iCARE engagement team will link clients when they are ready, with outpatient treatment and support resources, accompanying clients to treatment services as needed and upon client request. The iCARE mobile engagement team may be comprised of any combination of paid peers, nurses, alcohol, and drug counselors, and if needed, clinicians like LCSW's, MFT's or LPCC's.

iCARE's engagement team is referral based, serves individuals over 18 that may be chronic callers to 911, crisis lines, or other crisis phone-based resources, are going to the emergency room, inpatient facilities, or crisis programs as their main source of behavioral health care, and not connecting in outpatient care.

The iCARE innovation plan was approved by the MHSOAC in September of 2019, with an intended launch date in early 2020. With the global pandemic hitting in January of 2020, many aspects of the project were delayed. On July 1, 2020 , DHCS released Behavioral Health Information Notice 20-040, giving county MHP's a one year extension on approved innovation plans. Thus, for Sutter-Yuba's purposes, the five-year period in which our approved innovation plan must be completed will begin in February 2021, with the newly contracted iCARE mobile engagement project team contractor coming on board in August of 2021, and a client services start date in 2022.

As of the writing of this report, the iCARE team is working on engaging several clients, and has undergone significant training from the Henry Amador Institute in the LEAP engagement strategy for individuals living with chronic behavioral health conditions, as well as the COACH engagement method from the Camden Coalition. Additionally, a vendor is working on the fabrication of mobile iCARE team offices via specialized van modifications.
Please note that expenditures for fiscal years 19/20, and 20/21 have been pushed forward from the original budget approved from the innovation plan below, commensurate to the timeline shared above due to the late start date.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries						
2	Direct Costs						
3	Indirect Costs	40,000	40,000	20,000	20,000	7,000	$ 127,000
4	Total Personnel Costs	$ 40,000	$ 40,000	$ 20,000	$ 20,000	$ 7,000	$ 127,000
OPERATING COSTS		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
5	Direct Costs	59,200	149,200	149,200	77,700	44,538	$ 479,838
6	Indirect Costs	$60,000	$60,000	$60,000	$60,000	$60,000	$ 300,000
7	Total Operating Costs	$ 119,200	$ 209,200	$ 209,200	$ 137,700	$ 104,538	$ 779,838
NON-RECURRING COSTS (equipment, technology)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Vehicles	260,600					$ 260,600
9	Other Equipment	53,450					$ 53,450
10	Total Non-Recurring Costs	$ 314,050	$ -	$ -	$ -	$ -	$ 314,050
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11	Direct Costs	300,000	1,025,000	1,025,000	875,000	275,000	$ 3,500,000
12	Indirect Costs	510,600	200,000	175,000	175,000	150,000	$ 1,210,600
13	Total Consultant Costs	$ 810,600	$ 1,225,000	$ 1,200,000	$ 1,050,000	$ 425,000	$ 4,710,600
OTHER EXPENDITURES (please explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Clothing	2,300	1,600	2,300	1,600	-	$ 7,800
15							
16	Total Other Expenditures	$ 2,300	$ 1,600	$ 2,300	$ 1,600	$ -	$ 7,800
BUDGET TOTALS							
Personenel (line 1)		$ -	$ -	$ -	$ -	$ -	$ -
Direct Costs (add lines 2, 5, and 11 from above)		$ 359,200	$ 1,174,200	$ 1,174,200	$ 952,700	$ 319,538	$ 3,979,838
Indirect Costs (add lines 3, 6 and 12 from above)		$ 610,600	$ 300,000	$ 255,000	$ 255,000	$ 217,000	$ 1,637,600
Non recurring costs (line 10)		$ 314,050	$ -	$ -	$ -	$ -	$ 314,050
Other Expenditures (line 16)		$ 2,300	$ 1,600	$ 2,300	$ 1,600	$ -	$ 7,800
TOTAL INNOVATION BUDGET		$ 1,286,150	$ 1,475,800	$ 1,431,500	$ 1,209,300	$ 536,538	$ 5,939,288

Numbers Served: The iCARE mobile engagement team was launched in November 2021 after extensive staff training and orientation to the iCARE engagement program design and philosophy. As of the writing of this report, 3 individuals are being supported via engagement services, with 6 additional referrals under review. For the community education strategy of the iCARE project, two major training programs were launched; 1) both adult and youth community based mental health first aid courses (MHFA), and 2) the Amador Institute's Listen, Empathize, Agree and Partner Engagement course (LEAP). Over the 20/21 fiscal year, 530 community members were trained in MHFA, and 173 staff members and community partners, to include local emergency room hospital staff, were trained in LEAP.

Program Outcomes: This year has been considered the startup year as the program's start date was delayed due to COVID-19. In this fiscal year, SYBH has been focused on getting the necessary vendors/contracts in place to provide the services for this project as proposed in the approved Innovation plan. The completion or in progress status of the following contracts at this stage of the Innovation project would be considered an outcome and is reported below.

- Mobile Engagement Provider Contract: Telecare completed June 2021

- Provider Training Contracts: Mental Health First Aid (MHFA), GETraining Solutions, completed Jan 2020 (1/1/2020) Amador Institute (LEAP) Completed January 2021, (01/01/2021) COACH training contract in process, anticipated completion Dec 2021.
- Mobile Office Van Conversion Vendor Contract: MobilityWorks Contract approved September 2021
- Evaluation Vendor Contract: In progress, anticipated completion early 2022

Going forward, in conjunction with our contracted vendors, the focus will be the learning plan and framework presented in the iCARE Innovation Plan. SYBH will measure iCARE Team successes using both process and outcome indicators. Process indicators will measure the extent to which the project was implemented as intended, while outcome measures will provide information on the effect of the project on consumers, the mental health system, and the community overall. Specific outcomes we hope to capture include increased utilization of outpatient behavioral health (BH) care for underserved groups, increased consumer engagement, decreased hospitalizations, decreased ER visits, and increased community awareness of BH services to list a few.

Challenges Faced: The global pandemic and impacts of COVID-19 were staggering. County staff responsible for implementation of the project were diverted to pandemic response duties for up to 60% of their overall time in certain points of the reporting period. Despite this challenge, SYBH was very successful in working with county health and human services to work within required purchasing processes to secure vendors via Board of Supervisor approval during this reporting period. This was an extraordinary effort given the impacts of COVID-19 at all levels of the organization.

Successes: SYBH secured contracts for the iCARE mobile engagement team with Telecare Corporation, which hired staff, found office space, and began the program development phase of the contract as of August 2021. Contracts were approved in June of 2021. Since this was a new contract with Telecare, and they had never been a provider in our region, the contract and affiliated project elements had to be built from the ground up. For a small county, this was a big lift, however, Telecare's start up team was very engaged with County MHP, helping to get brand new program elements in place for the iCARE project, as well as supportive housing and Full-Service Partnership services not funded under the innovation project.
Approved contracts with GETraining for MHFA were in place January 2020, and online trainings were offered due to the COVID -19 pandemic. MHFA courses were modified to be offered remotely as the training strategy shifted from in-person to online trainings, which was a heavy but successful lift. Similarly, the LEAP training strategy was modified with LEAP trainings going from being planned for in-person trainings to online trainings with the first training being offered February 11, 2021.

Changes From Previous Plan: No program changes are being recommended at this time as the program is just getting started. Fiscally, SYBH would like to update the budget narrative of the innovation plan below.

Per the approved innovation plan, page 17:

Current Language: Year one of the iCARE Project includes the purchase of five mobile care vans with

conversion packages for a total approximate cost of $260,600.
Changes/Updates: Year one of the iCARE Project includes the purchase of three mobile care vans with conversion packages for a total approximate cost of $260,600, to include van wraps that aren't behavioral health specific.

These changes are being made due to updated costs for van conversions within current market conditions, and stakeholder feedback not to, "come into our neighborhood with your white coats and vans." While mobile home-based engagement was positively supported by stakeholders, stigma associated with behavioral health or county vehicles was noted as a barrier by stakeholders. Thus, the changes above will allow the project to proceed per stakeholder feedback by wrapping the mobile vans with graphics that are not specific to behavioral health or county cars.

WORKFORCE EDUCATION AND TRAINING (WET)

The goal of the Workforce Education and Training (WET) component is to develop a diverse and well trained, competent workforce.

In 2019, the Office of Statewide Health Planning and Development (OSHPD), now known as the Department of Health care Access and Information (HCAI) with input from its partner agencies, developed the following mission statement to guide all WET activities in a California Regional 2020-2025 WET Five-Year Plan.

California's PMHS will develop and maintain a robust and diverse public mental health workforce capable of addressing mental health disparities by providing treatment, prevention, and early intervention services. Services need to be consumer- and family-driven, equitable, compassionate, culturally, and linguistically appropriate, and gender responsive, across the lifespan.

The goal is to develop a diverse licensed and non-licensed professional workforce skilled in working with those who access the behavioral health system.

The development of the following goals and objectives were informed by elements outlined in statute (WIC Section 5822) and a robust stakeholder engagement process that involved diverse stakeholder groups. The goals and objectives provide a framework for strategies that state and local government, community partners, educational institutions, and other stakeholders can enact to remedy the shortage of qualified individuals to provide services to those who are at risk of or have a severe mental illness.

The Need:

1. Expand awareness and outreach efforts to effectively recruit racially, ethnically, and culturally diverse individuals into the PMHSA workforce.

2. Develop career pathways for individuals entering and advancing across new and existing PMHS professions.

3. Expand the capacity of postsecondary education to meet the identified PMHS workforce needs.

4. Expand financial incentive programs for the PMHS workforce to equitably meet identified PMHS needs in underrepresented, underserved, unserved, and inappropriately served communities.

5. Expand education and training programs for the current PMHS workforce in competencies that align with the full spectrum of PMHS needs.

6. Increase the retention of PMHS workforce identified as high priority.

7. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the PMHS workforce.

Actions that Support Goals and Objectives:

The following actions and agreement have been entered into with Fresno County as The Grantee: The County of Fresno (Grantee) as the fiscal sponsor will provide ongoing staffing support to coordinate/administer programs and activities for individuals and entities that have committed to work collaboratively as a Regional Partner in the Central Region. The counties included in the region are: Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba, Tulare, Tuolumne, and Yolo counties.

Scope of Work

The Grantee shall administer all components (including entering into written agreements with individual awardees, worksite placement, monitoring paid or volunteer work requirements and training activities) in one or more of the following programs identified in their grant application to support the workforce needs in their region:

• **Pipeline Development**: Introduce the PMHS to kindergarten through 12th grades, community colleges, and universities. Ensure that these pipeline programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Grantee shall administer pipeline activities and may identify students as potential scholarship and stipend candidates.

• **Undergraduate College and University Scholarships**: Provide scholarships to undergraduate students in exchange for paid or volunteer work in a local mental health setting. The Grantee may consider the following factors in determining the scholarship level: student's academic aspirations (including certificate, associate degree, bachelor's degree, and career development), pre-placement training and education received, lived experience, and or other possible factors. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.

• **Clinical Master and Doctoral Graduate Education Stipends**: Provide funding for post-graduate clinical master and doctoral education work performed in a local PMHS agency. The Grantee selects students in advance of their final year of education, giving consideration to applicants who previously received a WET scholarship. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.

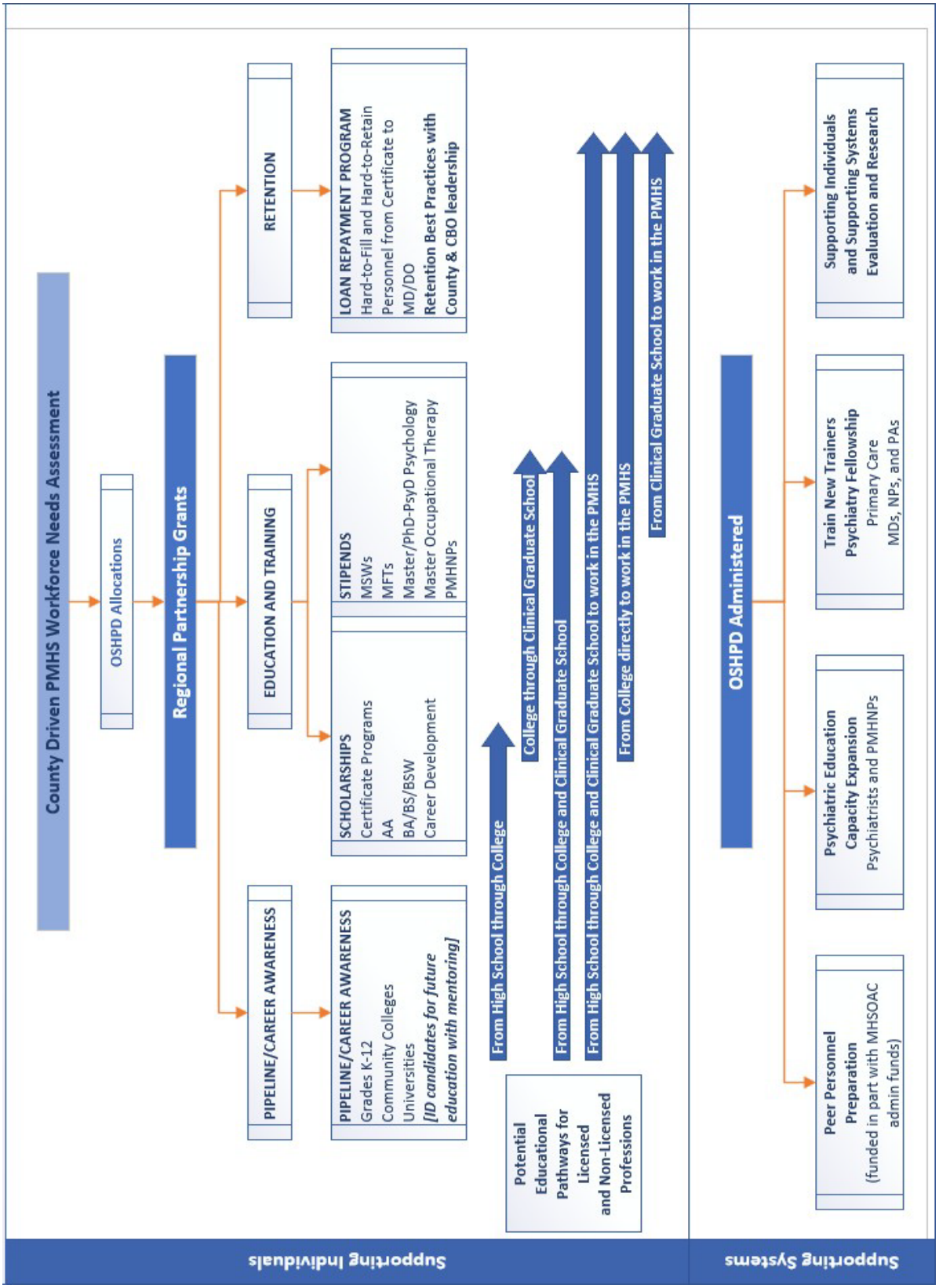
• **Loan Repayment Program**: Provide educational loan repayment assistance to PMHS professionals that the local jurisdiction identifies as high priority in the region, giving consideration to applicants who previously received scholarships and/or stipends. The Grantee may take into consideration the following factors when determining award amounts: applicants who previously received scholarships and/or stipends, educational attainment, the level of unmet need in the community served, and years of service in the PMHS. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.

• **Retention Activities:** Increase the continued employment of hard-to-find and hard-to-retain PMHS personnel, by developing and enhancing evidence-based and community-identified practices.

Currently Sutter-Yuba is actively performing Loan Repayment and Retention activities through the Regional Partnership. The application for Loan Repayment began January 1, 2022 with a close date of applications on 2/28/22. 14 applications were received for Sutter-Yuba Behavioral Health staff. At the writing of the 2022-2023 MHSA Annual Update HCAI has not made the final award announcements regarding the Loan Repayment Program. SYBH will include this information as well as the final award amounts the next MHSA Annual Update.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:
SYBH will be exploring whether there is a need to move beyond the Central Regional Partnership and provide additional localized WET education and training.

Plan Framework Matrix



CAPITAL FACILITIES AND INFORMATION TECHNOLOGY

Currently SYBH does not have any current MHSA CAPIT projects.

FY 2020-21 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Sutter-Yuba Behavioral Health | Date: 3/25/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020-21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,644,806	3,388,216	1,953,138	65,000	0	
2. Estimated New FY2020-21 Funding	8,084,671	2,021,168	100,000			
3. Transfer in FY2020-21						0
4. Access Local Prudent Reserve in FY2020-21						0
5. Estimated Available Funding for FY2020-21	13,729,477	5,409,384	2,053,138	65,000	0	
B. Estimated FY2020-21 MHSA Expenditures	6,858,925	1,739,400	1,475,800	65,000	0	
C. Estimated FY2021-22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,870,551	3,669,984	577,338	0	0	
2. Estimated New FY2021-22 Funding	8,165,518	2,041,379	854,162			
3. Transfer in FY2021-22						0
4. Access Local Prudent Reserve in FY2021-22						0
5. Estimated Available Funding for FY2021-22	15,036,069	5,711,363	1,431,500	0	0	
D. Estimated FY2021-22 Expenditures	6,927,514	1,756,794	1,431,500	0	0	
E. Estimated FY2022-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,108,555	3,954,569	0	0	0	
2. Estimated New FY2022-23 Funding	8,083,862	2,020,966	1,209,300			
3. Transfer in FY2022-23						0
4. Access Local Prudent Reserve in FY2022-23						0
5. Estimated Available Funding for FY2022-23	16,192,417	5,975,535	1,209,300	0	0	
F. Estimated FY2022-23 Expenditures	6,996,790	1,774,362	1,209,300	0	0	
G. Estimated FY2022-23 Unspent Fund Balance	9,195,627	4,201,173	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	521,836
2. Contributions to the Local Prudent Reserve in FY 2020-21	0
3. Distributions from the Local Prudent Reserve in FY 2020-21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	521,836
5. Contributions to the Local Prudent Reserve in FY 2021-22	0
6. Distributions from the Local Prudent Reserve in FY 2021-22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	521,836
8. Contributions to the Local Prudent Reserve in FY 2022-23	0
9. Distributions from the Local Prudent Reserve in FY 2022-23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	521,836

APPENDICES

A. MHSA Annual Update Planning Process Timeline FY 22/23
B. FY 22/23 MHSA Stakeholder Focus Group Flyers
C. SYBH MHSA Annual Update FY 20/21 Stakeholder Focus Group PowerPoint Presentation – English
D. SYBH MHSA Annual Update FY 22/23 Stakeholder Focus Group PowerPoint Presentation – Spanish
E. Stakeholder Forum Sign-In Sheet Template
F. Stakeholder Forum Sign-In Sheets
G. SYBH MHSA Stakeholder Forum Survey Monkey Survey
H. SYBH MHSA Program Development Meeting Agendas FY 21/22
I. SYBH MHSA Steering Committee Agendas FY 21/22
J. Press Release: Notice of Public Hearing
K. PEI Demographics
L. PEI Plans for 18/19, 19/20 and 20/21

PEI Annual 2019 Program Reports and Three-Year Summary

STIGMA DISCRIMINATION PROGRAM requirements for annual 2019 reports and three-year summary

Program Information

Program Name: Hmong Improve Access to Services for Underserved Populations

Unduplicated number of people served

FY 2016 – 2017 the Hmong IMPACT Youth program reached a total of 175 Hmong Community Members with outreach activities.

FY 2018 - 2019 Hmong IMPACT Youth Program: 38

Indicators for Program

The Hmong community in Sutter and Yuba counties is an underserved population that has a unique understanding of what they believe about behavioral health. The concepts of behavioral health do not exist in the traditional Hmong culture. To traditional culture of the Hmong clients, behavioral health ailments, such as low energy, sadness, auditory and visual hallucinations, nightmares, poor appetites, racing thoughts, etc. are considered to stem from spiritual causes, such as soul loss, soul wandering, and ancestor communication mechanisms.

The Hmong Outreach Center is located at 4853 Olivehurst Ave, Olivehurst, CA 95951. It is a program of Sutter Yuba Behavioral Health, funded by the Mental Health Services Act, to provide outreach services and culturally and linguistically responsive behavioral health services to unserved/underserved Hmong residents in Sutter and Yuba counties. The Hmong Outreach Center has been open since 2008. The following services are currently being provided at the Hmong Outreach Center:

- Behavioral health outreach & education,
- Behavioral health prevention and early intervention services,
- Consultation and collaboration with other organizations to better serve the health needs of Hmong residents, and
- Full range of adult outpatient behavioral health services, including Hmong women's & men's support groups, individual & family counseling, and case management services.

Medication support services are provided at the main Behavioral Health building on 1965 Live Oak Blvd., Yuba City, CA 95991.

Sutter-Yuba Behavioral Health's Hmong Outreach Services has historically been successful in proactively addressing the cultural needs of the mentally ill Hmong adult population. Since the Hmong Outreach Center opened, staff noticed low penetration rates among Hmong youth, many Hmong adult parents and grandparents utilizing services at the Hmong Outreach Center often report difficulties managing challenging behaviors of Hmong youth. It also has been the experience of Hmong Outreach Center staff that youth who access behavioral health services are already chronically ill and referred by probation, schools and crisis services. It is because of this disparity that the Hmong Outreach Center developed a needs assessment survey to better understand local Hmong youth, examine what services might best meet their needs, and continue to develop culturally and age-appropriate services to strengthen protective factors, to prevent and reduce behavioral health risks.

Method of selecting Indicators used to select indicators

Hmong youth were chosen to select indicators due to low penetration rates and contrasting reports from the community regarding challenges and barriers that Hmong youth and families often face. Because there is a cultural and generation gap amongst Hmong youth, parents and older adults, the Hmong Youth Needs Assessment Survey was tailored to gather information from the different perspectives of youth, parents, and the Hmong community. Collaborating with the high schools in both counties, the Hmong American Association, and other Hmong community members and leaders, the process of implementing the survey engaged a range of community stakeholders with the intent of building commitment for ongoing involvement. The survey process examined community demographics, school experience, 40 developmental assets, knowledge of community resources, and input about needed resources. Input from high school counselors and Hmong leaders in the community was also incorporated.

Outcomes Per Program

Desired outcomes

The Hmong Needs Assessment Survey showed the need to develop a Hmong IMPACT Youth program. The main goals of the IMPACT group are:

Inspire new leaders

Make a difference

Preserve our Hmong culture

Appreciate the sacrifices of the older generation

Connect back to our roots

To embrace our Hmong identity

Hmong Youth Needs Assessment Survey

A Hmong Youth Needs Assessment Survey was administered to determine unmet needs of local Hmong youth. The results were shared with the Hmong American Association, a local Hmong non-profit organization. Discussion by working with Hmong American Association Board members and Hmong Outreach Center staff determined the local Hmong community need is a Hmong focused youth program that would target the unmet need identified in the need's assessment survey. The Hmong American Association agreed to participate in helping increase access and engagement due to possible mental health stigma by providing services through the Hmong Outreach Center Hmong Outreach Center staff provided technical assistance and assisted in developing the program or service. The long-term goals include programs or services that are youth ran and to build capacity and community ownership.

The above discussions and decisions were made during planning for the 18th annual Hmong National Development Conference. This also resulted in an agreement that the Hmong Outreach Center program would provide Technical Assistance to the Hmong American Association Board to fundraise

for scholarships for local Hmong Youths to attend this conference. Three Hmong youth were able to attend the Hmong Youth Development Conference and returned with wonderful ideas for our community. They were actively involved in the development of the Hmong IMPACT Youth program collaborating with the Hmong Outreach Center and the Hmong American Association by engaging youth to address the identified need of a Hmong youth program.

Frequency of Data Collection

From September 2016, through February 2017, the Hmong Outreach Center released and distributed surveys to identify current and unmet needs of Hmong youths in Yuba and Sutter counties. Paper copies of surveys were given to participants at the Hmong Outreach Center, outreach events, high schools, and local churches. People were encouraged to take surveys home to give to other people they knew. In addition, the survey was made available electronically, with flyers about the need's assessment, including the survey link, disseminated so survey participants can have different options on completing and returning the survey.

Evaluation Results

The survey results are attached. The charts below depict results pertaining to Hmong parents, the community perception about local Hmong youth needs and the youth perception:

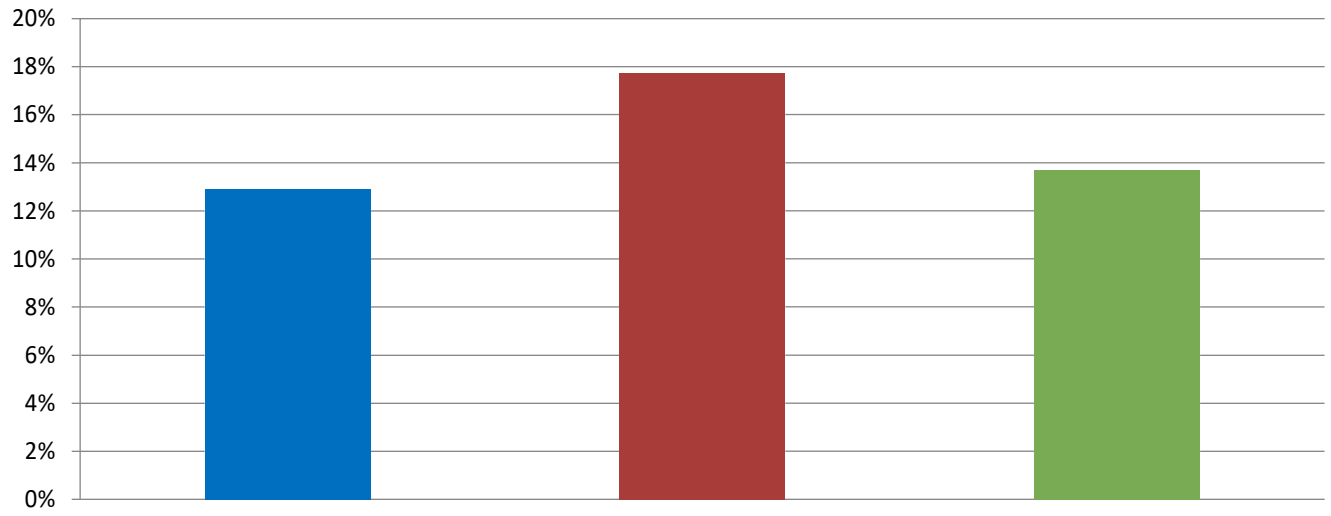
Community Survey Result

> *What are three top resources you would like to see from the Hmong Outreach Center to support Hmong youth in your community?*

The overall results of the needs assessment survey found both Hmong youths and parents/the Hmong community identified similar needs. When asked, "What are three top resources you would like to see from the Hmong Outreach Center to support Hmong youth in your community?" the top need identified through the Hmong parents/community (30% through the Parent/Hmong community needs assessment survey) indicated that Hmong youths most need support in "Cultural Services," including learning about Hmong culture and language. Similarly, when asked, "Services or resources you would like to see in the community to support Hmong youths like yourself?" the top need the Hmong youths identified (39% through the Hmong Youth needs assessment survey) was support in "Hmong Language/Culture". "Life skills classes for youths" was identified as second (29%) and "Youth Support Services" identified as the third need (22%) from the parent/Hmong community surveys. For the youth responses, "Other support services" came in second (17%) and "School Support" came in third (14%). "Other support services" were identified as the following:

- For us to help each other out and not hate on your own kind
- To see each other help each other
- Connection to others (students/adults) to build relationships.
- Support the youth and help people in need.
- To help each other.

- I would like to see schools in the community to be more supportive about culture and heritage of Hmong and other ethnic groups.

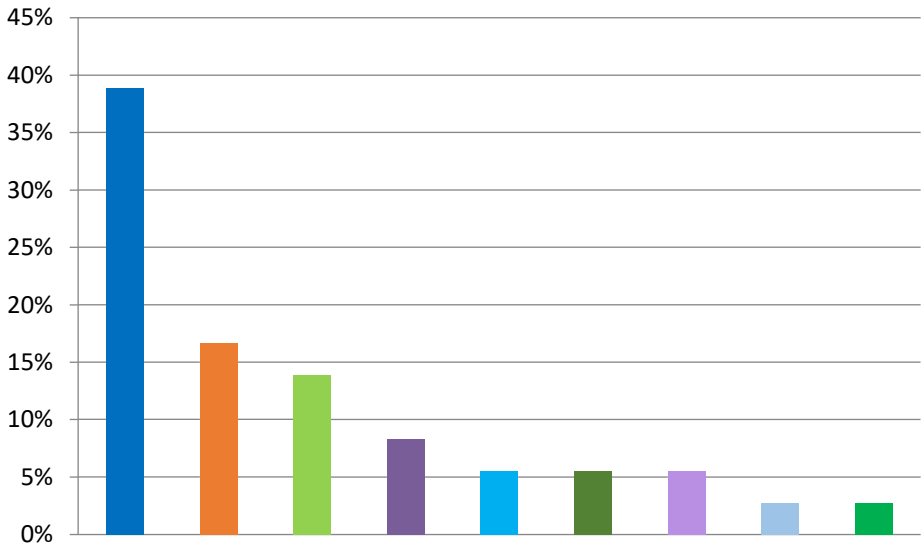


Total Respondents: 124

Youth Mentoring Program	11%	14
Youth Support Services	13%	16
Life Skills Class for Youth	18%	22
Adult Mental Health Services	4%	5
Family Counseling	6%	8
Bilingual Services	2%	2
Recreational Services for Youth	2%	2
Recreational Services for Adult	2%	3
Life Skills Class for Adult	2%	3
Cultural Services (Learn about Hmong culture and language)	14%	17
Parent Support Services	1%	1
Alcohol/Drug Services	2%	2
Job Search Services	6%	7
Career and College Exploration Services	6%	8
Others	11%	14

Youth Survey Result

Services or resources you would like to see in the community to support Hmong youths like yourself.



Total Respondents: 36 Skipped: 26

Hmong Language and Culture	39%	14
Other Support Services	17%	6
School Support	14%	5
College and Career Exploration	8%	3
Media Workshop	6%	2
Life Skills	6%	2
Others	6%	2
Job Search Services	3%	1
Bilingual Services	3%	1

To date the IMPACT Youth has been solidly running for approximately 1 year. The prior year was spent discussing, planning, and developing the program. There currently has not been any formal evaluation for impact of the youth group other than regular discussions and feedback from the members about benefits from the various activities. A more formal evaluation of the program will occur during FY 19-

20 once the group establishes more structure. Below are some statements from Impact Youth participants as to how the program has impacted them:

"I helped founded this [program] so I've been a part of it since it was established. This youth organization has benefited me in so many ways, specifically as a leader. I have learned to be patient with my members when things go wrong or when the job doesn't get done. I learned that I need to deal with different people in different ways because everyone is different. I also learned many other essential skills that I will need in the future such as writing donation letters, speaking to professionals, networking, making professional phone calls, and leading meetings. My favorite activity in IMPACT Youth is event planning. I truly believe that I have learned so much through planning events by working as a team. I have gained a sense of happiness and satisfaction by working together and succeeding together. I was able to see so much growth in myself and my youth team!

--Kristin

"*In joining IMPACT Youth, I was able to grow professionally as an individual and gained skills needed in the real world. I learned how to professionally write donation letters and learned how to reach out to others in a professional way. I also learned to successfully run a fundraiser. By being a member, I had to chance to attend HNDC which was a Hmong National Development Conference created for individuals to learn about ways to benefit their community or learn about health and entrepreneurship. After HNDC 2019, I was able to create a large network of entrepreneurs, nurses, doctors, lawyers and college students from around the US. I learned ways how Hmong communities could teach younger generations about the Hmong language or culture and how western medicine and shamanism can benefit each other's beliefs. I also learned how important it is for the Hmong community to create a census for we since there a few statistics that can be said about ourselves. When talking to many successful individuals such as Renee Yak and hearing them speak, I learned that anyone can enter any field and still find success. Because of this, it changed my perspective of what should pursue in my college education and impacted my definition of success*."

--Mike

"*This is my first year of Joining Impact Youth. Being in Impact has taught me what it meant to be around other Hmong people around my age because I have been separated from them for a long time. I love how we as a group always finds a way to make our meetings and discussions fun. I'm extremely excited to experience all the fun things I'm going to be doing with this group of people"*

--Zeng

"I have been a part of Impact Youth for a year now. Joining Impact has really connected me with others I've never met before and thus has helped me out of my comfort zone. It has been able to help me (I know this is cliché) but grow as a person. Made me more sociable when I was somewhat antisocial. It has helped me create a bond with others which then helped us to create a comfortable environment for one another. Not only has being part of impact helped me become more social, but it has also helped me branch

out to the Hmong community. Especially getting to know big and impactful names in the Hmong community. My favorite part of Impact is that small town kids can do big things. I'd have to say my favorite activity was when we hosted our very first paint night. Everyone played such a big role, and the event was a success for a first timer. Big thanks to Miss Hmong USA, Pichai Vans, for supporting us and helping us out with the event!"

--Sabrina

"When I attended the Hmong National Development Conference [with Impact Youth] I got the chance to explore myself. This conference has opened my eyes to my very own culture, I never realized how important it was to keep our traditions alive. There were so many strategies I never thought of that could be used in our daily life to keep our culture growing, just by speaking our own language and exposing our language to younger generations. I also learned the importance of building connections with each other. You'll have a big support system in what you want to accomplish, not just that but making a connection with others will help you build a friendship. The HND Conference had amazing workshops for us to attend that was focused on our future career path. I never felt so motivated to follow the career path I choose for myself and be the best I can to accomplish my goal I've set for my future. "

--Sarah

"Attending the 2019 Hmong National Development Conference [with Impact Youth} has helped better myself as a leader and as a person. The benefits I gained from this conference are better social skills, better communication skills, and ways to preserve my Hmong culture. I am now able to start a conversation without much fear of rejection. I am now able to show the skills that I have. I have learned to be more outspoken which has helped me become a better leader. I have learned to persevere my Hmong culture and I have learned the importance of keeping the Hmong culture alive."

--Kasia

How Determined the Evaluation Results

Data collected from the Needs Assessment Surveys were analyzed to determine the unmet needs. For the IMPACT Youth program, ongoing feedback and personal reports were received from youth participants about the impact of participating in the program and various activities, such as attending the Hmong National Development Conference. A formal evaluation of the program is planned for the near future. To date, regular activities of IMPACT Youth have consisted of representing Hmong youths at HMONG AMERICAN ASSOCIATION Board Meetings and being a youth voice to help bridge generational gap, helping to organize and host the 1st & 2nd annual local Hmong Cultural Festival, participating in the Veterans Days parade, developing a suicide prevention/awareness video and submitting it to the Directing Change video contest, hosting various speaker events to speak to youth about Hmong culture/cultural practices and higher education, fundraising and awarding 2 annual scholarships to high school seniors, providing support & hosting get-togethers for youth during holidays so youth do not have to be alone, running IMPACT youth meetings with a section to discuss Hmong youth issues, fundraising and attending the annual Hmong National Development Conferences

to network with other Hmong professionals/mentors, building leadership skills, and learning about/discussing issues in the Hmong community.

Evaluation Methods

Number of referrals:

A sign-up list was passed out during all Impact Youth outreach activities, interested people who put their names on the list were counted as referrals to the Impact Youth program. For FY 18-19 we had 52 referrals. Of those referrals, 38 participants followed through with referrals, determined by those who attended at least one Impact Youth Retreat/meeting and/or engaged in youth activities.

Amount of Time Between Referral and Participation in Treatment

Impact Youth meetings are generally every Monday from 6-8pm at the Hmong American Association office. Whenever there is a referral, the youth is contacted via phone by the Impact Youth President and invited to attend the next Impact Youth meeting.

Demographics for Each Program Broken Down by Categories

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-12	1	Male	13
13-25	37	Female	25
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	38	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Other	38
More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0
Spanish	0	Hetero	38
More than one	38	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0

Hearing	0	Decline	0
Seeing	0		
Mental	**0**	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		

Information on Design of Evaluations

Culturally Competent

The Hmong Youth Needs Assessment Survey is available in both Hmong and English for the community/parent survey. The Youth survey was in English because Hmong Youths generally read and understand English. Hmong Outreach Center offered to read questions for those who cannot read Hmong or English. The Impact Youth program goals address the cultural needs of Hmong youth and focus on culturally relevant activities.

Regular activities of IMPACT Youth consisted of: representing Hmong youths at HMONG AMERICAN ASSOCIATION Board Meetings and being a youth voice to help bridge the generational gap, helping to organize and host the 1st & 2nd annual local Hmong Cultural Festival, participating in Veterans Days parade, developing a suicide prevention/awareness video and submitting it to Directing Change video contest, hosting various speaker events to speak to youths about Hmong culture/cultural practices and higher education, fundraising and awarding two annual scholarships to high school seniors, proving support & hosting get-togethers for youths during holidays so youths don't have to be alone, running IMPACT youth meetings with a section to discuss Hmong youth issues, and fundraising and attending annual Hmong National Development Conferences to network with other Hmong professionals/ mentors, build leadership skills, and learn about/discuss need for a Hmong youth program in the local community.

Additional Program Information:

How Hmong Impact Youth Program Helps Improve Access to Services for Underserved Populations

The program is Hmong youth driven under the Hmong American Association agency/umbrella, thus reducing mental health stigma compared to if ran through the HOC. Meeting locations are generally at the Hmong American Association office, located in downtown Marysville; however, meeting locations and activity locations also varied based on community needs. For example, Impact Youth has met at local churches, at the HOC, at Starbucks, at Cookie Tree, and various community location that would allow the participants to feel more comfortable and have easier access.

It was also agreed that running this program/service through Hmong American Association would allow for a broader scope, and thus broader range of activities to make it more culturally responsive, due to the limitations and scope of activities if provided through the county. Hmong Outreach Center staff Mai Vang provides Technical Assistance and assists in putting together and keeping this

program/service running since Hmong American Association does not have staffing capacity. The Hmong American Association Board/staff are available anytime by phone, appointment, and/or at regular Hmong American Association Board meetings.

IMPACT Youth is a youth run (and not staff/adult run) program under the Hmong American Association and supported by the HOC. The mission, goals, and activities are all youth driven and youth run. In addition to technical assistance from Hmong Outreach Center staff Mai Vang, Hmong IMPACT Youth currently also has 2 youth mentor volunteers who are very passionate and experienced in working with Hmong youth. Long-term goals for this program include becoming self-sustaining, with age, generational, and culturally appropriate activities that naturally engage and retain youth members. Members who “graduate” from IMPACT Youth (such as moving away to college) are encouraged to stay connected as youth mentors and are considered members still, so they have a community to return to and can give back when they are finished with college. The local Hmong community experience is that many Hmong continue to live in poverty, along with a lack of resources, is seen how Hmong youth often leaving the area to attend larger colleges and seldom returning to give back to their hometown due to the lack of jobs and loss of connections and ties to the community. Although the target population is Hmong Youth, everyone is told at outreach events that anyone can become members if they identify with this underserved group.

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Program Information
Program Name: Mental Health First Aid and Youth Mental Health First Aid
Program Type: Stigma Program

Mental Health First Aid (MHFA) and the Youth Mental Health First Aid (YMHFA) are 8-hour training courses designed to give members of the public aged 18 and older key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Both trainings are 8 hours long with the same purpose of providing Mental Health First Aid Training.

The MHFA and YMHFA trainings are provided in two counties in facilities that are close to county transportation. These trainings are free of charge to all participants, including workbooks and materials. Trainings are provided in a classroom format in schools, cultural organizations, churches, faith-based organizations, and various governmental and community buildings, including the Yuba County Jail, Yuba City Highway Patrol Office and Head Start Offices. Training locations are neutral locations, not affiliated with behavioral health, to enhance access for community members and provide the trainings to a variety of potential responders.

The number of potential responders: 324 English and 108 Spanish speaking responders.

Type of potential responders: California Highway Patrol, Yuba County Jail Staff and Sutter and Yuba County Probation. More recently, we have added a Spanish MHFA to our MHFA training offerings. Staff provided MHFA Training to 161 agency staff, community members, non-profit agencies, and government agencies in English, along with Spanish MHFA Training to 18 community workers and Head Start workers.

How Program Will Be Implemented to Help Improve Access to Services for Underserved Populations:
These trainings are provided to the Sutter Yuba community and given various resources during the training. Additional local resources, listed below, including the process to access services, are presented, and explained to training participants at the end of each training:

Open Access Clinic: Timely access to services by providing information about our Sutter Yuba Behavioral Health Open Access Clinics. Open Access Clinic is a daily walk-in clinic for adults 18 years of age or older in the Sutter-Yuba service area who would like to be assessed for eligibility to receive specialty mental health and/or drug and alcohol services.

Walk-In Triage**:** Walk-In Triages are a weekly walk-in clinic for parents/guardians of children under the age of 18 years old or still attending High School in the SYBH service area. The triage is for the parent/guardian only to speak with a clinician with regards to the child, to express their concerns and for the clinician to give information without the child present.

Psychiatric Emergency Service**:** The Sutter Yuba Behavioral Health 24-hour Psychiatric Emergency Service telephone numbers are provided on a card for each participant.

(530) 673-8255 (673-Talk)
Toll Free 1-888-923-3800

Unduplicated Number of People Served
The Mental Health First Aid and Youth Mental Health First Aid Programs trained the following number of unduplicated community members (potential responders to a mental health crisis):

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

MHFA	YMHFA
FY 16 – 17:	FY 16 – 17:
• 58 English speaking participants	• 0 English speaking participants
• 0 Spanish speaking participants	• 0 Spanish speaking participants
FY 16/17 Total Participants: 58	
FY 17 – 18:	FY 17 – 18:
• 94 English speaking participants	• 34 English speaking participants
• 26 Spanish speaking participants	• 34 Spanish speaking participants
FY 17/18 Total Participants: 188	
FY 18 – 19:	FY 18 – 19:
• 161 English speaking participants	• 35 English speaking participants
• 18 Spanish speaking participants	• 30 Spanish speaking participants
FY 18/19 Total Participants: 244	

Program description requirements, including evaluation methodologies

Youth Mental Health First Aid & Mental Health First Aid is an 8-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents and adults, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent or adult in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect people to professional, peer, social, and self-help care.

The MHFA and YMHFA programs provide community members with the first aid skills to support people with mental health problems. The Prevention & Early Intervention Team is trained to provide specific modules for Public Safety, Military, Higher Education, and individuals working with children, youth and the community. Outreach is conducted through community events, staff contacts with agencies in the community, including school districts, County officials and law enforcement.

The MHFA and YMHFA curriculum core competencies provide cultural humility by addressing stigma with those with substance use disorder, behavioral health and are presented in English and Spanish. The focus of Mental Health First Aid training is to educate participants on Mental Health Illnesses and reduce the associated stigma.

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-17	0	Male	94
18-25	38	Female	125
26-49	206	Decline	25
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	65

Pacific Islander	0	Puerto Rican	0
White	179	South American	0
Other	65	Other	0
More than one	0	Decline	0
Decline	40		
Language	**#**	**Sexual Orientation**	**#**
English	244	Gay	0
Spanish	65	Hetero	187
More than one	0	Bisexual	10
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	5	Decline	40
Seeing	0		
Mental Self-Reported	15	**Veteran Status**	**#**
Physical	19	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	195		
Decline	0		

Training Outcomes and Evaluation

Participants learn to utilize the YMHFA & MHFA action plan "ALGEE," consisting of the steps below:

- Assess for Risk of Suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
    - Encourage appropriate professional help
    - Encourage self-help and other support group.

Participants will learn about risk factors and warning signs of mental health problems, as well as understand their impact and common treatments. Individuals who certify as Mental Health First Aiders learn a 5-step action plan to build their skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Data Collection:

MHFA and YMHFA Opinion Quiz are collected at the beginning and end of each training. Opinion Quiz are distributed to training participants, to facilitate discussion, but were not collected during FY 17-18 and FY 18/19. The Opinion will be collected in FY 19/20 and afterwards. The instructors must post the Mental Health First Aid Training Final Evaluations into Mental Health First Aid Instructors website pages to report the following information: each individual trained, individual evaluation results, the quality of training based on the learning objectives in each of the sections of the MHFA training, instructor core competencies, average participants score and content score.

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Evaluation Methods:
The MHFA and YMHFA programs are evaluated using a Likert Scale format incorporated into the Pre- and Post-Mental Health Opinion Quiz and Course Evaluation to identify whether each participant has learned the core competencies of the program and achieved the following:

- Increased mental health awareness
- Increased knowledge of early signs of mental illness.
- Ability to recognize the symptoms of common mental illnesses and substance use disorders.
- Ability to de-escalate crisis situations safely.
- Initiate timely referral to mental health and substance abuse resources available in the community.

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support someone developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan. PEI staff collected evaluations but will need to analyze Pre- and Post-Survey data collected in FY 19/20 to best measure changes in attitudes, knowledge and/or behavior regarding suicide.

Comments from training participants are reviewed by the Prevention & Early Intervention supervisor. Examples of comments are included below:

- *"A lot of information. It was good information well delivered."*
- *"Great information on the different types of mental illnesses"*
- *"This is such an important movement - creating awareness reducing stigma."*
- *"Great course for everyone in the customer service, social and behavioral health fields.*
- *Overall, I found it helpful."*
- *"This was a great refresher course for me. Helps others aware of mental health issues."*
- *"The personal stories shared, and the interactive activities were very helpful."*
- *"The way the information was presented and engaging created a great learning."*
- *"Just teaching the facts of what to seek in a person with issues and how to help in a non-judgmental way."*
- *"The role playing, and practical applications was a great experience."*
- *"Information given was easy to understand."*
- *"The course was not merely reading the book."*
- *"Handbook - the activity where we are speaking to each other, and one is whispering negative statements – powerful"*

See below for the MHFA Course Evaluation Results by Fiscal Year

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Mental Health First Aid Course Evaluation Results for FY 16 – 17

Adult Mental Health First Aid

Of people Responded 58

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
. Recognize the signs that someone may be dealing with a mental health challenge or crisis.	1			29	28
Reach out to someone who may be dealing with a mental health challenge.	1			35	22
Ask a person whether s/he is considering killing her/himself.	1		2	27	28
Actively and compassionately listen to someone in distress.			2	35	21
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.			2	34	22
Assist a person who may be dealing with a mental health problem or crisis to seek professional help			2	31	25
Assist a person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.		1	3	25	29
. Be aware of my own views and feelings about mental health problems and disorders.				35	23
Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.			1	29	28

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Mental Health First Aid Course Evaluation Results for FY 17 – 19

Adult Mental Health First Aid FY-2017-2019

# of people Responded 218

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Recognize the signs that someone may be dealing with a mental health problem or crisis	1	2	2	99	114
. Reach out to someone who may be dealing with a mental health problem or crisis		1		112	105
Ask a person whether s/he is considering killing her/himself.	2	2	7	85	122
Actively and compassionately listen to someone in distress	1	7	4	72	134
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.	1	1	1	98	117
Assist a person who may be dealing with a mental health problem or crisis to seek professional help.	1	3	4	93	117
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer and personal supports.	1	2	1	96	118
Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	85	127
Recognize and correct misconceptions about mental health and mental illness as I encounter them	1	2	1	100	114

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Youth Mental Health First Aid Evaluation Course Results for FY 16 - 17

Youth Mental Health First Aid FY 16 - 17

# of people Responded 41

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Recognize the signs that a young person may be dealing with a mental health challenge or crisis	1		1	16	23
Reach out to a young person who may be dealing with a mental Health challenge				19	22
Ask a young person whether s/he is considering killing her/himself				15	26
Actively and compassionately listen to a young person in distress			1	13	27
Offer a distressed young person basic "first aid" level information and reassurance about mental health problems	1		2	14	24
Assist a young person who may be dealing with a mental health problem or crisis to seek professional help			2	16	23
Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community peer and personal supports			1	14	26
Be aware of my own views and feeling s about mental health problems and disorders			2	10	29

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Youth Mental Health First Aid Evaluation Course Results for FY 17 - 19

Youth Mental Health First Aid FY-2017-2019

# of people Responded	56				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Recognize the signs that a young person may be dealing with a mental health challenge or crisis.		1	3	29	23
Reach out to a young person who may be dealing with a mental health challenge		1	3	29	23
Ask a young person whether s/he is considering killing her/himself.		1	1	28	26
Actively and compassionately listen to a young person in distress	1	1	1	23	30
Offer a distressed young person basic “first aid” level information and reassurance about mental health problems.		1	3	26	26
Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.		1	2	26	27
Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.		2	2	28	24
Be aware of my own views and feelings about mental health problems and disorders.		1	2	27	26

OUTREACH PROGRAM requirements for annual 2019 reports and three-year summary

Evaluation Design:
Pre & Post Likert Scale Questionnaires Evaluations are in written in Spanish and English. Youth Mental Health First Aid and Adult Mental Health First Aid includes the perspective of diverse people with lived experience of mental illness. The training is for everyone who is willing to provide help to a person in crisis and connect the person with help. The MHFA/YMHFA curriculum was written with consumer review and feedback.

Teaching methods and activities during the training are used to change attitudes and behavior related to participants to be able to listen to the person at risk nonjudgmentally. When listening, it is important to set aside any judgments made about the person or their situation and avoid expressing those judgments. Most people who are experiencing distressing emotions and thoughts want to be listened to empathetically before being offered options and resources that may help them. When listening non-judgmentally, the first aider needs to adopt certain attitudes and use verbal and non-verbal listening skills.

Changes in attitude, knowledge and/or behavior related to reducing suicide are measured through participants completing a Mental Health Opinion Quiz at the beginning and at the end of the training. In addition to the opinion quiz, all participants complete a MHFA test at the end of the training. Each participant has an opportunity to discuss their previous answer to the quiz to increase their knowledge on mental health illness. Individuals completed the pre and post Mental Health Opinion Quiz, with results for the MHFA and YMHFA post-surveys included above.

Specify how proposed method likely will bring about the select outcomes:
Mental Health First Aid is an international training program proven to be effective. Studies show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses. Peer-reviewed studies show that individuals trained in the Mental Health First aid and Youth Mental Health First Aid program:

- Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions.
- Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- Increase their confidence in and likelihood to help an individual in distress.
- Show increased mental wellness themselves.

Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

ADDITIONAL INFORMATION, INCLUDING ANY ADDITIONAL OUTCOMES MEASURED:
Sutter-Yuba Behavioral Health provides Continuing Education credit through the California Board of Registered Nursing and California Association of Alcoholism and Drug Abuse Counselors (CAADAC).

In 2017, with the assistance of Yuba County Superintendent of Institutions, local instructors of Mental Health First Aid and Youth Mental Health First Aid were approved to give continuing education (STC) credits for probation and corrections staff through the Board of State and Community Corrections.

In 2018, instructors trained in the special module, Mental Health First Aid for Law Enforcement, Corrections, and Public Safety, were approved to give STC credits for that course.

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

Program Information

Program Name: Aggression Replacement Training (ART)

Aggression Replacement Training (ART) is a ten-week course offered for adolescents. It is a cognitive behavioral intervention that trains participants to cope with their aggressive and/or violent behaviors. It is taught in three one-hour classes per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

The program specifically targets chronically aggressive children and adolescents ages 12-17. Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs, Aggression Replacement Training® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. Participants are selected by school administration, not to exceed 15 participants per course.

The program has been implemented in juvenile justice settings, alternative high schools, and traditional high schools in Sutter and Yuba Counties. PEI provides trained instructors and all materials to a limited number of high schools in Sutter and Yuba counties and Juvenile Hall. It improves access to services for underserved populations by being available where the youth are, within a larger schedule of activities that allows for, and encourages their involvement.

The program design and intended settings enhances access for specific, designated underserved populations, as youth of color, males, and youth with mental health issues are disproportionately represented in the juvenile justice system. This program endeavors to offer a skill building opportunity to help participants upon completion of their sentence when they re-enter the community, as well as to have a safer, more successful stay in the correctional facility. It also provides that opportunity to youth who are in the community, but who may be struggling with some of the early behaviors that could lead to involvement with juvenile justice and/or disruption in school and in the home.

Unduplicated Number of People Served

FY 16-17: 24 youth
FY 17-18: 15 youth
FY 18-19: 41 youth

Program Indicators

School/site data indicated a need for ART to minimize disruptive behavior, school detention, and increase student attendance, as well as to assist youth in developing new skills and thinking to prevent future behavioral issues and criminal justice involvement. The target population is youth in juvenile justice settings, as well as in traditional high schools.

School Administrators recommend youth based on history of aggressive behaviors (assigned to participate) or by individual interest (voluntary & self-referred). Target populations for the ART Program include:

- Trauma exposed children and youth (including transition age youth - TAY), including exposure to traumatic events or prolonged traumatic conditions.

- Stressed families: Placed out of home, or in a family where there is substance abuse or violence, depression, or other mental illness, or a lack of caregiving adults (serious health conditions or incarceration).
- At risk of school failure: Children, youth & TAY who are at risk of school failure due to emotional and behavioral problems.
- At risk of, or experiencing juvenile justice involvement: Children, youth & TAY who show signs of emotional/behavioral problems and are at risk of, or had, contact with juvenile justice systems.
- Experiencing onset of serious psychiatric illness with psychosis: Identified as presenting signs of mental illness (first break)

Children who have experienced relational trauma present a host of problems related to the inability to manage emotions and behavior. Aggression Replacement Training can be integrated with established trauma therapy models to help address these challenges, including in underserved populations.

Training in Skill Streaming, Anger Control, and Moral Reasoning are provided on a weekly basis. Generalization and maintenance are the keys to any successful intervention. Carry over is fostered by transfer coaches who are directly involved in the youth's life. They may be parents, friends, peers, teachers, staff, and employers who can understand and reinforce behavior that a youth is attempting to modify. Coaches should understand the use of Skill Streaming modules Dealing with Feelings and Dealing with Stress. These skills are central to trauma treatment in developing the resilience to manage feelings and cope with difficult situations.

Program Outcomes

The desired outcomes for the ART Program include:

- Increased ability to identify anger behavior cycle elements & control,
- Increase in social skills,
- Increase in moral reasoning capacity,
- Decrease in felony recidivism rates.

ART Program activities are intended to improve mental health and related functional outcomes. Learning behavioral modification during each session helps improve functional outcomes in the classroom setting. Activities include:

- Social Skills Training, to teach participants what to do, and help them replace antisocial behaviors with positive alternatives.
- Anger Control Training, to teach participants what not to do, and help them respond to anger in a nonaggressive manner and rethink anger-provoking situations.
- Moral Reasoning, to help raise participants' level of fairness, justice, and concern for the needs and rights of others.

Demographics for each program broken down by categories

Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

Demographics for FY 18/19

Age	**#**	**Gender**	**#**
0-15	7	Male	16
16-25	28	Female	19
26-49	0	Decline	0
Decline	1		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	0
Asian	0	Central America	0
Black	1	Mexican	15
Pacific Islander	1	Puerto Rican	0
White	11	South American	0
Other	9	Other	4
More than one	11	Decline	10
Decline	2		
Language	**#**	**Sexual Orientation**	**#**
English	26	Gay	0
Spanish	0	Hetero	29
More than one	9	Bisexual	3
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	1	Decline	3
Seeing	1		
Mental Self-Reported	1	**Veteran Status**	**#**
Physical	1	Yes	0
Chronic	2	No	0
Other	2	Decline	0
No	22		
Decline	5		

Data Collection and Evaluation Methods

Data is collected prior to, during and after participants complete the ten-week course, with anecdotal data obtained from school/site staff and self-reported information from participants. Progress notes are also used to determine participation and behavioral changes during group sessions, with progress measured by looking at a student's participation in role playing, group discussion, homework completion and adaptive behavior.

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

Program outcomes are measured by collecting progress notes at the end of each session. This data is reviewed by the instructor and student advisor. A process to formally and regularly evaluate the ART program is currently underway and will be implemented during FY 19/20. Past experience and review of outcome summaries and feedback show youth feel included and empowered while participating in Aggression Replacement Training.

In addition, the ART Program "has been identified as evidence based and either a promising or model program by the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Justice (U.S. Department of Justice, 2010; Sherman, Farrington, MacKenzie, & Welsh, 2006), the Office of Safe and Drug-Free Schools (U.S. Department of Education, 2002), and the National Center for Mental Health Promotion and Youth Violence Prevention (2007), among others. ART efficacy studies have provided consistently reliable evidence that the program reduces aggressive, acting out behaviors while increasing prosocial behaviors in high-risk youth." (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth*, 2011*)*

How Evaluation Reflects Cultural Competence

Program developers and other users have determined that ART is "neutral - that is effective across gender, culture, and ethnicity" (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth)*. Aggression Replacement Training promotes positive and effective interactions with diverse cultures.

In addition, the program uses non-stigmatizing and non-discriminatory strategies, including cultural competency inclusive of minority and underserved populations, including LGBTQ youth, foster youth, and Juvenile Hall youth.

Ensuring Program Fidelity

Sutter Yuba Behavioral Health requires partner agencies to screen potential participants for one or more of the desired outcomes prior to selecting for participation. We also ask that the partner agencies advertise to potential participants and get commitment to three 45-minute sessions per week for ten weeks, or a variation to accommodate special site needs that equal the same approximate amount of time over the ten-week course. Facilitators use the approved course book, *Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth, Third Edition*.

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Program Information

Program Name Applied Suicide Intervention Skills Training (ASIST)

The Applied Suicide Intervention Skills Training (ASIST) workshop is for community members who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. Over 950,000 people have received this training. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours), two-trainer, intensive, interactive, and practice-dominated course designed to help people recognize risk and learn how to intervene to prevent the immediate risk of suicide.

ASIST is for all community members in Sutter and Yuba Counties. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training. ASIST can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. The learning process is based on adult learning principles and highly participatory. Graduated skills development occurs through mini lectures, facilitated discussions, group simulations, and role plays.

ASIST trainings are advertised to staff within Behavioral Health, as well as to the general community. The training goal is to provide training for as many community members as possible, in a safe environment that increases the opportunities for those participants to offer help to others and to seek help for themselves. It decreases the stigma and taboo of talking about suicide. Sutter Yuba Behavioral Health collaborates with organizations and agencies in the community to offer the training in various settings, including schools, government buildings, privately owned buildings, and Sutter Yuba Behavioral Health locations. By offering the training in different locations, it is easier for community members from both Sutter and Yuba Counties to participate.

Unduplicated Number of People Served

FY 16-17: 32
FY 17-18: 82
FY 18-19: 93

Indicators for Program

Approach Used to Select Indicators

The program is intended for any adult community member. The core beliefs of Living Works, developer, and copyright owner of ASIST, are listed below:

- Suicide is a community health problem. Everyone can help.
- Thoughts of suicide are understandable, complex, and personal. Approach people at risk with an open mind.
- Suicide can be prevented. It is possible to save lives and prevent injuries – now.
- Help seeking is encouraged by open, direct, and honest talk about suicide. If you are approachable, people at risk will seek you out.
- Relationships are the context of suicide intervention. Helping either relies upon or builds a relationship.
- Intervention should be the main prevention focus. The emphasis should be on preventing suicide behaviors.

- Cooperation is the essence of an intervention. The helper and the person at risk need to work together to prevent suicide.
- Intervention skills are known and can be learned. Helpful skills are known and most everyone can learn them.
- Large numbers of people can be taught intervention skills. The means to teach intervention skills on a large scale exists now.

Outcomes Per Program

- Recognize that community members and persons at risk are affected by personal and societal attitudes about suicide.
- Provide life-assisting guidance to persons at risk in a flexible manner.
- Identify what needs to be in a person at risk's plan for safety.
- Demonstrate the skills required to provide suicide first aid to a person at risk of suicide.
- Appreciate the value of improving community resources including the way that they work together; and
- Recognize that suicide prevention is broader than suicide intervention and includes the life promotion and self-care for persons at risk and for caregivers.

Approach Used to Select Outcomes

Participants register themselves or are sent by employers. Most come with some interest in increasing their knowledge about suicide and their ability to help. Often participants have experience with thoughts of suicide themselves or of someone close to them, and/or losses or near-losses of friends, family members, co-workers, and/or clients to suicide. Not all want to do suicide interventions when they leave, but all are better prepared to help in some way to make their communities suicide safer.

Data Collection

Self-reported, anonymous data regarding personal experiences with suicide, suicide behaviors, helping experience(s), feelings of preparation to help, feelings about suicide, and who would help, as well as attitudes about suicide are discussed and collected early in the workshop. An evaluation with questions related to how willing, ready, and able participants feel about helping a person at risk after the workshop, compared to before, is completed at the end of the workshop, again without participant names attached.

Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide. Evaluation questions, and a summary of responses collected at the start and conclusion of the training are included below:

- "If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide."
    - Strongly. Disagree: 2 Disagree: 0 Uncertain: 9 Agree: 24 Strongly. Agree: 121
- "Before taking the ASIST training, my answer would have been:"
    - Strongly Disagree: 5 Disagree: 31 Uncertain: 42 Agree: 44 Strongly Agree: 25
- "If someone told me he or she was thinking about suicide, I would do a suicide intervention."
    - Strongly Disagree: 6 Disagree: 3 Uncertain: 0 Agree: 26 Strongly Agree: 123
- "Before taking the ASIST training, my answer would have been:"
    - Strongly Disagree: 14 Disagree: 22 Uncertain: 39 Agree: 53 Strongly Agree: 33
- "I feel prepared to help a person at risk of suicide."
    - Strongly Disagree: 4 Disagree: 4 Uncertain: 9 Agree: 51 Strongly Agree: 96
- "Before taking the ASIST training, my answer would have been:"

  - Strongly Disagree: 18 Disagree: 23 Uncertain: 35 Agree: 44 Strongly Agree: 16
- "I feel confident I could help a person at risk of suicide."
  - Strongly Disagree: 1 Disagree: 0 Uncertain: 5 Agree: 48 Strongly Agree: 87
- "Before taking the ASIST training, my answer would have been:"
  - Strongly Disagree: 10 Disagree: 26 Uncertain: 33 Agree: 36 Strongly Agree: 17

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-15	0	Male	22
16-25	8	Female	22
26-60	36	Decline	49
Decline	49		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	2
Asian	2	Central America	1
Black	6	Mexican	3
Pacific Islander	0	Puerto Rican	0
White	27	South American	1
Other	3	Other	3
More than one	6	Decline	83
Decline	49		
Language	**#**	**Sexual Orientation**	**#**
English	91	Gay	2
Spanish	1	Hetero	40
More than one	1	Bisexual	1
Decline	0	Questioning	0
		Queer	1
Disability	**#**	Other	0
Hearing	0	Decline	
Seeing	0		
Mental	0	**Veteran Status**	**#**
Physical	1	Yes	24
Chronic	2	No	20
Other	0	Decline	49
No	90		
Decline	0		

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Information on Design of Evaluations
The ASIST program has its own evaluation and is culturally competent. Pre & Post Likert Scale Questionnaires Evaluations are in written in Spanish and English. The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

Methods and activities used to change attitudes and behavior related to reducing mental illness related suicide: The training uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation, and practice experiences, running simulations, and commenting through restatements and summaries. The Key Learnings listed below shows how the workshop is structured, with the reasoning behind each step, and scaffolding for the safe, challenging learning of participants. Trainers talk about what will be happening before it happens, and participants have the opportunity for increasing challenge as they become more comfortable with the concepts and start to practice skills.

Key Learnings of ASIST
Preparing

- Registration: Workshop might be fun – and should be safe.
- Why First Aid: Very important part of suicide prevention.
- Why ASIST: ASIST is special.
- About the Participants: Participants are special.
- About the Workshop: The trainers expect participation.
- About Connecting: Participation begins shortly.

Connecting

- Review the Goals for the Section: Trainers need to be clear about what they are trying to do before they start so they can concentrate on doing it once they start.
- Connecting Feelings and Experiences with Suicide and Helping: We can do this.
- Introductions: The participants are real people.
- Connecting Attitudes with Suicide and Helping: Working with people at risk is complex.

Understanding

- Introduction to Understanding: Most people at risk want to live.
- Explore Invitations: You have an invitation to get involved.
- Ask about Thoughts of Suicide: You want to know the answer.
- Understanding Choices Phase: Help make choices clear – the picture of the phase.
- Hear the Story: You have to work at listening in order to hear.
- Support Turning to Safety: Support by encouraging the turn to safety.
- Assisting Life Phase: Develop a Safe Plan they can confirm they will do – the picture of the phase.
- Develop a Safe Plan: Understand why the things on the Safety Framework are related to safety.
- Confirm Actions: Confirming actions in the Safe Plan builds trust and safety.
- Conclude Understanding: *PAL* can help any person at risk.

Assisting

- Starting the Assisting Section: *PAL* is more intuitive than you might have realized.
- The Pathway for Assisting Life: *PAL* comes to life.
- Transition to Practice: Practice is coming.
- Connecting Simulation: We can do this.

- Support Turning to Safety Simulation: We can even do this most challenging part.
- *PAL* Simulation: Oh, even more challenges – but we can do it.
- Safety First Simulation: It is safe to practice, but this is serious work.
- Whole Group Closing; Workgroup Practice Introduction: Good procedures, but I am still anxious, maybe excited.
- Workgroup Practice

Working Together

- Organizing and Starting: Positive energy
- Relationships with Persons at Risk Discussion: The context for helping has its own questions.
- Community Relationship Discussion: This really can become reality.
- Closing the Workshop: You do not need to be alone.

Specify how proposed method likely will bring about the selected suicide prevention outcomes:
ASIST has been designation as a "Program with Evidence of Effectiveness." SPRC designated this intervention as a “program with evidence of effectiveness” based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP). ASIST was rated as promising for improving personal resiliency and self-concept among suicidal individuals calling a hotline. This finding was based on use of ASIST in a specific context: to train suicide crisis line counselors. NREPP reviewed a study that randomized suicide crisis centers into an intervention group, in which counselors received ASIST training, and a wait-list control group. A strength of this study was that it examined the effects of training on distressed individuals (i.e., callers to the hotline), not just on those who received the training. Data from monitored calls of suicidal individuals showed a significant improvement in callers (e.g., less depressed, less suicidal, less overwhelmed) by the end of calls handled by ASIST trained counselors, compared with the wait-list control group (Gould et al., 2013).

Explain how practice’s effectiveness has been demonstrated
ASIST was developed over 35 years ago. Over 30 peer-reviewed studies and government reports found:

- Improves trainee skills and readiness,
- Safe for trainees, with no adverse effects from training.
- Interventions shown to increase hope and reduce suicidality.
- Training shown to increase general counseling and listening skills

How county will ensure fidelity to the practice according to the practice model
Potential trainers are required to attend a five-day Training-for-Trainers where they attend a standard ASIST, then break it down and learn how to present it piece by piece, as well as the reasons the training is structured the way it is. Finally, they present to a group and are assessed by a coaching trainer. They are considered “provisional trainers” until they successfully complete three workshops within a year, facilitating all the sections of the training within those three workshops. Evaluations by participants, as well as trainer reports by each trainer for each workshop, are required by Living Works, and are read by Living Works staff to ensure fidelity and quality of the workshops.

Workshop instructors take a five-day training for the trainer course and agree to be part of a quality control program that supports them in their trainer roles and encourages them to provide feedback to the developers of ASIST.

Prevention Program requirements for annual 2019 reports and three-year summary

Program Name: Camptonville Community Partnership Yuba Foothill Prevention Program (Camptonville Community Partnership)

Program Information
The Camptonville Community Partnership Program takes a multi-pronged approach that encompasses any identified opportunities to provide to the Camptonville, Brownsville, and Challenge communities and sustain youth engagement. The Camptonville Community Partnership seeks to increase foothills community capacity by providing a variety of mentoring and recreational opportunities. The Program's target population is Yuba County upper foothills youth aged 8 to 18 years of age. These efforts will increase the foothill community capacity to provide prevention and early intervention opportunities for youth.

The Camptonville Community Partnership Program target population includes members of stressed families, students at risk of school failure, underserved populations and those at risk of a potentially serious mental illness. Referrals for the program come from the schools and foothills community members.

Unduplicated Number of People Served

2016 – 2017	27
2017 – 2018	38
2018 – 2019	30

Program Outcomes
The desired outcome for the Camptonville Community Partnership Program is to increase opportunity in the Yuba County foothills by offering a variety of skill building opportunities through adult/peer mentorship and support for recreational opportunities. To this end, the program:

- Developed an after school/evening recreation program(s) using youth and adult mentors,
- Subsidized organized sport scholarships to cover the cost of participation (registration, travel, uniforms, equipment etc.),
- Provided stipends to aid the community in program participation.

Recreational activity plays an important role in improving a positive effect in an individual's emotional and physical well-being, with happiness, joy, passion, or motivation as a result.

Data Collection
Monthly reports are sent to Prevention and Early Intervention staff with a through description of all monthly activities, including the number of individuals reached and how the activity provides protective factors and relates to prevention. Submitted documents include sign in sheets and satisfaction surveys.

Evaluation Results
Community or practice-based evidence standard was used. Over 90% of the youth who have responded to the satisfaction surveys agree with the following survey questions:

- They liked the activity
- They felt welcome and respected

- The activity was helpful
- They felt good about participating
- They would want to do the activity again
- They learned something new

Community and participant Satisfaction Surveys are used to determine the following:

- Decrease in risk factors, indicators
  - Low socioeconomic status
  - Loss of significant relationship
  - Stigma
  - Low self-esteem
- Increase in protective factors
  - Self-regulation
  - Secure attachment
  - Mastery of communication and language skills
  - Ability to make friends and get along with others

Evaluations were designed to be culturally competent, at an individual level, to increase respectful engagement by yourself or other members; at a program level, to redesign programs or interventions so that they are more effective and a better fit with cultural beliefs and practices; and at a community level, to increase respectful engagement among those from diverse cultures and decrease intolerant practices by community members.

Demographics relevant to the target population, including:

Note that not all participants completed the demographic form due to hesitancy of many participating schools to collect the information. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-15	30	Male	11
16-25	0	Female	10
26-49	0	Decline	0
Decline			
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	0
Asian	0	Central America	0
Black	1	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	23	South American	0
Other	2	Other	30
More than one	2	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**

English	30	Gay	0
Spanish	0	Hetero	0
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	1	Decline	30
Seeing	3		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	1	No	0
Other	1	Decline	0
No	9		
Decline	15		

Reduction of Negative Outcomes

The Camptonville Community Partnership Program helps strengthening relationships between family members, classmates and teachers through activities that provide teamwork and building their communication skills.

Cultural Competence and Non-Stigmatizing and Non-Discriminatory Strategies

Camptonville Community Partnership takes a multi-pronged approach that encompasses many identified opportunities while also building the Camptonville, Brownsville, Challenge community's capacity to sustain youth engage mentorship to reduce negative outcomes. The Yuba County foothills region is an isolated community that requires outreach to the community through schools and local agencies to reach the various small towns in the region.

Non-stigmatizing and non-discriminatory strategies include the following:

- Participation provided a positive opportunity addressing stigma, builds self-esteem, and enables individuals to "thrive not just survive". Development of these opportunities will provide community involvement/interaction in the creation of a "wellness" positive community.
- The afterschool program is a 2-hour event that occurs 3 days a week and is open to students in 2nd through 8th grade. This program offers a variety of enrichment and educational activities such as homework assistance, creative writing, games, music, gardening, art, and dance.

Prevention Program requirements for annual 2019 reports and three-year summary

Program Type – Prevention Program
Program Name: Girls Circle®
Girls' Circle is a high school or middle school girls' support group that runs in eight, ten, or twelve-week sessions, meeting once per week for 40-60 minutes. Each session has a theme, and each week includes activities and/or discussion related to topics within that theme. PEI staff facilitate and support the activities and/or discussions, but participants are encouraged to direct the discussions and to support each other. Participants are referred by school staff or can self-refer. Girls' Circle is offered at several schools in Sutter and Yuba Counties, including Albert Powel High School, Camp Singer Youth, Juvenile Hall, Live Oak High School, Live Oak Middle School, Marysville Charter Academy for the Arts, Marysville Community Day School, Marysville High School, Riverside Meadows Intermediate School, Robbins Elementary School, Twin Rivers Charter School and Yuba Gardens Intermediate School.

The Girls Circle program is advertised at participating schools to enable staff to refer student to the program and enable girls to self-refer. Information tables & presentations have also been used to introduce the program at new schools or at sites where we are attempting to get information about the program out to a larger audience. School sites request our staff to provide Girls Circle with the school counselors referring students to the group.

Unduplicated Number of People Served

FY 16-17: 142 participants
FY 17-18: 227 participants
FY 18-19: 274 participants

Indicators for program
School/site data indicated a need for support groups as an intervention method for girls with various concerns, including developing trusted relationships with adults/women role models, improving peer interactions, making friends, improving self-esteem, developing communication skills, goal setting, developing self-awareness, exploring roles in relationships, and exploring the impact of mental illness and substance use in their lives. Counselors, teachers, and administrators recommend participants, and many participants self-refer because they recognize one or more of the above needs for themselves.

The desired outcomes for participants in the program include the following:

- Increase social-emotional development.
- Increase connection, strengths, & competence in girls.
- Foster self-awareness & self-confidence.
- Maintain authentic connection with peers & adult women in their community.
- Counter trends toward self-doubt.
- Allow for genuine self-expression through verbal sharing & creative activity.
- Increase sense of belonging.
- Improve perception & acceptance of their own bodies.
- Increase belief in ability to accomplish meaningful actions & goals in their lives.
- Determine the impact of mental illness & substance use in their lives.

Data Collection, Evaluation Methods, and Results

Data was collected from participants and staff during each group session. Participants fill out a feedback form at the beginning and end of each group, which is then collected by the facilitator. No formal evaluation tool was used locally. PEI staff are incorporating processes for FY 19/20 to collect data and evaluate the program using the Girls Circle Program Toolkit and Administrative Model.

Evaluations methods for the program are evidence based. For example, Girls Circle is the first gender-responsive program in the country to demonstrate effectiveness in reducing delinquency for girls. Girls Circle is now listed on the Office of Justice Programs National Criminal Justice Reference Service and the previously available SAMHSA National Registry of Evidence-based Programs.

Girls on probation who participated in a national study* were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. Recidivism rates after 12 months post-program completion was significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

This national evaluation also revealed that girls who participated in the Girls Circle program showed significant increases on pre- and post- program surveys in educational aspirations, educational expectations, and use of condoms. In addition, the Study Supports Policy Implications, including:

- The use of the Girls Circle® model as a means for reducing recidivism
- Relational-Cultural Theory- recognizing girls' connections with others as central to their healthy identities and development
- Motivational Interviewing to facilitate meaningful change
- Proper Implementation and fidelity to the model

**The evaluation was funded by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) and conducted in the Juvenile Probation and Court Services Department in Cook County, Illinois by Development Services Group (DSG).*

Previous studies in 2005, 2007, and 2010 revealed statistically significant improvement for girls in Girls Circle programs in the following areas:

- Increase in self-efficacy
- Decrease in self-harming behavior
- Decrease in rates of alcohol use
- Increase in attachment to school
- Increases in positive body image
- Increases in social support

Program Measurements and Evaluation Design:

The program is intended for girls/women from all backgrounds, races, ethnicities, sexual orientations, ages (within the appropriate age range for the groups), geographical locations, religions, etc. The perspective of diverse people with lived experience of mental illness is incorporated, as many participants share their lived experiences with mental illness and substance use, and the group gets the

opportunity to learn from each other. Family members do not participate as the groups are closed. Parents/guardians sign permission forms prior to minors participating in Girls' Circle. Included in permission forms is a statement about the confidentiality of the group, with the explicit exception that anything stated by a participant that indicates possible harm to or by a participant will not be kept confidential. In those cases, the information is shared with school counselors, school administration and parents to determine additional services that might be needed for the participant. Facilitators explain that they are mandated reporters to every participant.

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy by many participating schools to collect the demographic information on the participating students. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-12	0	Male	0
13-25	21	Female	20
26-49	0	Decline	1
Decline	1		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	0
Pacific Islander	1	Puerto Rican	0
White	7	South American	6
Other	5	Other	2
More than one	8	Decline	6
Decline	1		
Language	**#**	**Sexual Orientation**	**#**
English	14	Gay	0
Spanish	6	Hetero	14
More than one	0	Bisexual	2
Decline	2	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	1	Decline	4
Seeing	3		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	NA
Chronic	1	No	NA
Other	1	Decline	NA
No	9		

Decline	6		

Identification of the types of problems and needs the program addresses
Girls Circle incorporates activities to improve mental health and related functional outcomes, including discussions and activities that focus on life skill development through developing protective factors and understanding various issues faced in school. Examples of issues discussed at Girls Circle include Body Image & Goals for Healthy Living, Relationships, Growth & Self-Care, Body Talk, Body Messages.

Girls Circle also focuses on reducing negative outcomes of untreated mental illness program by counteracting social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Connecting the students with the school counselor builds a safety net and a path to connecting to services.

Evaluation and Reduction of Prolonged Suffering
Girls Circle measures outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self-efficacy instrument. Additional contents include step-by-step instructions for program evaluation, consent forms, and information sheets. Spanish language surveys and forms are also included. The Toolkit and Administrative Manual assists programs to measure the following, using Schwarzer's Self-Efficacy Scale:

- School Attachment
- Avoiding Self-Harm
- Positive Body Image
- Avoiding Alcohol
- Avoiding Tobacco
- Communicating Needs to Adults
- Making Healthy Choices regarding Nutrition, Self-Care, and Activities
- Using Protection if choosing sexual activity

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
The model is utilized in all service delivery models in prevention and intervention - including education, juvenile justice, child services, behavioral, mental health treatment, and community programming. The training builds on participants' skills on how to promote girls' strengths and critical thinking regarding their behavior and choices. Girls Circle offers an approach that increases positive connections as they pertain to girls' healthy relationships with adults, peers, and community for the purpose of helping girls to take full advantage of their talents, academic interests, career pursuits, and potential for healthy relationships.

Prevention Program requirements for annual 2019 reports and three-year summary

Program Fidelity and why the county believes they will be successful and meet intended outcomes
Fidelity to the Girls Circle practice model and program design ensured through staff use of the provided facilitator guides for each curriculum. School contacts commit to supporting the program, participants' ability to attend, and providing the space & time for the groups to take place.

This initial training provides a comprehensive course on the Girls Circle model for participants of all experience levels and solidly sets the foundation for implementing dynamic female responsive programming via Girls Circle support groups. Workshop facilitators use an experiential model of learning to include lecture, demonstration, group discussion, case studies, simulation, small group interaction, and brainstorming to stimulate participants' learning. The subject matter relates to the scope of practice in all youth serving sectors in its attention to girls' developmental stages and needs.

Girls on probation who participated in a national study were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. Recidivism rates after 12 months post-program completion was significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

Prevention Program requirements for annual 2019 reports and three-year summary

Program Type – Nurtured Heart Approach (NHA)
The Nurtured Heart Approach® (NHA) has been shown to be applicable across many disciplines and successfully used by psychologists, social workers, counselors, other treatment professionals, educators, and parents alike. The NHA is also successfully used with most symptoms related to behavior: opposition, defiance, ADHD, ADD, anxiety, depression, and children on the Autism Spectrum.

Most approaches designed to improve communication, manage behavior, or teach social skills target specific realms of problematic actions that children are manifesting. This approach shifts the target away from problems and into greatness. It inspires challenging children to use their intensity in great ways, while awakening all children to the greatness of who they really are, helping them to take charge in leading passionate and purposeful lives.

The Nurtured Heart Approach has been shown to create transformative changes in children diagnosed with ADD, ADHD, Oppositional Defiant Disorder (ODD), Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms, almost always without the need for long-term mental health treatment. Parents are identified CPS and/or the courts with a need for parenting classes, or by referrals by schools, probation departments, or community referrals.

The nurtured Heart Program has been implemented at different locations in both counties in English and Spanish. NHA has been presented in the following locations throughout the county:

- School classroom setting
- County Library
- County Offices
- Pre-school parents' meetings
- Probation Department

These settings help alleviate potential transportation issues for participants and are convenient to participants who drop off their children in school and stay for the program. Evening hours are more convenient for people that work during the regular work schedule. The program is open to everyone regardless of their parenting skills and is non-discriminatory. PEI staff were the first to offer this training in Spanish.

Unduplicated Number of People Served
FY 16-17 = 213
FY 17-18 = 367
FY 18-19 = 233

Indicators for Program

- School referrals
- CPS / County Court Referrals
- Probation department referrals
- Community Referrals

Nurtured Heart Approach is being used in our schools and homes, we receive referrals from Sutter & Yuba County Child Protection Services, Schools, Probation from various surrounding counties, Behavioral Health, local non-profits, and churches.

Approach Used to Select Indicators

- Community Outreach Events

- Advertisement through email, departments, and community
- NHA evaluation

Outcomes Per Program

- Improve family relationships
- Promote positive Behavioral Changes in children
- Improve the child-parent relationship

Data Collection

Data is collected through completed Nurtured Heart Approach evaluations at the end of each training and at the end of the 6-week training. An activity sheet is also completed and filed monthly. Nurtured Heart. Each week participants shared their success in applying the NHA concept at home. There is a different discussion each week and participants shared how they are improving and minimizing their challenges.

Following are results for 200 NHA Presentation Evaluations:

- On a Scale from 1 – 10 please rate the presenter's delivery 98% are 8 – 10 highest
- On a Scale from 1 – 10 please rate the presentation of materials 98% are 8 – 10 highest
- All stated that they would recommend NHA training to family members or colleagues.
- All stated they would take the training again or attend future Nurtured Heart Trainings.

Impact Statements:

"The training will change how I communicate with my children."
"Speak to the Heart and the heart will be nurtured."
"The training could be even longer, and I would attend."
"Wonderful training, I am already seeing a change in myself and my children."
"Learning to have positive relationship with my kids."
"Learning to be better in control of my feelings and creating better relationships."
"This helps me learn to be calmer when addressing my children."
"Nurtured Heart Approach help me realize how to talk a different approach with my children."
"Learned to set parenting goals for myself to learn even more about resetting myself and kids. "

Evaluation Methods (Likert Scale)

Promising practice: NHA is considered an evidence informed practice based on existing research and anecdotal evidence. Currently, the Children's Success Foundation is working with outside organizations to compile the necessary research to establish NHA as an evidence-based practice. Anecdotal data is being compiled in a variety of treatment, community, and educational situations. The effectiveness of NHA comes from several of the thousands of homes, classrooms and treatment agencies that use NHA world-wide. The Nurtured Heart Approach is a relationship focused methodology founded strategically in 3 Stands "Absolutely no, Absolutely Yes and Absolutely Clear".

Cultural Competence:

NHA is available in Spanish and English. The Latino parents participating in the NHA discuss the social and cultural barriers to the approach of parenting helping overcoming barriers to the development of parent child relationship.

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 18/19.

Prevention Program requirements for annual 2019 reports and three-year summary

Age	**#**	**Gender**	**#**
0-15	0	Male	72
16-25	4	Female	136
26-49	229	Decline	25
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	76
Pacific Islander	0	Puerto Rican	0
White	157	South American	0
Other	76	Other	157
More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	157	Gay	6
Spanish	76	Hetero	220
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	7
Hearing	0	Decline	0
Seeing	0		
Mental	**0**	**Veteran Status**	**#**
Physical	0	Yes	7
Chronic	0	No	11
Other	39	Decline	215
No	194		
Decline			

Reasons why the county believes they will be successful and meet intended outcomes.
The county prevention early Intervention program staff will continue to reach out to underserved communities that are geographic, social economic and cultural barriers to improve on parenting skills, by advertising our program, community outreach and creating partnership with school representatives. Prevention & Early Intervention team has established great relationships with Sutter County Superintendent of Schools, Yuba County Office of Education in all districts that has been developed over time. We coordinate services to the schools together in the planning and scheduling process for each school year.

Prevention Program requirements for annual 2019 reports and three-year summary

Program Information
Program Name
LAUNCH Mentoring Program

Program type – Prevention Program
Mentoring, Prevention Program coordinated between the Sutter County Superintendent of Schools, Intervention & Prevention Programs (IPP) and the City of Yuba City

Unduplicated Number of People Served
42 students (from FYs 2016-2019)

Indicators for Program
Committee of school administrators, school support staff and identified students with greatest need and pulled school discipline, attendance, and counseling referrals to identify an appropriate student population. IPP focused on the "Unduplicated Pupil" population as identified by the Local Control Funding Formula (LCFF) which includes pupils who are English learners, meet income or categorical eligibility requirements for free or reduced-price meals under the National School Lunch Program, or are foster youth. Foster Youth have a high prevalence of mental health due to the trauma experienced in their lives, with additional Mental Health needs assessed by trained staff and referred to interagency teams such as the Family Assistance Services Team (FAST) or to an appropriate Behavioral Health program.

By increasing protective factors and building a positive, healthy relationship with someone that can identify if a student needs additional mental health services, the need can be quickly identified and referred appropriately. The program settings are positive, neutral settings that are comfortable for mentors and mentees alike. The intention is to provide a safe, comforting environment.

Approach Used to Select Indicators
The identification of these indicators was selected via a collaborative process between IPP staff, school administrators as well as student support staff that includes school counselors, probation school resource officer, and a social worker. Queries were run to support this need.

Desired Program Outcomes
The desired outcome of this program is to add protective factors to students via mentoring, positive role modeling and support. Additional desired outcomes also include improvement of grades and attendance and a decline in discipline and negative behaviors. The methods used to measure progress towards the desired outcomes include:

- Decrease in risk factors, indicators, and/or
- Decrease in school discipline referrals, suspensions, and absences.
- Increase in protective factors
- Improvement in grades,
- Appropriate use of school counseling (decrease of responsive sessions and increase in preventative sessions with counselor)

The same collaborative members that selected the identification indicators also selected the desired outcomes which included IPP staff, school administrators as well as student support staff that includes school counselors, probation school resource officer, and a social worker.

Prevention Program requirements for annual 2019 reports and three-year summary

Data Collection and Evaluation

Data was originally collected by school site personnel which was then provided to IPP staff for data collection and analysis. Data was collected at the beginning of the school year, or prior to the program beginning and then again at the end of the school year.

The evaluation method as a community or practice-based evidence standard. The evaluation results were determined using the same criteria that was used with other IPP programs that were evaluated and monitored such as Foster Youth Services. Pre and Post Program Progress were measured and reported. Staff compared data prior to the student beginning the program and again at the end of the school year. School site staff provided IPP with data to use for program evaluation.

Culturally Competent

IPP staff is trained in cultural competency and knowledgeable of the cultural needs of the Sutter County community. We have the availability of interpreters to translate evaluations should it be necessary. Students and parents were provided an assessment to determine individualized needs. IPP staff has been trained to meet the needs of all students in a non-discriminatory manner.

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-15	13	Male	6
16-25	0	Female	7
26-49	0	Decline	29
Decline	29		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	
Asian	1	Central America	
Black	0	Mexican	4
Pacific Islander	0	Puerto Rican	
White	11	South American	
Other	2	Other	6
More than one	0	Decline	32
Decline	29		
Language	**#**	**Sexual Orientation**	**#**
English	13	Gay	0
Spanish	0	Hetero	12
More than one	0	Bisexual	1
Decline	29	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	29
Seeing	0		

Mental	**1**	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	1	No	0
Other	0	Decline	0
No	11		
Decline	29		

Prevention Program requirements for annual 2019 reports and three-year summary

Program Information

Recreational Scholarship Program

The Recreational Scholarship Program provides scholarships for youth to participate in sports or other recreational activities, to purchase recreational equipment that allows youth to participate in these activities, or to purchase recreational equipment for use by organizations that serve groups in the target populations. The Program's goals are to reduce risk factors or stressors, build protective factors and skills, and increase support. Prevention promotes positive cognitive, social, and emotional development and encourages a state of well-being that allows the individual to function well. Recreation helps enhance protective factors by providing them with activities that increase goal achievement of socialization and behavior modification. It has long been recognized that youth who become committed to sports, dance, or any number of other recreational activities build resilience, benefit from social support, and gain skills that is life changing.

The Program's goals are to reduce risk factors or stressors, build protective factors and skills, and increase support. It has long been recognized that youth who become committed to sports, dance, or any number of other recreational activities build resilience, benefit from social support, and gain skills that serve them nicely for their whole lives.

Unduplicated Number of People Served

FY 16 – 17:	42 Children	31 Youth	7 TAY
FY 17 – 18:	43 Children	38 Youth	11 TAY
FY 18 – 19:	52 Children	44 Youth	20 TAY

Indicators for Program

PEI Recreation funds provide recreational opportunities for children, youth and transitional age youth (ages 16-24) who meet at least two of the criteria listed below:

- Trauma exposed children and youth (including transition age youth - TAY): Exposure to traumatic events or prolonged traumatic conditions.
- Children and Youth in Stressed Families: Placed out of home, or in a family where there is substance abuse or violence, depression, or other mental illness, or a lack of caregiving adults (serious health conditions or incarceration).
- Children, youth & TAY who are at risk of school failure due to emotional and behavioral problems.
- Children and Youth at risk of or experiencing Juvenile Justice Involvement.
- Experiencing onset of serious psychiatric illness with psychosis: Identified as presenting signs of mental illness
- Underserved populations: Ethnically/racially diverse communities, LGBTQI, etc.

Participants in the program are referred to PEI staff by adults who work with the participants in many different settings, including behavioral health, child protective services, school counselors, foster care programs, county partner agencies, including Youth for Change, and health clinics, including Harmony Health, Peach Tree Clinic, and Ampla.

Prevention Program requirements for annual 2019 reports and three-year summary

Desired Outcomes

Desired Outcomes

- Improve academic performance in school
- Improve appropriate social interaction in school and outside of school
- Create a healthy sense of self confidence
- Learn skills to have positive relationships with adults
- Learn skills to have positive relationships with peers

Approach Used to Select Outcomes

How collected data

A pre-survey is required when the referring entity submits a Recreational Scholarship request. Post-surveys are completed after the youth begins participating in the funded activity and/or after the activity is completed, depending on the length of the recreational activity.

Frequency of Data Collection

Upon approval, a 30, 60, and/or 90-day follow-up, depending on the length of the recreational activity, is completed by PEI staff to monitor and measure the effectiveness of the scholarship for the recipient. The referring party is responsible for providing information on the desired outcomes listed above and the recreational activity's effect on the recipient's behavior, academic progress, and social skills. PEI staff review the pre and post data, to determine the impact of the protective factors and any reduction in risk factors.

Evaluation Results

FY 16 – 17:

- 95% of students increased academically in school
- 93 % showed increased social interaction in school
- 76% of youth have shown a healthy sense of self confidence
- 87% of youth have shown positive relationships with adults
- 94% of youth have demonstrated positive relationships with peers

Sample comments from 2016 – 2017 Progress Reports

- *"The PEI scholarship made it possible for student to participate in an individual sport and build his skills in self-regulation focused attention, compliance to direction, and increased self-confidence. This information is based on the social worker (last contact with the family in 2016)."*
- *"Social worker writes student showing improvement listening and talking direction from teacher since attending Karate classes and being instructed on how to interact with others."*
- *Feedback from teacher at Feather River Academy stated student has shown she has learned to make more positive choices in the classroom.*
- *The student really enjoys his lessons and has gained confidence in himself as he progresses with piano. Foster child enrolled in home school for now and is doing well with assignments, Sutter County Probation Officer writes.*
- *Student has shown progress while attending karate lessons. School counselor writes that behaviors have improved, appears to be confident in the classroom setting.*

- *Student attending the Allyn Scott Youth and Community Center is participating in classes and is showing respect with her peers, younger and older students, and the adults.*

FY 17 – 18:

- 94% of students increased academically in school
- 89 % showed increased social interaction in school
- 80% of youth have shown a healthy sense of self confidence
- 93% of youth have shown positive relationships with adults
- 96% of youth have demonstrated positive relationships with peers

Sample comments from Progress Reports from 2017 – 2018

- *Student is identified as doing amazing by his CPS worker. He has increased his social contacts with peers and is excelling in all areas.*
- *Martial arts instruction has helped student to become calmer according to his parents. His teacher at April Lane School states that he is calmer in the classroom with his peers. He is getting more classroom learning and is getting more accomplished.*
- *Student participating in Able Riders has helped her become more self-confident in school and is participating in other services at Family SOUP programs.*
- *Sutter County Probation worker stated that the student she referred is participating in a gym membership and it has helped him to be more positive in school.*
- *Student responding well to instruction in Tae Kwon Do. He had some issues with other students at school. His behaviors have changed, giving him better relationships with his peers.*

FY- 18 -19:

- 89% of students increased academically in school
- 91% showed increased social interaction in school
- 84% of youth have shown healthy sense of self confidence
- 91% of youth have shown positive relationships with adults
- 94% of youth have demonstrated positive relationships with peer

Sample comments from Progress Reports from 2018 – 2019

- *Student at Live Oak High School was struggling the beginning of the year and was at risk of not graduating. At the end of the year, he graduated from high school and is on his way to joining the military. The recreational scholarship gave him the ability to focus on his goals.*
- *Yuba County CPS worker stated that her client was able to be successful wrestling and was undefeated in his class.*
- *A Youth for Change student stated that the recreational scholarship helped develop coping skills at school.*
- *Therapist from Behavioral Health reported that the TAY student who was able to receive a recreational scholarship to attend driving school successfully completed getting a driver's license and obtained employment.*

- *Counselor at Yuba City High School reported that her student was working well with adults one-on-one. He is finding his way in school to becoming more positive in his interaction with his peers.*
- *Sutter County Probation Officer reported that student has learned to become more active is school, asking teachers questions, being more respectful and responsive.*
- *Administrator at Marysville Joint Unified School Districted stated that a student struggling with homelessness was able to participate in City of Yuba City Recreational Lego Camp during the summer with summertime lunches. Seeing the student start school, the following year was a great success.*
- *Student participating in Family SOUP Able Riders program experienced a decrease in her depression, observed the Behavioral Health Children Systems of Care case worker.*

Evaluation Methods: Likert Scale, Community
Measurements for prevention program:
Describe method used to collect and measure the following:

- Decrease in risk factors
- Trauma Exposure
- Stressed Families
- At Risk of School Failure
- At Risk of Juvenile Justice Involvement
- Experiencing onset of serious psychological psychiatric illness with psychosis (TAY)
- Underserved populations
- Increase in protective factors

Outcomes are measured using pre and post surveys. Data is Collected and Analyzed 30, 60, and 90 days from the start of the recreational activity. Timing of the follow-up depends on the length of the activity. The evaluation reflects cultural competence through the work on underserved populations and all cultures. Participants are referred from various entities, including the Hmong Outreach Center and Latino Outreach Center, among others.

Culturally Competent
The Recreational Scholarship Program understands the importance of cultural diversity in the recreation activities, taking into consideration each person's interests and cultural backgrounds. The children, youth and TAY students pick the activities in which they are interested. Family members are included when applicable.

Demographics for FY 18/19
Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-12	137	Male	44
13-25	151	Female	51
26-49	0	Decline	193

Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	8	Caribbean	0
Asian	3	Central America	0
Black	2	Mexican	28
Pacific Islander	0	Puerto Rican	0
White	72	South American	0
Other	23	Other	131
More than one	15	Decline	129
Decline	165		
Language	**#**	**Sexual Orientation**	**#**
English	288	Gay	2
Spanish	28	Hetero	83
More than one	131	Bisexual	15
Decline		Questioning	4
		Queer	1
Disability	**#**	Other	4
Hearing	2	Decline	179
Seeing	14		
Mental Self-Reported	94	**Veteran Status**	**#**
Physical	6	Yes	0
Chronic	3	No	0
Other	4	Decline	0
No	59		
Decline	106		

Identification of the Types of Problems and Needs the Program Addresses
Activities included are intended to improve mental health and related functional outcomes, including the reduction of negative outcomes. The Recreational Scholarship Program reduces negative outcomes of untreated mental illness, including a reduction in prolonged suffering, as measured by the following:

- Child or youth does well in academically in school
- Child or youth does well socially in school
- Child or youth has a healthy sense of self confidence
- Child or youth has positive relationships with adults

How Program Will be Implemented to Help Improve Access to Services for Underserved Populations
The Recreational Scholarship Program is focused on underserved populations in schools, county agencies and non-profits and are the scholarships are submitted by a social worker, school counselor identifying those children, youth, or Transitional Aged Youth to Prevention & Early Intervention staff.

Strategies That are Non-Stigmatizing and Non-Discriminatory
Inclusive person-first language is utilized in the program and is inclusive of LGBTQ youth.

Reasons why the County Believes They Will be Successful and Meet Intended Outcomes
The feedback from school counselors, behavior health staff, child protective services staff, probation officers, students and parents participating in the Recreational Scholarship Program have seen protective factors added to in the lives of the children, youth and TAY students or clients are a valuable component to recovery and resiliency.

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Program Name: Safe TALK (Suicide Alertness for Everyone: Tell, Ask, Listen, KeepSafe)
Safe TALK is a four-hour training designed to teach participants four basic steps to recognize persons with thoughts of suicide and connect them with suicide helping resources. Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided—leaving people more alone and at greater risk. Safe TALK training prepares participants to help by using TALK (Tell, Ask, Listen and Keep Safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

Safe TALK is designed for any community member 15 years or older, with Safe TALK participants learning to:

- Notice and respond to situations where suicide thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen, Keep Safe, and know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

Unduplicated Number of People Served

FY 18-19: 103
FY 17-18: 141
FY 16-17: 70

Specify how proposed method likely will bring about the selected suicide prevention outcomes:
Safe TALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. Safe TALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all trainings. The 'safe' of safe TALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe.

The Safe TALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these barriers. Six sixty- to ninety-second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential references for the participants.

Safe TALK was developed by Living Works Education to complement longer suicide intervention training. Developers in Australia and Canada designed, and field tested the program in 2004-05 based on stakeholder reports of a training gap between short suicide awareness sessions and longer suicide intervention skills training.

Explain how practice's effectiveness has been demonstrated
Over 15 peer-reviewed studies and government reports found that the program:

- Improves trainee skills and readiness,
- Is safe for trainees, with no adverse effects from training.
- Effective for participants as young as 15 years old.
- Helps break down suicide stigma in the community.
- Better skill retention compared to other connector programs.

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

How county will ensure fidelity to the practice according to the practice model
Potential trainers are required to attend a two-day Training-for-Trainers where they attend a standard Safe TALK, then break it down and learn how to present it piece by piece, as well as the reasons the training is structured the way it is. Finally, they present to a group and are assessed by a coaching trainer. They are considered "provisional trainers" until they successfully complete three workshops within a year, facilitating all the sections of the training within those three workshops. They must complete a minimum of two workshops per year after the first year, as well as attend an ASIST workshop at least every four years to maintain their status as certified trainers. Feedback forms by participants, as well as trainer reports by each trainer for each workshop, are required by Living Works, and are read by Living Works staff to ensure fidelity and quality of the workshops.

Safe TALK trainings are held in venues throughout Sutter and Yuba Counties, including government buildings and community spaces. PEI staff collaborate with organizations and agencies in the community to offer the training in various settings including schools, government buildings, privately owned buildings, and behavioral health buildings. Offering the training in different locations facilitates the ability of community members from both counties we serve to participate. Program staff also employ several methods to reach out and engage potential training participants, including flyer distribution, social media postings, Eventbrite invites, emails and other community outreach activities.

Approach Used to Select Indicators
The core beliefs of Living Works, developer, and copyright owner of Safe TALK, include:

- Suicide is a community health problem.
- Thoughts of suicide are understandable, complex, and personal.
- Suicide can be prevented.
- Help seeking is encouraged by open, direct, and honest talk about suicide.
- Relationships are the context of suicide intervention.
- Intervention should be the main prevention focus.
- Cooperation is the essence of an intervention.
- Intervention skills are known and can be learned.
- Large numbers of people can be taught intervention skills.
- Evidence of effectiveness should be broadly defined.

The desired outcomes for the Safe TALK program participants include:

- Learn how to become suicide alert
- Learn how to identify people who might be having thoughts of suicide
- Learn how to connect people who might be having thoughts of suicide to persons trained in suicide intervention

Participants generally come with some interest in increasing their knowledge about suicide and their ability to help. Many participants leave the training eager to participate in the next level of training, ASIST, so that they can learn intervention skills. All are better prepared to help in some way to make their communities suicide-safer.

Data Collection and Evaluation
Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The responses received from participants are listed below. The evaluations are completed

anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

Note that Spanish-language presentations did not include this question on their feedback form. These responses are from all participants who submitted feedback forms. Evaluation forms and processes are currently in development for FY 19/20 to collect the data necessary from both the English and Spanish trainings to determine program effectiveness in accomplishing the desired program outcomes.

FYs 2016-19
Well Prepared: 112 Mostly Prepared: 107 Partly Prepared: 14 Not Prepared: 1 No Answer: 1

Demographics
Demographics for FY 18/19
Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-15	0	Male	10
16-25	44	Female	88
26-49	51	Decline	5
60 +	8		
Race	**#**	**Ethnicity**	**#**
American Indian	7	Caribbean	0
Asian	7	Central America	0
Black	3	Mexican	17
Pacific Islander	0	Puerto Rican	2
White	56	South American	0
Other	10	Other	10
More than one	17	Decline	8
Decline	8		
Language	**#**	**Sexual Orientation**	**#**
English	98	Gay	0
Spanish	1	Hetero	76
More than one	5	Bisexual	8
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	1	Decline	14
Seeing	4		
Mental Self-Reported	3	**Veteran Status**	**#**
Physical	1	Yes	3
Chronic	4	No	98

Other	1	Decline	3
No	66		
Decline	10		

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
Safe-TALK is facilitated by trainers who have completed the two-day safe-TALK Training for Trainers (T4T) course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

Reasons why the county believes they will be successful and meet intended outcomes
Safe-Talk is open to anyone over 15 years of age, it uses interactive and video presentations to address signs of suicide and helps participants reduce stigma related to Mental Health. Students learn to understand that anyone can have thoughts and feelings of suicide. Participants trained can move beyond common tendencies to miss, dismiss or avoid suicide. The training helps learners to identify people who have thoughts of suicide and connecting those at risk to help. Students learn to apply the TALK steps (Tell, Ask, Listen and Keep-safe) to connect a person thinking about suicide to a suicide intervention resource by practicing with their peers.

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Program Name Signs of Suicide (SOS) for Middle School Students

Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through "gatekeeper" education, and 5) encourage schools to develop community-based partnerships to support student mental health.

Using an age-appropriate DVD and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to "Acknowledge, Care, and Tell" if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide. Presentations can be scheduled throughout the year at schools that serve 6-8 grade students. The training uses presentation, group discussion, and videos to engage participants with the material and increase their comfort with seeking and offering help. The video introduces, and we discuss ACT – Acknowledge (that something is going on or is different with oneself or with a friend), Care (by saying something about concerns and expressing the importance of not ignoring whatever is going on), and Tell (a trusted adult, even if the friend doesn't want to talk to anyone or denies that anything is happening).

The program includes an optional student screening that assesses for depression and suicide risk and identifies students to refer for professional help as indicated. The program also includes a video, Training Trusted Adults, to engage staff, parents, or community members in the program's objectives and prevention efforts. The program kit is available from Mind Wise Innovations (formerly Screening for Mental Health, Inc.) for a fee. Although training is not required to implement the SOS Program, many schools/districts prefer a structured training to help increase awareness and ensure fidelity to the program. Mind Wise Innovations offers in-person and online trainings for schools and youth-serving organizations on how to implement SOS, as well as a 2-day train-the-trainer course, the SOS Certified Training Institute (CTI) to help state agencies, hospitals, regional coalitions, etc. build local capacity for implementing youth suicide prevention efforts.

Unduplicated Number of People Served

FY 16-17: 456

FY 17-18: 1,108

FY 18-19: 818

Indicators for program *(how determine participants, target population)*

The program is intended for middle school students (defined by some schools as 7th & 8th grades, by others as 5th – 8th, by others as 6th – 8th), their families, and the staff at their schools. Participating Schools are determined by School District requests to our Prevention and Early Intervention Team. The following are the schools in Sutter and Yuba Counties that have received the Signs of Suicide training:

- Riverside Meadows Intermediate School

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

- Twin Rivers Charter School
- Live Oak Middle School
- Encinal Elementary School
- Marysville Charter Academy for the Arts
- Yuba City Charter School

Program Outcomes and Evaluation:

The program is offered as a universal, school-based approach to the selected grade levels. Ideally, and frequently, it is presented in classrooms, but occasionally, in larger, assembly-style presentations. To ensure fidelity to the practice model, trainers follow the guidelines provided by the program for implementation.

Desired outcomes of the program include:

- Teach students how to identify the signs of depression and suicide in themselves and their peers
- Reduce stigma around mental health and suicide
- Encourage help-seeking behaviors through the ACT technique (Acknowledge, Care, Tell)
- Engage parents and school staff as partners in prevention through "gatekeeper" education
- Encourage schools to develop community-based partnerships to support student mental health

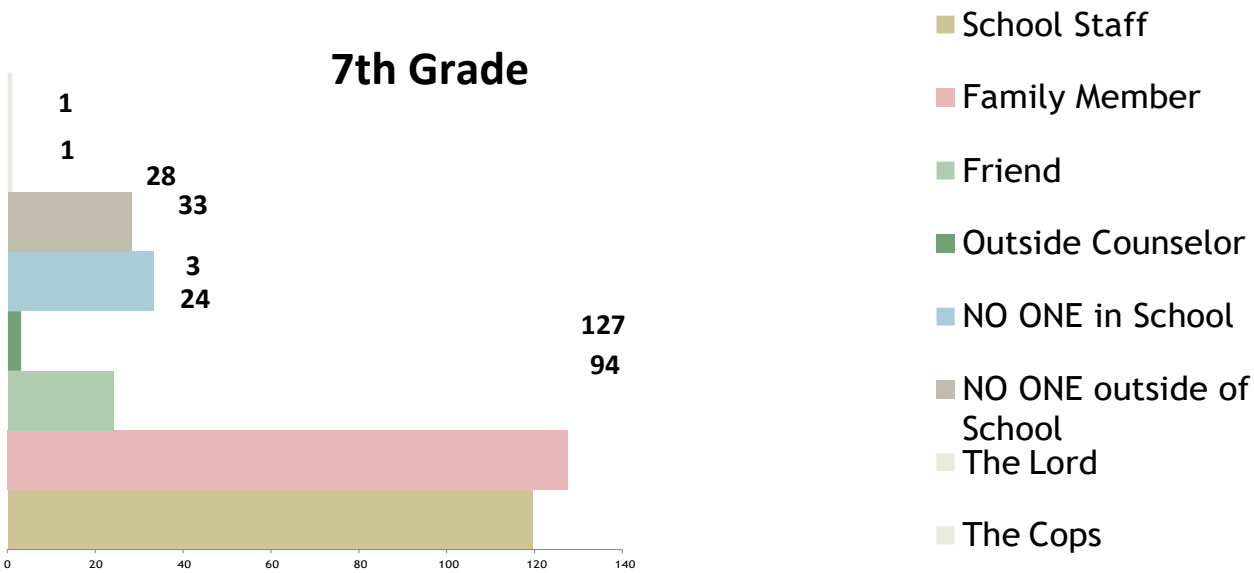
Data Collection:

At the beginning of the presentation, there is discussion about students' knowledge about suicide and depression, as well as group brainstorming about who trusted adults could be within and outside of school. There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with for staff. Many schools also follow the presentations with in-class and/or smaller group discussions. Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

Evaluation Methods

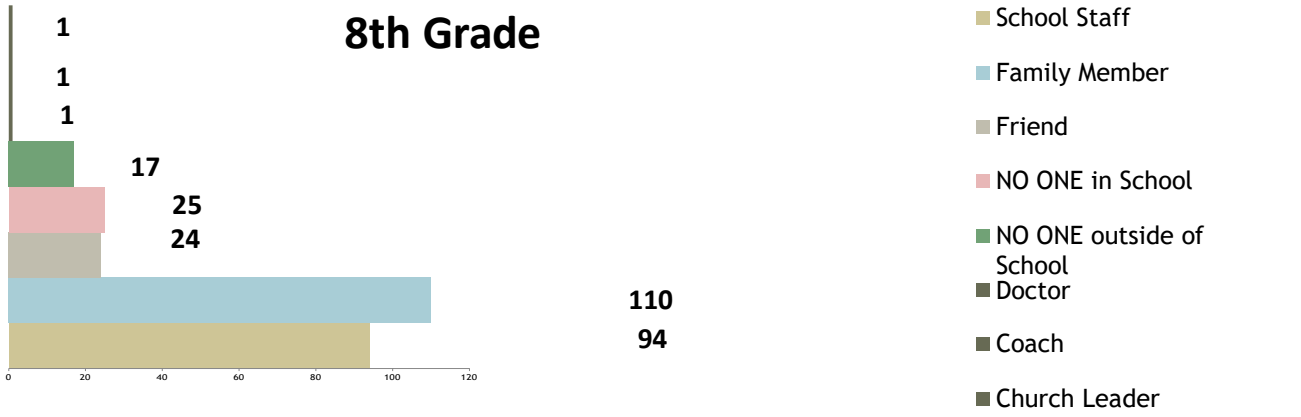
Program effectiveness evaluated using a Likert Scale methodology

311 7th grade students were asked the following: List a trusted adult you could turn to if you need help for yourself or a friend. In school and out of school.



SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

a. 273 8th grade students were asked the following: List a trusted adult you could turn to if you need help for yourself or a friend. In school and out of school.



How determined the evaluation results

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Findings were that students picked family members and school staff as trusted adults as their top picks of who they would go if they had problems themselves or a friend. The students learned how to be a link to save a life by using the Signs of Suicide cards and go to a trusted adult for help.

Methodology to measure changes in attitudes, knowledge and/or behavior regarding suicide

Anecdotal evidence shared by students and staff at middle schools show an increase in the desired outcomes listed. By being a link to save a life, connecting a person with thoughts and feelings of suicide proves protractive factors throughout the school campus.

Demographics for FY 18/19

Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

Demographics for FY 18/19

Age	**#**	**Gender**	**#**
0-15	818	Male	44
16-25	0	Female	72
26-49	0	Decline	1
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	0
Asian	5	Central America	2
Black	1	Mexican	19
Pacific Islander	0	Puerto Rican	3
White	75	South American	0
Other	19	Other	6
More than one	13	Decline	3
Decline	5		

Language	**#**	**Sexual Orientation**	**#**
English	80	Gay	1
Spanish	12	Hetero	102
More than one	11	Bisexual	0
Decline	5	Questioning	1
		Queer	2
Disability	**#**	Other	1
Hearing	1	Decline	12
Seeing	1		
Mental Self-Reported	1	**Veteran Status**	**#**
Physical	1	Yes	NA
Chronic	1	No	NA
Other	1	Decline	NA
No	68		
Decline	11		

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Methods and activities used to change attitudes and behavior related to reducing mental illness related suicide

Informal data collection at the beginning of the presentation, optional screening at the end of the presentation. The screening tool shows possible risk factors for students to give an opportunity to ask for help indirectly.

Specify how proposed method likely will bring about the selected suicide prevention outcomes:

The Suicide Prevention Resource Center classifies the program as a "program with evidence of effectiveness" because it was included in the SAMHSA National Registry for Evidence-Based Programs and Practices. For the outcome of reducing suicidal thoughts and behaviors, the program is promising. The review of the program yielded sufficient evidence of a favorable effect based on three studies and six measures.

For the outcome of improving knowledge, attitudes, and beliefs about mental health, the program is promising. The review of the program yielded sufficient evidence of a favorable effect base on two studies and four measures. Aseltine et al. (2007) found that participating in the SOS Program resulted in statistically improvements in 1) knowledge about depression and suicide, and 2) attitudes about depression and suicide, which were statistically significant. Schilling et al. (2016) found that participating in the SOS Program also resulted in greater knowledge and improved attitudes about depression and suicide; however, the group differences were only statistically significant for knowledge about depression and suicide.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM requirements for annual 2019 reports and three-year summary

Program Name: Tri-County Diversity

Tri-County Diversity, formally GOTBLISS Incorporated, is an acronym which stands for gay, other gender identity minority, transgender, bi-sexual, intersex and straight supporters. Their goal is to provide social space, peer support and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter and Colusa Counties, along with their straight supporters. Tri-County Diversity is the only non-profit serving as an outreach to the LGBTQI community in Sutter, Yuba and Colusa Counties. Tri County Diversity is a resource to the LGBTQIA community, providing events and outreach since 2011 and will continue to address stigma through education and awareness.

Desired Program Outcomes:

Tri-County Diversity increases opportunities for social interaction through outreach and support events to encourage support, education and community involvement in a safe, supportive environment for the LGBTQIA community members. This desired outcome was determined by reviewing the need for services specific to LGBTQIA individuals in our community, as evidenced by community input to the PEI Plan.

During each of the contract years, beginning in 2016, the youth arm of the organization provided weekly peer support meetings during the school year; and monthly during summer. Every month, the youth were invited to participate in a social activity provided by Tri-County Diversity at community events and venues. The youth program provides facilitation and support at local Gay Straight Alliance organizations in the local high schools. The youth hotline was available to provide program and referral service information and support. In the upcoming contract year of July 2016 through 2017, Tri-County Diversity continued our monthly Boy's Night Out event. They held the Sunday Brunches on a quarterly basis, providing opportunities for a broader range of events. Tri-County Diversity continued to provide opportunities for LGBTQIA members to attend local events, organize activities, and provide the support and referral services through events and our hotline for the upcoming year in both the adult and youth arms of the organization.

Unduplicated Number of People Served

FY 2017/2018: 222 people

- Tri-County Diversity served a total of 222 people and provided a total of 1 referral for additional mental health services through the hotline services and 8 outreach/ support events during the past year.

FY 2018 -2019: 342 people

- Tri-County Diversity served a total of 342 people and provided a total of 17 referrals for additional mental health services through the hotline services and 42 outreach / support events during the past year.

Evaluation Methods and Results

Type of Evaluation Method: Community

Changes in attitude, knowledge and/or behavior related to mental illness: Tri County Diversity directly refer individuals to behavioral health. The referral form coming directly from Tri-County Diversity helps to reduce the stigma of behavioral health services through education and outreach information.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM requirements for annual 2019 reports and three-year summary

Demographics FY 18-19

Please note that collection of demographic data initiated in FY 18-19. In addition, the numbers below do not include all participants, but only those participants that willingly submitted demographic information. Standardized collection of demographic data from all participants will begin in FY 19-20.

Age	**#**	**Gender**	**#**
0-15	6	Male	25
16-25	26	Female	34
26-49	20	Decline	0
Decline	7		
Race	**#**	**Ethnicity**	**#**
American Indian	6	Caribbean	0
Asian	0	Central America	0
Black	1	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	4	South American	0
Other	0	Other	0
More than one	3	Decline	59
Decline	45		
Language	**#**	**Sexual Orientation**	**#**
English	55	Gay	23
Spanish	4	Hetero	15
More than one		Bisexual	8
Decline		Questioning	3
		Queer	0
Disability	**#**	Other Transgender	5
Hearing	0	Decline	0
Seeing	0		
Mental Self-Reported	18	**Veteran Status**	**#**
Physical	0	Yes	5
Chronic	0	No	54
Other	0	Decline	0
No	41		
Decline			

Describe or reference the relevant evidence applicable to intended outcome. Tri County Diversity has increased opportunities for social interaction to encourage support, education and community

involvement in a safe, supportive environment for the LGBTQIA community members through outreach and support events. Tri-County Diversity provides quarterly reports on all events and activities and submits them to PEI staff for review. PEI staff review the quarterly Reports & Demographic information received from Tri-County Diversity to determine participation, outreach and event activities. A more formal evaluation process is currently under development for FY 19/20.

Explain how practice's effectiveness has been demonstrated for intended population
Tri County Diversity is the only LGBTQIA non-profit in Sutter and Yuba counties providing a great service to community by the success of activities provided. Tri-County Diversity participates with the River Valley High School after school events and have a strong presence at Marysville High School.

How county will ensure fidelity to the practice according to the practice model and Program design
PEI staff will continue to provide training and support to the Tri County Diversity staff and members helping develop Tri County Diversity to continue serving our community. PEI Staff offer Mental Health First Aid, Youth Mental Health First Aid, Applied Suicide Intervention Skills Training and Safe Talk to Tri-County Diversity staff and participants.

If county used community or practice-based standard to determine program effectiveness:
Tri County Diversity is working with all ages in our schools, Marysville Joint Unified School District, River Valley High School, Yuba City and Yuba City High School. Tri-County Diversity is very connected to our community though the outreach and events provided throughout Sutter and Yuba Counties. This helps us to further influence and create strong collaboration with school public and private sectors of our community regarding issues surrounding LGBTQIA persons though collaborative efforts.

How county will ensure fidelity to the practice according to the practice model and Program design
Prevention & Early Intervention Staff will continue to provide training and support working very collaboratively together though our various outreach events and providing support for the activities provided by Tri-County Diversity throughout the year.

How program will be implemented to help improve access to services for underserved populations
Tri County Diversity has a website to help provide access to their services at www.tricountydiversity.org , as well as a Social Media presence (Facebook, Instagram), profiles on Meetup.com for the adult and young adult portions of the group. Tri County Diversity will continue to participate in outreach events to include United Way Resource Fair, Veterans Stand Down, Peach Festival, Halloween Festival connecting with all those interested in learning or just being able to get involved with activities for youth and adults.

Describe anti-stigma strategies employed
Educational anti-stigma interventions present information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes and beliefs. They counter inaccurate stereotypes or myths by replacing them with information to improve an understanding of the LGBTQIA community.

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

Program Information
Program Name: Strengthening Families Program (SFP)
Strengthening Families is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children, and to improve social competencies and school performance. The Strengthening Families Program is offered locally as a seven-week program for families with children 10-14 years old. The SFP is presented during the evening hour at participating schools to increase parent participation. The program is advertised as a parent family curriculum that is not stigmatizing. The program is divided in three different sessions:

- 1st hour family dinner
- 2nd hour parent group and youth group
- 3rd hour parents and youth together in family session

Families are provided with dinner, then parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion. Families reunite to work together in a family class. Childcare is provided for younger children. Each session is two and a half hours long, including the family dinner. There is no cost for participants.

Unduplicated Number of People Served

FY 16 – 17: 24 Adults 27 Youth
FY 17 – 18: 24 Adults 27 youth
FY- 18 -19: 36 Adults 24 Youth

Indicators for Program
PEI staff conducted outreach events at different schools in both counties. Most referrals were made by school personnel.

Approach used to select indicators: Strengthening Families parent and youth surveys were completed at the beginning and at the end of 7 sessions. Prevention & Early Intervention staff offer a booster session 6 months after completing the program. Surveys are completed at the beginning and end of each booster session.

Outcomes Per Program
Desired Outcomes:

- Increase protective factors and family interactions
- Learn nurturing skills that support their children
- Effectively discipline and guide their children during their teen years
- Learn to appreciate parental efforts
- Parents learn to appreciate and understand their children's behaviors
- Parents and youth learn to set limits

Approach Used to Select Outcome
Participants completed the pre and post surveys on orientation night and after the 7 weeks sessions. Participants were also asked to participate in a booster session 6 months after completing the first seven weeks sessions.

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

Evaluation results:
After completing the seven sessions, participants felt the need to spend more time with their children and the need to praise them more often, as well as having consistent rules at home. These results were based on the Strengthening Families Program surveys and participants comments and discussion during each session. PEI Staff also reviewed and evaluated the completed survey results. See last page for evaluation numbers.

Evaluation Methods: Likert Scale
Type of Evaluation Method
Evidence based: Strengthening Families program for youth 10 to 14 years old focuses on increasing protective factors, improving family relations, reducing family conflicts, and reducing levels of substance use and involvement with law enforcement. Program measurements include Increase protective factors and family interactions, helps parents learn nurturing skills that support their children and how to effectively discipline and guide them. Youth learn to appreciate their parents and teaches them how to deal with stress and peer pressure.

Describe method used to collect and measure the following:
Pre and post SFP surveys were collected for youth and parents. Increase protective factors and family interactions, helps parents learn nurturing skills that support their children and how to effectively discipline and guide them. Youth learn to appreciate their parents and teaches them how to deal with stress and peer pressure. aggressive behavior or withdrawn behavior, negative peer influence, poor school performance, lack of pro-social goals and poor relationship with parents.

Youth that completed the program had significantly lower rates of alcohol, tobacco, drug use, conduct problems in school. The skills learned reinforced a strong parent-youth relationship. Parents that completed the program gained parenting skills including setting appropriate limits and building a positive relationship with their youth. Parents showed an increase in positive feelings towards their youth.

Demographics for each program broken down by categories
Demographics for FY 18/19
Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-15	24	Male	20
16-25	0	Female	40
26-49	36	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	60
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	60	Other	0

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0
Spanish	36	Hetero	60
More than one	24	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	0
Seeing	0		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		

Information on Design of Evaluations:
Culturally Competent: The Strengthening Families program is offered in English and Spanish. Both pre and post surveys are available in both languages.

Identification of the types of problems and needs the program addresses:

- Prepares families for the transition to the teen years
- Parents and youth learn together the need for parent-youth interactions
- Strengthen parenting skills
- Build family strengths
- Prevent teen substance abuse and other behavioral problems

How Early Intervention Program is likely to reduce negative outcomes

- Parents and youth statements
- Pre and post surveys

EARLY INTERVENTION requirements for annual 2019 reports and three-year summary

Strengthening Families parent's survey	Pre-Survey Adults					Post-Survey Adults			
Pre- Survey Adult	Never	Rarely	Some of the time	Most of the time		Never	Rarely	Some of the time	Most of the time
1. Wait to deal with problems with my child until I have cooled down.			9	6					14
2. Remember that it is normal for children to be harder to get along with at this age		1	9	3		1		1	11
3. Help my youth understand what the family and house rules are.			5	10				1	13
4.Take time to do something fun together as a family.	1	4	6	4				2	12
5. Let my youth know what the consequences are for breaking rules.		1	3	11					14
6. Find ways to keep my child involved in family work activities, like chores	1		2	11				2	12
7. Follow through with consequences each time he or she breaks a rule.		1	6	9				1	12
8. Talk with my child about his or her future goals without criticizing.			6	9			1		13
9. Often tell my child how I feel when he or she misbehaves.		1	3	11				2	14
10. Find ways to include my child in family decisions about fun and work activities		1	6	8				1	13
11. Spend special time one-on-one with my youth.		4	7	4				10	4
12. Let my youth know the reason for the rules we have.		1	5	8					14
13. Listen to my youth when he or she is upset.			5	8					14
14. Have regular times for homework.	1	1	6	6				5	9
15. Work together with my youth to solve problems that come up		2	7	5				4	10
16. Try to see things from my youth's point of view.		1	5	6				2	12
17. Talk with my child about ways to resist peer pressure.		1	4	9				3	11
18. Give compliments and rewards when my child does chores at home or learns to foll		1	5	8				1	13
19. Show my child love and respect.			1	11					14
20. Explain to my child the consequences of not following my rules concerning alcohol use, even if they have not started yet	1		1	12				1	13
Total	4	20	101	159	Total	1	1	36	242

Pre-Survey Youth	Pre-Survey Youth					Post Survey Youth			
1. I know one step to take to reach one of my goals.		1	5	6				2	9
2. I do things to help me feel better when I am under stress.	1	2	4	5			4	3	4
3. I appreciate the things my parent(s)/caregiver(s) do for me.			1	12					11
4. If a friend suggests that we do something that can get us both into trouble, I am able to get out of doing it	3	2	5	2		1	1	2	7
5. We have family meetings to discuss plans, schedules, and rules	1	2	6	3		1	2	4	4
6. I know how to tell when I am under stress.			4	8		1		2	8
7. I listen to my parent(s)/caregiver(s)' point of view.			6	6				2	9
8. I understand the values and beliefs my family has.	1	1		10				1	10
9. I know there are consequences when I don't follow a given rule.	1		7	4			1	4	6
10. My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad	1	3	2	6				5	6
11. I know the qualities that are important in a true friend.		1	1	10				4	7
12. I know what my parents/caregivers think I should do about drugs and alcohol	5			7		2		1	8
13. My parent(s)/caregiver(s) are calm when they discipline me.		1	4	7				3	8
14. I feel truly loved and respected by my parent(s)/caregiver(s).				12				2	9
15. I am able to tell when my parent(s)/caregiver(s) are stressed or having a problem			9	3				3	7
Total	13	13	54	101	Total	5	8	38	113

Prevention Program requirements for annual 2019 reports and three-year summary

Program Information
Program Name: The Council for Boys and Men
The Council is an inclusive, strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. The Council meets a core developmental need in boys for safe, secure, and positive relationships.

The Council occurs in school-based locations (classrooms, counseling rooms, etc.) and juvenile hall (conference room). School based locations allows for participation by culturally diverse populations and includes underserved Sikh and Hispanic populations in Sutter and Yuba Counties. The Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

Program type – Prevention Program-
Unduplicated number of people served:

FY 16-17: 84
FY 17-18: 89
FY 18-19: 76

Program Indicators:
Program indicators include school attendance, grades, and referrals for student participants. Schools identified these indicators as a measure of student success based on their Positive Behavioral Interventions and Supports (PBIS) policy.

Outcomes Per Program
Desired outcomes are identified by the One Circle Foundation and evaluated as evidence-based practices.

- Increase in school engagement,
- avoidance of tobacco,
- alcohol and drugs,
- caring and cooperating (vs. aggression),
- respecting other's boundaries,
- respecting differences and having pride in one's ethnicity, and
- creating healthy masculine identities.

Data Collection and Evaluation Methods:
Data collected through school records, parent, teacher, and student feedback, with data collection occurring quarterly, at the beginning and end of each school semester. School records, along with the parent, teacher, and student feedback were reviewed and analyzed to determine the reduction in referrals and improvement of grades and attendance.

Type of evaluation method - Likert Scale
Evidence Based: All evaluation tools were determined by Sabo (1999), Park et al (2005), & Chu, Porche & Tolman (2005). The Council is a strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build their capacities to find their innate value and create good lives individually and collectively.

The Council utilizes cultural competency in youth development. Facilitators encourage developing a positive cultural identity which is recognized as a key component to resilience. The Council provides an inclusive

environment that honors cultural, family, and spiritual beliefs and incorporates aspects of cultural practices into the program. Also included is youth sexual identity and gender identities, recognizing that for many youths who are marginalized from culture there is a need to belong and be authentic while remaining safe and connected within a group that accepts them. Marginalized youth often lack opportunities to voice their opinions and perspectives and the Council encourages these individuals to have a voice. Youth are encouraged to recognize cultural differences and societal expectations of men.

Describe Specific Strategies Employed
Inclusive person-first language is utilized, as well as cultural competency inclusive of minority and underserved populations, and LGBTQI youth. Experience and outcome summaries/feedback show youth feel included and empowered while participating in the Council.

Data Collection and Program Measurement:
Decrease in risk factors and increase in protective factors are measured using anecdotal evidence gathered through school records prior to and after council participation, along with parent, teacher, and student feedback.

Demographics for FY 18/19 are Listed Below.
Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-12	0	Male	69
15-25	67	Female	0
26-49	0	Decline	8
Decline	9		
Race	**#**	**Ethnicity**	**#**
American Indian	3	Caribbean	0
Asian	0	Central America	0
Black	5	Mexican	22
Pacific Islander	0	Puerto Rican	1
White	19	South American	2
Other	17	Other	0
More than one	21	Decline	1
Decline	11		
Language	**#**	**Sexual Orientation**	**#**
English	58	Gay	0
Spanish	1	Hetero	56
More than one	8	Bisexual	0
Decline	9	Questioning	0
		Queer	0
Disability	**#**	Other	2
Hearing	1	Decline	17

Seeing	7		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	1	No	0
Other	1	Decline	0
No	20		
Decline	17		

Identification of the Types of Problems and Needs the Program Addresses, Including the Reduction of Negative Outcomes

Motivational Interviewing utilized in the strength-based group for young men set for a 10 to 18-week period. Groups are kept between 6 to 12 youth. Groups utilize the experiential model to encourage active participation. The council is a trauma responsive model (The Council Facilitator Manual 2012) and seeks to reduce negative outcomes. In a study of the council by Gray, et a; (2012), the study concluded participants increased their level of school engagement because of their participation in the council.

The Council groups are well-suited in all settings where boys live and gather: schools, after school programs, community youth groups and projects, juvenile justice settings, recreational programs, foster care services, mentoring projects, faith organizations, outdoor and adventure learning, camps, mental health programs.

List of mental health indicators used to measure reduction of prolonged suffering

Adolescent males are almost three times as likely as same age females to have ADHD, and more likely to have a learning disability. Older teen males report higher levels of substance abuse, especially binge drinking, than their female peers. More than one in four young men ages 18 -25 report dependence or substance abuse. Bullying occurred most frequently in sixth through eighth grade, with little variation between urban, suburban, town, and rural areas; suburban youth were 2-3 percent less likely to bully others. Males were both more likely to bully others and more likely to be victims of bullying than were females.

How Prevention Program is Likely to Reduce Negative Outcomes

Explain How Effectiveness Demonstrated for Intended Population

To participate, boys need only have the interest, make a commitment to attend the meetings, and agree to follow the council agreements. These agreements are developed by the group itself and typically include: no put-downs or interruptions, offer experiences - not advice; keep the focus on yourself and your experience; and keep what is said in the group confidential. Facilitators explain the legal and ethical limits to confidentiality to safeguard the boys' well-being. Boys are free to participate at their own pace. Participants can express a range of ideas and emotions with peers and can expect respect and high regard from one another.

How County will ensure fidelity to practice model and program design

The Council is a strengths-based group approach for boys and youth who identify with male development to promote their safe and healthy passage through the pre-teen and adolescent years. PEI staff use a team approach in preparing for each session and use the curriculum as designed. The Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Program Information

Program Name Yellow Ribbon Suicide Prevention Program for High School Students

Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations can be scheduled throughout the year at high schools.

The presentations are provided to the entire school where the program is being implemented. This program is offered in English and Spanish. Trainings happen in the school classroom using trained students to participate presenting the materials to the students enhancing the setting creating learning environment.

Yellow Ribbon Ask 4 Help program that Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon.

In addition to information about how to use the card, the curriculum includes information on:

- Risk Factors and warning signs of suicide.
- School and community referral points for those who may need help.
- The National Suicide Prevention Lifeline phone number.

School teachers, staff, and administrators should be trained in basic suicide prevention prior to implementing the student curriculum (Yellow Ribbon's Be a Link! or similar training would be appropriate). A school-based crisis management plan, such as that found in the Maine Youth Suicide Prevention, Intervention, and Positive intervention Guidelines, should be adopted prior to implementing Ask 4 Help! Instructional materials include the PowerPoint presentation (provided on a CD), a teacher's manual that includes talking points for each of the PowerPoint slides, a program overview and outline, an FAQ, a preparation worksheet, and links to additional resources.

Unduplicated Number of People Served

FY 16-17: 1,683
FY 17-18: 914
FY 18-19: 1,681

Indicators for program

The program is intended for high school students, their families, and the staff at their schools. The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). Prevention & Early Intervention Team presented to the following schools:

- Sutter Union High School
- Live Oak Alternative School
- Butte View High School
- Marysville High School
- Camp Singer
- Juvenile Hall
- T.E. Mathews
- Lindhurst High School

- Marysville Charter Academy for the Arts
- Yuba City Charter School
- Live Oak High School

Outcomes Per Program
Desired Outcomes

- Teaches students how to identify the signs of depression and suicide in themselves and their peers
- Reduces stigma around mental health and suicide
- Encourages help-seeking behaviors through the Ask 4 Help message
- Engage parents and school staff as partners in prevention through "gatekeeper" education
- Increases knowledge about community resources for getting help
- Encourages schools to develop community-based partnerships to support student mental health

Approach Used to Select Outcome
The program is offered as a universal, school-based approach to the selected grade levels. It is provided in classroom presentations.

Data Collection and Evaluation:
PEI Staff collects the data at each school at the end of each training to track the number of trainings completed each year.

Evaluation Results
No formal results locally. According to the Light for Life Foundation, International, the Yellow Ribbon Suicide Prevention Program has distributed over 19,243,491 support cards and saved over 114,370 lives. Evaluation methods are currently under development for FY 19/20. PEI staff intend to review and incorporate National Best Practice methods included on the Suicide Prevention Resource Center website.

Anecdotal evidence shared by students and staff at high schools, locally and nationally, show an increase in the desired outcomes listed above. For example, one high school principal wrote the following to her staff and teachers:

> *This year alone, we have had at least five students who were referred to our counselors or administration for suicidal concerns. In most of these instances, other students reported their concerns about their friends to an adult on campus. To raise awareness and help support our students, Sutter Yuba Mental Health (SYMH) is bringing the Yellow Ribbon Program. Yellow Ribbon Suicide Prevention Program's mission is to "let teens and youth know that it's okay to ask for help and to provide them with that help; to raise awareness and prevent suicide." It has been several years since we have had the Yellow Ribbon training on-campus and it seems like a good time to bring the program back.*

In response, the PEI staff developed a plan with the High School to have a group of students trained to present the Yellow Ribbon Program to their peers. They will go into English classes with a PEI staff person and a counselor to present the Yellow Ribbon Program to their peers. PEI staff attended the Student Council meetings to speak to the group about becoming peer trainers, with 17 students signing up after the first discussion to become a student trainer by completing a two-hour training put on by PEI staff.

PEI staff also provided the Yellow Ribbon Program training to school staff and held a parent information meeting to educate parents about the Yellow Ribbon Program. In the subsequent week, the student trainers went into all

English classes to give the presentation to the entire student body. PEI staff have continued this training plan at this high school each year since 2016.

Outreach for Increasing Recognition of Early Signs of Mental Illness

The Yellow Ribbon Suicide Prevention Program trains a variety of potential responders, including families, employers, health providers, nurses, school personnel, law enforcement, students, teachers, and parents. In Sutter and Yuba Counties, the Yellow Ribbon Suicide Prevention Program trainings are taught in the school setting and target School Administrators, Teachers, Parents and Students to learn how to be a link and save a life understanding that anyone is at risk of suicide.

Demographics for FY 18/19

Demographics for each program broken down by categories: Note that not all of the schools were willing to participate using the demographic survey.

Age	**#**	**Gender**	**#**
0-12	0	Male	810
15-25	1680	Female	870
26-49		Decline	1
Decline	10		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	39	Mexican	46
Pacific Islander	1	Puerto Rican	0
White	1511	South American	10
Other	0	Other	1
More than one	0	Decline	4
Decline	1		
Language	**#**	**Sexual Orientation**	**#**
English	1680	Gay	0
Spanish	151	Hetero	0
More than one	59	Bisexual	2
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	0	Decline	4
Seeing	0		
Mental Self-Reported	25	**Veteran Status**	**#**
Physical	5	Yes	0
Chronic	4	No	0
Other	0	Decline	0
No	0		
Decline	10		

SUICIDE PREVENTION PROGRAM for annual 2019 reports and three-year summary

Outreach for Increased Recognition of Early Signs of Mental Illness
The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). The program addresses crucial steps for providing help to a person who is having thoughts of suicide: stay with the person, listen to the person, and get help for the person. It also includes information on risk factors and warning signs for suicide, school and community referral organizations for help, and information on the National Suicide Prevention Lifeline.

Explain how practice's effectiveness has been demonstrated:
The program has provided information and supports to community chapters/organizations for over 25 years. They have distributed over 19,243,491 support cards and saved over 114,370 lives nationally. Sutter Yuba County PEI Staff have taught at a total of 14 school sites with 4,278 students trained since 2016.

How county will ensure fidelity to the practice according to the practice model
Trainers follow the guidelines and implementation provided by Yellow Ribbon Suicide Prevention Program that is used to facilitate the trainings in the methods required. Fidelity to the practice model and program design is also ensured by requiring schoolteachers, staff, and administrators to be trained in basic suicide prevention prior to implementing the student curriculum (Yellow Ribbon's be A Link! or similar training would be appropriate).

If county used community or practice-based standard to determine program effectiveness:
Developed by Yellow Ribbon, Ask 4 Help! Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! Wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, and get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon. In addition to information about how to use the card, the curriculum includes information on risk factors and warning signs of suicide. School and community referral points are provided for those who may need help, including the National Suicide Prevention Lifeline phone number. Instructional materials include the PowerPoint presentation (provided on a CD), a teacher's manual that includes talking points for each of the PowerPoint slides, a program overview and outline, an FAQ, a preparation worksheet, and links to additional resources.

After participating in the Ask 4 Help! Curriculum, students should have:

- Increased knowledge of warning signs of suicide and depression in youth.
- Increased knowledge of how to respond to those at risk.
- Increased knowledge of local and community referral points and local resources.

PEI Annual Program Reports

FY 2019-2020

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2019 - 2020

Program Name: Tri-County Diversity

Program type: Stigma and Discrimination Reduction Program

Tri-County Diversity formally GOTBLISS Incorporated is an acronym which stands for gay, other gender identity minority, transgender, bi-sexual, intersex, and straight supporters. Their goal is to provide social space, peer support and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter and Colusa Counties, and their straight supporters.

Approach used to select indicators: The Tri-County Diversity organization provides many opportunities for social interaction through outreach and support events to encourage support, education, and community involvement in a safe and supportive environment for LGBTQIA individuals in our community.

Outcomes Per Program

Desired outcomes: Increased opportunities for social interaction through outreach and support events to encourage support, education, and community involvement in a safe, supportive environment for the LGBTQIA community members.

Approach used to select outcome: Looked at the need for services specific to LGBTQIA individuals in our community, as evidenced by community input to our PEI Plan.

How collected data: Surveys

Evaluation Results: In the last contract year (2019-2020), the youth arm of the organization provided bi-weekly peer support meetings during the school year; and monthly during summer. Every month, the youth were invited to participate in a social activity provided by Tri-County Diversity at community events and venues. The youth program provides facilitation and support at local Gay Straight Alliance organizations in the local high schools. The youth hotline was available to provide program and referral service information and support.

In the last contract year (2019-2020), Tri-County Diversity continued our monthly Boy's Night Out event, monthly Diversity Movie Series in partnership with Yuba-Sutter Arts, Bi-weekly coffee social for the young adults. Additionally, we participated in several community outreach events, including the Marysville Peach Festival, Yuba City Summer and Winter Strolls, and United Way Resource Fair. We have also had the opportunity to offer education events for the foster youth Independent Living program, Mental Health Youth Services, Youth for Change and Sutter-Yuba Behavioral Health among others.

For 2017 - 2018 Tri-County Diversity has served a total of 222 people and provided a total of 1 referral for additional mental health services through the hotline services and 8 outreach/ support events during the past year.

For 2018 - 2019 Tri-County Diversity has served a total of 342 people and provided a total of 17 referrals for additional mental health services through the hotline services and 42 outreach / support events during the past year.

For 2019 – 2020 Tri-County Diversity has served a total of 1,000 people and provided a total of 33 referrals for additional mental health services through the hotline services and 93 outreach / support events during the past year. Of note, the SARS CoV-2 pandemic altered our ability to host in-person

events, however, we've increased our Social Media presence for our youth population to keep them engaged and supported during these unprecedented times.

Please note that this is the only non-profit serving as an outreach to the LGBTQI community in Sutter, Yuba, and Colusa Counties.

Evaluation Methods

Type of Evaluation Method: Community

Changes in attitude, knowledge and/or behavior related to mental illness: Providing a method to direct refer individuals to behavioral health by a referral from Tri County Diversity.

Changes in attitude, knowledge and/or behavior related to seeking mental health services: Having a referral process that comes directly from Tri-County Diversity helps to reduce the stigma of behavioral health services through education and outreach information.

How determined the evaluation results: Review the quarterly Reports & Demographic information to determine participation, outreach, and event activities.

Demographics FY 19-20

The numbers below do not include all participants, but only those participants that willingly submitted demographic information. Standardized collection of demographic data from all participants will begin in FY 19-20.

Demographics for FY 19/20

2019 Age Data	**#**	**2020 Age Data**	**#**
0-12	8	0-11	
13-18	33	12-18	45
19-25	11	19-29	11
26-35	21	30-49	22
36-45	22	50-64	19
46-55	14	65+	1
56-59	3		
60+	3		
Decline to answer	2		
Gender Assigned at Birth	**#**	**Gender Identity**	**#**
Male	73	Male	76
Female	138	Female	111
Intersex	0	Intersex	0
Other	0	Transgender	11
Decline	4	Genderqueer	4
		Gender Non-Conforming	5
		Other	5
		Decline	3

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2019 - 2020

Race	**#**	**Ethnicity**	**#**
American Indian	27	Non-Hispanic/Latinx	132
Asian	9	Hispanic/Latinx	69
Black	11	Decline to Answer	15
Pacific Islander	1		
White	92		
Middle Eastern	3		
Other	25		
More than one	51		
Decline	4		
Language	**#**	**Sexual Orientation**	**#**
English	202	Gay	45
Spanish	11	Lesbian	21
More than one	0	Hetero	69
Punjabi	1	Bisexual	27
Decline	2	Queer	8
		Questioning	14
Disability 2019	**#**	Pansexual/Polysexual	24
Yes	16	Asexual	2
No	99	Decline to Answer	5
Decline	2		
Disability 2020		**Veteran Status**	**#**
No	63	Yes	16
Yes-Mental Health	17	No	195
Yes-Vision	4	Decline	4
Yes-Other, not specified	7		
Yes-Hearing	1		
Decline to Answer	5		
Yes-Communication	4		
Yes-Chronic Illness/Health Condition	9		
Yes-Developmental	2		
Demographic Information Not Collected/Refused*			

Describe or reference the relevant evidence applicable to intended outcome. Tri County Diversity has increased opportunities for social interaction to encourage Support, education, and community involvement in a safe, supportive environment for the LGBTQIA community members through outreach and support events. Tri-County Diversity provides quarterly reports on all events and activities and submits them to staff for review.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2019 - 2020

Explain how practice's effectiveness has been demonstrated for intended population

Tri County Diversity is the only LGBTQIA non-profit in Sutter and Yuba counties providing a great service to community by the success of activities provided. Tri-County Diversity participates with the River Valley High School after school events and have a strong presence at Marysville High School.

How county will ensure fidelity to the practice according to the practice model and Program design

PEI staff will continue to provide training and support to the Tri County Diversity staff and members helping develop Tri County Diversity to continue serving our community. PEI Staff offer Mental Health First Aid, Youth Mental Health First Aid, Applied Suicide Intervention Skills Training and Safe Talk to Tri-County Diversity staff and participants.

If county used community or practice-based standard to determine program effectiveness:

i. Describe evidence that the approach is likely to bring intended outcome for intended population

Tri-County Diversity is working with all ages in our schools, Marysville Joint Unified School District, River Valley High School, Yuba City and Yuba City High School. Tri-County Diversity is very connected to our community though the outreach and events provided throughout Sutter and Yuba Counties. This helps us to further influence and create strong collaboration with school public and private sectors of our community regarding issues surrounding LGBTQIA persons though collaborative efforts.

How county will ensure fidelity to the practice according to the practice model and Program design

Prevention & Early Intervention Staff will continue to provide training and support working very collaboratively together though our various outreach events and providing support for the activities provided by Tri-County Diversity throughout the year.

How program will be implemented to help improve access to services for underserved populations

Tri County Diversity has a website to help provide access to their services at www.tricountydiversity.org , as well as a Social Media presence (Facebook, Instagram), profiles on Meetup.com for the adult and young adult portions of the group. Tri-County Diversity will continue to participate in outreach events to include United Way Resource Fair, Peach Festival, connecting with all those interested in learning or just being able to get involved with activities for youth and adults.

Intended setting for each program

Why setting enhances access for specific, designated underserved populations:

Tri-County Diversity now has a presence in high schools reaching out to LGBTQIA community providing outreach and activities.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2019 - 2020

If program located in mental health setting, explain how it enhances access to quality services and outcomes for specific underserved population: N/A

Explain how program will use strategies that are non-stigmatizing and non-discriminatory

Describe specific strategies employed

Educational anti-stigma interventions present information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes and beliefs. They counter inaccurate stereotypes or myths by replacing them with information to improve an understanding of the LGBTQIA community.

Reasons why the county believes they will be successful and meet intended outcomes

Tri-County Diversity is amazing resource to the LGBTQIA community providing events and outreach since 2011 and will continue to address stigma through education and awareness.

PEI regulations outline: Prevention Program requirements for 2019 – 2020 annual report

Program Information

1. **Program Name**

SCSOS Peer Resource Engagement Program (PREP)

2. **Program type – Prevention Program**

Mental Health Awareness and Prevention

3. **Unduplicated number of people served**

300 (Activity Bags); 18 + (some teachers signed up and are forwarding lessons to classes) SEL story time google class; 33 SEL Story-time posted straight to YouTube, 1 referred to Tri-County Diversity, School Counseling to High Risk Youth and Foster Youth. **417 total students served.**

4. **Indicators for program** *(how determine participants, target population)*

Participants signed up via online form, video watch counts on YouTube Videos, and school requests. Target population is school aged youth in Sutter County. Feather River Academy was also served, and Foster Youth served at school sites without School Counselors.

5. **Approach used to select indicators**

Based on the Target Populations in the PREP Program Proposal, it was identified that Feather River Academy, the Sutter County school for expelled youth would be a good target population since their population meets so many of the identified target groups. In addition, we worked with Sutter County Foster Youth Services to identify foster youth in need of support at school that did not have access to school counseling. In addition, participants were referred via self-reporting by caregivers.

6. **Outcomes per program**

    a. Desired outcomes

        Spread mental health awareness and preventions tools to youth in Sutter County. Provide interventions to students of identified target populations and appropriately connect them to resources.

    b. Approach used to select outcome

PEI regulations outline: Prevention Program requirements for 2019 – 2020 annual report

The program attempted to reach as many students as possible considering the COVID-19 closures, demand for social distancing and need to work from home during these closures. With guidance from the American School Counseling Association (ASCA), programs and practices were used even within the distance learning model. This includes drive through distributions, virtual counseling, regular family outreach, and google classroom lessons.

c. How collected data

Google Forms was used to collect basic data from participants in the Activity Bag distribution for Children's Mental Health Awareness Week as well as the SEL Through Story-Time Google Class. Virtual Counseling records were maintained in a student database system and outreach calls were tracked.

Recorded the number of activity packs handed out as well as used a pre-pick-up sign-up form to collect more demographic info. Used Google Classroom to record students enrolled in SEL Story Time. Used YouTube video analytics to count how many views the public (not in google classroom) SEL Story-Time videos were viewed.

d. Frequency of data collection

Following each event and/or activity.

e. Evaluation results

We were successful in reaching approximately 417 youth in the community through online and in-person outreach.

f. How determined the evaluation results

At this time, due to the closures, we are unable to evaluate the effectiveness of the materials that were distributed.

PEI regulations outline: Prevention Program requirements for 2019 – 2020 annual report

SCSOS PREP

i. Describe method used to collect and measure the following:

Due to the recent closures of schools and any type of in person meeting, as well as the re-design of most of the program to fit into this new environment, data collection and program effectiveness evaluation has been difficult. The program successfully reached 352 students through activity bag distribution and online presence, however, the administration of pre/post surveys to determine if there were a decrease in risk factors or increase in protective factors for students was not possible at this time.

a. culturally competent

Materials chosen to be passed out, as well as the materials provided in the google class attempt to be culturally competent to various cultures.

2. Program description requirements, including evaluation methodologies

1. Program Name

SCSOS PREP

2. Target population, including:

This program targets any youth in Sutter County. Some with risk of potentially serious mental illness, some with lower risks of mental illness and attempts to raise awareness regarding mental health, as well as, to decrease the stigma around mental illnesses, treatment, and mental well-being. At this point in time, during the COVID-19 closures, the level of risk has not been determined for the students that were served. The only demographics of the target population currently collected was age. Students served ranged from 0-18 years old at this time.

a. Risk of a potentially serious mental illness

b. How risk is defined and determined

PEI regulations outline: Prevention Program requirements for 2019 – 2020 annual report

1. SCSOS PREP

    a. How program will be implemented to help improve access to services for underserved populations

    The program is intended to be implemented at the school site to help reach the largest population possible. This also removed the barrier of access to the program while meeting the youth where they are. However, during the recent COVID-19 closures, this has not been possible. The program has reached out to youth and families via phone, zoom, social media, website posts and flyers sent to school officials for distribution to raise awareness about the activities and services the SCSOS PREP program is currently able to offer.

    b. Intended setting for each program
        i. Why setting enhances access for specific, designated underserved populations
            1. If program located in mental health setting, explain how it enhances access to quality services and outcomes for specific underserved population

    The school setting enhances access to all students by meeting students where they physically are. Students are not required to travel, or spend time outside of the school day to take part in the activities. In this way, SCSOS PREP is able to reach as many students as possible and improve access to some of the most underserved populations.

PREP 2019-20 Quarter 2 Progress Summary

Sutter County Superintendent of Schools, Student Support and Outreach made significant progress during Fiscal Quarter 2 (first quarter of implementation). Given the time constraint of the execution of the PREP MOU funding, our department was able to make significant efforts to prepare for the full program implementation. The quarter 2 funding was used to purchase a substantial amount of school counseling curriculum to be both used by the Student Support and Outreach Counselor with the students of Sutter County, as well as, to loan to our school districts for use. Some of these curriculums required training in order to implement to fidelity. Trainings were also purchased and scheduled in order to properly train SSO staff on implementing Peer Advocate Programs and how SSO can best support students in the area of student mental wellness. Trainings include Peer Advocates Training, Student Mental Wellness, Child/ Family Team Facilitator Training, Seeking Safety, and Marijuana-Use

Intervention. In addition, staff/ personnel costs were covered in order to appropriately develop the plan of implementation and research evidence-based, appropriate programs for use under the PREP MOU. Lastly, supplies were purchased to support the pop-up style events.

PREP 2019-20 Quarter 3 Progress Summary

The Quarter 3 report of Sutter County Superintendent of Schools, Student Support and Outreach's progress of the PREP Program. In January, we were able to hire our first two student positions – PREP Peer Advisors. Both PREP Peer Advisors are local college students, one attends Chico State and the other attends Yuba College. Unfortunately, only one PREP Peer Advisor was able to begin with us prior to the Stay-at-Home orders going in to effect.

She was hired in February and was able to attend the Peer Advisor training along with the other Student Support and Outreach Staff.

Student Support and Outreach developed a mission statement for the PREP Program- Our mission through this program is to empower youth with the opportunity to lead efforts through mental health education and awareness, while creating a positive impact in the community. This has allowed us to narrow our focus for our goals. In addition to developing a mission statement, the group developed an outreach plan for recruiting students to participate in the PREP program and required forms (such as the demographic data collection forms). Our original plan (prior to COVID-19 Stay-at-Home Orders) was to recruit youth and execute a pop-up event at Yuba City High School and Live Oak High School. Instead, we have made modifications and have identified alternative means of outreach during this time.

Staff also participated in other necessary training, including Why Try, an Evidence-Based, Social-Emotional Learning curriculum to develop youth resiliency. Both an Intervention Specialist and our department Counselor has been trained in this. Our counselor also completed Seeking Safety training.

All of this has led to our current implementation of Socially Distanced- Outreach events to support PREP's mission.

STIGMA DIISCRIMINATION PROGRAM PEI requirements for annual 2019 - 2020 report

Program Information

1. **Program Name:** Hmong Improve Access to Services for Underserved Populations
2. **Unduplicated number of people served**
   FY 2019 – 2020 Hmong Impact Youth program members: 19
   - Hmong Outreach Program Youth Outreach efforts reached a total of 117 unduplicated Hmong community members with outreach activities

3. **Indicators for Program** *(how determine participants, target population)*

The Hmong community in Sutter and Yuba counties is an underserved population that has a unique understanding of what they believe about behavioral health. The concepts of behavioral health do not exist in the traditional Hmong culture. To traditional culture of the Hmong clients, behavioral health ailments, such as low energy, sadness, auditory and visual hallucinations, nightmares, poor appetites, racing thoughts, etc. are considered to stem from spiritual causes, such as soul loss, soul wandering, soul imbalance, and ancestor communication mechanisms.

The Hmong Outreach Center is located at 4853 Olivehurst Ave, Olivehurst, CA 95951. It is a program of Sutter Yuba Behavioral Health, funded by the Mental Health Services Act, to provide outreach services and culturally and linguistically responsive behavioral health services to unserved/underserved Hmong residents in Sutter and Yuba counties. The Hmong Outreach Center has been open since 2008. The following services are currently being provided at the Hmong Outreach Center:

- Behavioral health outreach & education,
- Behavioral health prevention and early intervention services,
- Consultation and collaboration with other organizations to better serve the health needs of Hmong residents, and
- A full range of adult outpatient behavioral health services, including Hmong women's & men's support groups, individual & family counseling, and case management services.

Medication support services are provided at the main Behavioral Health building on 1965 Live Oak Blvd., Yuba City, CA 95991.

Sutter-Yuba Behavioral Health's Hmong Outreach Services has historically been successful in proactively addressing the cultural needs of the mentally ill Hmong **adult** population. Since the Hmong Outreach Center opened, staff have noticed low penetration rates among Hmong youth, many Hmong adult parents and grandparents utilizing services at the Hmong Outreach Center often report difficulties managing challenging behaviors of Hmong youth. It also has been the experience of Hmong Outreach Center staff that often, if any, youth who access behavioral health services are already chronically ill and mostly are referred by probation, schools, and crisis services. It is because of this disparity that the Hmong Outreach Center developed a needs assessment survey that was implemented from September 2016, through February 2017 to better understand local Hmong youth, examine what services might best meet their needs, and continue to develop

culturally and age-appropriate services to strengthen protective factors, to prevent and reduce behavioral health risks.

4. Method of selecting Indicators

Hmong youths were chosen as a target population due to low penetration rates and reports from the Hmong community regarding challenges and barriers that Hmong youth and families often face. There has also been research and stories about Hmong youths/families facing acculturation issues due to cultural clashes.

5. Outcomes Per Program

a) Desired outcomes

The result of the Hmong Needs Assessment Survey conducted September 2016 through February 2017 identified the top 3 Hmong youth needs were cultural identity issues, support services, and life skills. The Hmong IMPACT Youth program was developed by Hmong youths to address these needs. The main goals of the IMPACT program are:

Inspire new leaders

Make a difference

Preserve our Hmong culture

Appreciate the sacrifices of the older generation

Connect back to our roots

To embrace our Hmong identity

At this point in time, the IMPACT youth program has been solidly running for approximately only 1 year and program activities/outcomes have changed depending on the composition of the group, interest, and needs of the participants. For 2020, the planned outcomes are as follows:

1. Identified Needs	Hmong youths need support with acculturation stress and intergenerational differences.
2. Activity/Intervention	Youths will attend a weekly group where they will participate in Hmong dance activities and engage in discussions that help them develop social/communication skills, understand and appreciate the Hmong culture & history, and deal with challenges in their lives (referral service for individual and family counseling if needed)
3. Target population/ Beneficiaries	The primary target population is at least 10 Hmong youths who live in the Yuba-Sutter
4. Desired Result (Output, Outcome) .	Youths will gain social/communication skills, understand, and appreciate their cultural heritage, and will be able to deal with challenges in their lives. Those who have severe problems will be referred for individual and family counseling.

STIGMA DIISCRIMINATION PROGRAM PEI requirements for annual 2019 - 2020 report

5. Indicators	Indicators will include reports of increase overall life satisfaction.
6. Method of Measurement/Data Collection	Youth Life Satisfaction Survey
7. Targets/Standard of Success	In comparison to baseline measurements, at least 50% of youths who attends at least 75% of group session will report having an increase in their overall life satisfaction.
8. Respondents & Measurements Schedule	Youths will complete the survey in the admission packet at the beginning of service and youths will complete the survey again at the end of project.
9. Data Collection, Aggregation, Analysis, and Reporting	Hmong Outreach Staff and IMPACT youth mentors will collect and analyze data for outcome measurement and evaluation to improve future activities
Objective Statement:	Hmong Outreach Staff and/or IMPACT youth mentors will supervise weekly group meetings were 10 youths will attend and will participate in activities and discussions that help them develop social/communication skills, understand and appreciate the Hmong culture & history, and deal with challenges in their lives, referral service for individual and family counseling if needed, resulting in 50% of youths who attends at least 75% of group session will report having an increase in their overall life satisfaction.

b) Data Collection

It was planned for youths to complete a pre-pose life satisfaction survey; however, none have been administered at this time due to core youth members graduating June 2019 and there being no youth activity for a period of time. Recruitment began Jan 2020 and program activities were scheduled to begin, and then Covid-19 response occurred, causing freeze to data gathering and program activities.

c) Evaluation Results

There are no evaluation results for activities for FY 2019-2020 at this time due to there being no/limited activities due core members moving out of town for college and Covid-19 restricting activities and data collection for this FY.

Evaluation Methods

1. Type of evaluation method that was planned but has not occurred due to Covid-19 response: community-based evidence standard
2. Measurements for type of program

a/b). Prevention & Early Intervention Program: IMPACT youth activities are preventative in their activities serve to help increase protective factors and may also serve an early intervention for those who are currently experiencing symptoms. For FY 19/20, there were plans for 2 Hmong youth dance groups (ages 6-11 years old, and 12+) to engage in Hmong dance learning sessions where they will also engage in discussions to help them develop social/communication skills, understand, and appreciate the Hmong culture & history, and deal

with challenges in their lives. Planned measurements included a pre-post survey measuring increase life satisfaction and/or reduced symptoms.

c) *Stigma and Discrimination Reduction:* Impact Youth program targets stigma and discrimination reduction by hosting some of their activities at the Hmong Outreach Center. Because the Hmong Outreach Center has been successfully provided mental health services to the Hmong middle age to older population for the past 10+ years, this reputation has created some mental health stigma for the Hmong Outreach Center. By providing other activities at the Hmong Center that are not tied to medical necessity and open to the public (where they don't have to go through a intake process), such as hosting IMPACT youth activities, this will reduce stigma and bring more people to the Hmong Outreach Center. In addition, IMPACT youth activities in the past (and future) have/will include discussions around mental wellness that will promote better understanding of mental illness and reduce stigma. Planned measurements will include measurements of perceptions of the Hmong Outreach Center and penetration rates.

d) *Suicide Prevention:* IMPACT youth activities in the past have included participating in creating and submitting a 1 min suicide prevention video in Directing Change video contest. It is possible future IMPACT youth members will be interested and may participate again as a group. In addition, IMPACT youth activities serve to provide support for Hmong youths, which may target suicide prevention. If/when IMPACT youth activities target suicide prevention, planned measurements will include a survey which measures changes in attitude, knowledge, and behaviors regarding suicide. For FY 19/20, there have been no activities targeting suicide prevention due to core group members graduating from high school June 2019 and recruitment did not begin until Jan 2020 due to IMPACT youth president taking a leave due to family/personal reasons. Additional recruitment and activities have stopped once there were enough members to resume activities due to Covid-19 response.

e/f) Access and Linkage to Care/Timely Access: Mai Vang, LCSW, works with IMPACT youth as a mentor and will informally screen & refer youths for mental health treatment if needed. Mai is a licensed therapist and can conduct intakes for youths who are 18 years old or older meeting criteria for Hmong Outreach Program and can assist with linkage/referral to appropriate resources if youths do not meet criteria for mental health services with Hmong Outreach Program (for example, if they are under 18 years old and/or can be better served in programs, such as Youth & Family Services or Transitional Age Youth program). When a person identified and referred by Mai, she will track the numbers of referrals and assist with follow through/engagement. Once the person has made initial contact with appropriate program, the information will be inputted in Anasazi where timeliness and services will be tracked by the Electronic Health Record (EHR). There have been no youths referred for FY 19/20.

g//h/i) Information on how design of evaluations are culturally competent and include perspective of diverse people with lived experiences of mental illness (including family

members as applicable): IMPACT Youth is a youth run (and not staff/adult run) program under the Hmong American Association (local Hmong non-profit organization) and supported by the Hmong Outreach Center. The Hmong American Association provides input, suggestions, and approval for IMPACT youth activities and is comprised of local Hmong professionals and local Hmong community and clan leaders. The mission, goals, and activities are all youth driven and youth run. All activities are bilingual in both Hmong and English language and mission/activities target the Hmong language/culture as well as youth culture.

In addition to technical assistance from Hmong Outreach Center staff Mai Vang, Hmong IMPACT Youth currently also has 2 youth mentor volunteers who are very passionate and experienced in working with Hmong youth. Long-term goals for this program include becoming self-sustaining, with age, generational, and culturally appropriate activities that naturally engage and retain youth members. Members who "graduate" from IMPACT Youth (such as moving away to college) are encouraged to stay connected as youth mentors and are considered members still, so they have a community to return to and can give back when they are finished with college. Although the target population is Hmong Youth, everyone is told at outreach events that any youth can become members if they identify with being Hmong or if they are in need of support.

3. Target Population for IMPACT Youth program: based on current membership

Demographics for participants FY 19/20

Age	**#**	**Gender**	**#**
0-12	7	Male	3
13-25	12	Female	16
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	19	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Other (Hmong)	19
More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0

STIGMA DIISCRIMINATION PROGRAM PEI requirements for annual 2019 - 2020 report

Spanish	0	Hetero	0
More than one	19	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	19
Seeing	0		
Mental	**0**	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		
Demographic Information Not Collected/Refused*			0

Prevention Program PEI requirements for annual 2019 - 2020 report

Program Information

Recreational Scholarship Program

The Recreational Scholarship Program provides scholarships for youth to participate in sports or other recreational activities, to purchase recreational equipment that allows youth to participate in these activities, or to purchase recreational equipment for use by organizations that serve groups in the target populations. The Program's goals are to reduce risk factors or stressors, build protective factors and skills, and increase support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well. Recreation helps enhance protective factors by providing them with activities that increase goal achievement of socialization and behavior modification. It has long been recognized that youth who become committed to sports, dance, or any number of other recreational activities build resilience, benefit from social support, and gain skills that is life changing.

The Program's goals are to reduce risk factors or stressors, build protective factors and skills, and increase support. It has long been recognized that youth who become committed to sports, dance, or any number of other recreational activities build resilience, benefit from social support, and gain skills that serve them nicely for their whole lives.

Unduplicated Number of People Served

FY 19 – 20: 45 Children 11 Youth 7 TAY

Indicators for Program

PEI Recreation funds provide recreational opportunities for children, youth, and transitional age youth (ages 16-24) who meet at least two of the criteria listed below:

- Trauma exposed children and youth (including transition age youth - TAY): Exposure to traumatic events or prolonged traumatic conditions.
- Children and Youth in Stressed Families: Placed out of home, or in a family where there is substance abuse or violence, depression, or other mental illness, or a lack of caregiving adults (serious health conditions or incarceration).
- Children, youth & TAY who are at risk of school failure due to emotional and behavioral problems.
- Children and Youth at risk of or experiencing Juvenile Justice Involvement.
- Experiencing onset of serious psychiatric illness with psychosis: Identified as presenting signs of mental illness
- Underserved populations: Ethnically/racially diverse communities, LGBTQI, etc.

Participants in the program are referred to PEI staff by adults who work with the participants in many different settings, including behavioral health, child protective services, school counselors, foster care programs, county partner agencies, including Youth for Change, and health clinics, including Harmony Health, Peach Tree Clinic, and Ampla.

Prevention Program PEI requirements for annual 2019 - 2020 report

Desired Outcomes

Desired Outcomes

- Improve academic performance in school
- Improve appropriate social interaction in school and outside of school
- Create a healthy sense of self confidence
- Learn skills to have positive relationships with adults
- Learn skills to have positive relationships with peers

Approach Used to Select Outcomes

How collected data

A pre-survey is required when the referring entity submits a Recreational Scholarship request. Post-surveys are completed after the youth begins participating in the funded activity and/or after the activity is completed, depending on the length of the recreational activity.

Frequency of Data Collection

Upon approval, a 30, 60, and/or 90-day follow-up, depending on the length of the recreational activity, is completed by PEI staff to monitor and measure the effectiveness of the scholarship for the recipient. The referring party is responsible for providing information on the desired outcomes listed above and the recreational activity's effect on the recipient's behavior, academic progress, and social skills. PEI staff review the pre and post data, to determine the impact of the protective factors and any reduction in risk factors.

Evaluation Results

FY 19 – 20:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	N/A
Youth does well academically in school	13	16	28	11	4
Youth does well socially in school	12	16	29	13	2
Youth has a healthy sense of self-confidence	11	28	26	7	
Youth has positive relationships with adults	4	12	35	21	
Youth has positive relationship with peers	5	21	34	12	

Sample comments from 2019 – 2020 Progress Reports

"Since the youth has been playing soccer with their new equipment, there has been an increase in confidence and a decrease in stress. The youth was very excited to play with his new equipment and stated he utilizes soccer as a distress to relax from day-to-day stress."

"G. has always been a strong student and well-liked by his friends. He started struggling in school shortly after his mother's passing. G. worked hard and made sure to find ways to help him and ask for help when he needed it. He continued to be a straight A student and earn many awards for all 3 trimesters."

"P. has experienced constant moves and homelessness throughout his life. . . He would not have been able to attend Shady Creek Outdoor School without a scholarship. I can say without a doubt that camp will be one of the highlights of his childhood. H was well fed and warm all week, with a big smile on his face. Thank you for allowing P. this opportunity."

"J. was able to attend Shady Creek Outdoor School because of receiving the PEI Recreation Scholarship. J. has experienced a lot of tragedy in her short life and the camp was a very positive experience for her. Her family was very grateful for the opportunity."

"It is because of the PEI Recreation Scholarship that A. was able to attend Shady Creek Outdoor Camp. She had a big smile on her face the entire camp. Her family was not in the position to afford the fees and second language barriers made it difficult for the family to participate in fundraising activities. The entire family is very thankful for your donation to help A. be able to have this once in a lifetime experience."

"Because of the PEI Recreation Scholarship, Z. was given the opportunity to attend Shady Creek Outdoor Camp. This has been a positive in her life and she fully embraced the opportunity. Thank you!"

"N. has grown a lot this year. His attitude towards school has changed for the positive. He tries in class and gets along well with his teacher and classmates."

Evaluation Methods: Likert Scale, Community
Measurements for prevention program:
Describe method used to collect and measure the following:

- Decrease in risk factors
- Trauma Exposure
- Stressed Families
- At Risk of School Failure
- At Risk of Juvenile Justice Involvement
- Experiencing onset of serious psychological psychiatric illness with psychosis (TAY)
- Underserved populations
- Increase in protective factors

Outcomes are measured using pre and post surveys. Data is Collected and Analyzed 30, 60, and 90 days from the start of the recreational activity. Timing of the follow-up depends on the length of the activity. The evaluation reflects cultural competence through the work on underserved populations and all cultures. Participants are referred from various entities, including the Hmong Outreach Center and Latino Outreach Center, among others.

Prevention Program PEI requirements for annual 2019 - 2020 report

Culturally Competent

The Recreational Scholarship Program understands the importance of cultural diversity in the recreation activities, taking into consideration each person's interests and cultural backgrounds. The children, youth and TAY students pick the activities in which they are interested. Family members are included when applicable.

Demographics for FY 19/20

Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 18/19.

Age	**#**	**Gender**	**#**
0-12	45	Male	18
13-25	18	Female	45
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	23
Pacific Islander	0	Puerto Rican	0
White	42	South American	0
Other	0	Other	0
More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	65	Gay	0
Spanish		Hetero	0
More than one	23	Bisexual	0
Decline		Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing		Decline	65
Seeing			
Mental Self-Reported	7	**Veteran Status**	**#**
Physical		Yes	0
Chronic		No	0
Other		Decline	0
No			
Decline			

Prevention Program PEI requirements for annual 2019 - 2020 report

Identification of the Types of Problems and Needs the Program Addresses
Activities included are intended to improve mental health and related functional outcomes, including the reduction of negative outcomes. The Recreational Scholarship Program reduces negative outcomes of untreated mental illness, including a reduction in prolonged suffering, as measured by the following:

- Child or youth does well in academically in school
- Child or youth does well socially in school
- Child or youth has a healthy sense of self confidence
- Child or youth has positive relationships with adults

How Program Will be Implemented to Help Improve Access to Services for Underserved Populations
The Recreational Scholarship Program is focused on underserved populations in schools, county agencies and non-profits and are the scholarships are submitted by a social worker, school counselor identifying those children, youth or Transitional Aged Youth to Prevention & Early Intervention staff.

Strategies That are Non-Stigmatizing and Non-Discriminatory
Inclusive person-first language is utilized in the program and is inclusive of LGBTQ youth.

Reasons why the County Believes They Will be Successful and Meet Intended Outcomes
The feedback from school counselors, behavior health staff, child protective services staff, probation officers, students and parents participating in the Recreational Scholarship Program have seen protective factors added to in the lives of the children, youth and TAY students or clients are a valuable component to recovery and resiliency.

Program Information

1. **Program Name- Yuba County PREP**

2. **Program type – Prevention Program**

3. **Unduplicated number of people served-0**

4. **Indicators for program** *(how determine participants, target population)*

   School counselors and other staff in middle and high schools will determine target populations. It is our goal to educate all student

5. **Approach used to select indicators**

   Target populations were identified in the PREP Proposal, in attempt to reach all Yuba County Middle and High School Youth.

6. **Outcomes per program**

   a. Desired outcomes-provide an increase in general mental health awareness to all middle and high school youth in Yuba County, decrease the stigma associated with mental health and increase the knowledge base on how to access mental health services.

   b. Approach used to select outcome-these desired outcomes were identified in the S/Y Behavioral Health Assessment.

   c. How collected data N/A

   d. Frequency of data collection-Data will be collected in a pre and post evaluation.

      Prior to starting any education or program and at the completion of these services; YCOE will develop a pre-test and post-test regarding mental health awareness for the programs to assess general knowledge on the areas that are educated. This tool will help us determine if there is an increase in knowledge. The tool will also include data regarding mental health stigma.

e. Evaluation results

f. How determined the evaluation results

Program staff will develop a statistical scoring method to provide a scored result for use in comparison from student to student and from year to year.

Evaluation

1. **Type of evaluation method**

   a. community or practice-based evidence standard

   YCOE will be using Community or practice-based evidence standard method to complete annual evaluations. We will focus on evaluating general mental health awareness and various prevention and skill building programs.

2. **Measurements for type of program: Due to school closure and Stay at Home Orders YCOE has not implemented any programs with our PREP Funding. All expenses come from; program development, planning, corresponding, and meeting with district staff. We have hired a MFT to prepare curriculum and other training tools implement upon the start of school in August. If appropriate, we will begin a summertime check in with students who attend Yuba County Independent Living Program after July 1, 2020.**

PREP 2nd Quarter Progress Report

Yuba County Office of Education March 2020

Yuba County Office of Education has been in the planning process with each of our five districts to begin implementation of PREP. Our initial expenses include time for our Prevention Coordinator and Program Secretary for planning, meeting, mileage, budgeting and travel and registration for training.

Phase 1- YCOE has met with each district's superintendent to share the program and determine interest from the district. All of whom were excited to offer PREP to their students to bring about mental health awareness and prevention.

Phase 2- District's determined how and who they would like to implement PREP.

Wheatland Elementary- Erin Oaks

Wheatland Union High School- Cory O'Neal

Plumas Lake School District- Tiffany Embry

Marysville Joint Unified School District- Tara Hensley

Camptonville Union Elementary School District- YCOE Staff

With the exception on Camptonville each district has identified a representative to receive training and start PREP in their district. Due of the size of Camptonville YCOE will implement their program. The representatives.

Phase 3- Training for counselors or facilitators.

Each district representative was to attend the California Student Mental Wellness Conference March 23-24 or 25th (the 3rd day was added to provide a curriculum training) not all district representatives were attending the 3rd day. Expenses include air fare, room, and registration.

Due to COVID-19 the conference was cancelled on or around March 18, YCOE has decided to have most charges credited YCOE has made arrangements to have most charges credited, however not all have been these are included in this quarter's expenses. We will continue to have these charges removed or applied to the rescheduled event.

OUTREACH PROGRAM PEI requirements for annual 2019 - 2020 report

Program Information

Program Name: Mental Health First Aid and Youth Mental Health First Aid
Program Type: Stigma Program

Mental Health First Aid (MHFA) and the Youth Mental Health First Aid (YMHFA) are 8-hour training courses designed to give members of the public aged 18 and older key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Both trainings are 8 hours long with the same purpose of providing Mental Health First Aid Training.

The MHFA and YMHFA training are provided in two counties in facilities that are close to county transportation. These trainings are free of charge to all participants, including workbooks and materials. Trainings are provided in a classroom format in schools, cultural organizations, churches, faith-based organizations, and various governmental and community buildings, including the Yuba County Jail, Yuba City Highway Patrol Office and Head Start Offices. Training locations are neutral locations, not affiliated with behavioral health, to enhance access for community members and provide the trainings to a variety of potential responders.

The number of potential responders: 104
Type of potential responders: California Highway Patrol, Yuba County Jail Staff, and Sutter and Yuba County Probation. PEI continues to provide MHFA & YMHFA to the Latino Community. Staff provided MHFA Training to 104 agency staff, community members, non-profit agencies, and government agencies in English, along with Spanish MHFA Training to 9 community members and Head Start employees.

How Program Will Be Implemented to Help Improve Access to Services for Underserved Populations:
These trainings are provided to the Sutter Yuba community and given various resources during the training. Additional local resources, including the process to access services, are presented, and explained to training participants at the end of each training:

Open Access Clinic: Timely access to services by providing information about our Sutter Yuba Behavioral Health Open Access Clinics. Open Access Clinic is a daily walk-in clinic for adults 18 years of age or older in the Sutter-Yuba service area who would like to be assessed for eligibility to receive specialty mental health and/or drug and alcohol services.

Walk-In Triage: Walk-In Triages is a weekly walk-in clinic for parents/guardians of children under the age of 18 years old or still attending High School in the SYBH service area. The triage is for the parent/guardian only to speak with a clinician with regards to the child, to express their concerns, and for the clinician to give information without the child present.

Psychiatric Emergency Service: The Sutter Yuba Behavioral Health 24-hour Psychiatric Emergency Service telephone numbers are provided on a card for each participant.

(530) 673-8255 (673-Talk)
Toll Free 1-888-923-3800

OUTREACH PROGRAM PEI requirements for annual 2019 - 2020 report

The Mental Health First Aid and Youth Mental Health First Aid Programs trained the following number of unduplicated community members (potential responders to a mental health crisis):

MHFA	**YMHFA**
FY 19 - 20	FY 19 - 20
• 58 English speaking participants	• 16 English speaking participants
• 9 Spanish speaking participants	• 0 Spanish speaking participants
FY 19/20 Total Participants: 104	

Program description requirements, including evaluation methodologies

Youth Mental Health First Aid & Mental Health First Aid is an 8-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents and adults, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent or adult in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing, and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect people to professional, peer, social, and self-help care.

The MHFA and YMHFA programs provide community members with the first aid skills to support people with mental health problems. The Prevention & Early Intervention Team is trained to provide specific modules for Public Safety, Military, Higher Education, and individuals working with children, youth, and the community. Outreach is conducted through community events, staff contacts with agencies in the community, including school districts, County officials, and law enforcement.

The MHFA and YMHFA curriculum core competencies provide cultural humility by addressing stigma with those with substance use disorder, behavioral health and are presented in English and Spanish. The focus of Mental Health First Aid training is to educate participants on Mental Health Illnesses and reduce the associated stigma.

Demographics for FY 19 - 20

Age	**#**	**Gender**	**#**
0-15	0	Male	34
16-25	13	Female	64
26-59	76	Decline	6
60+	6		
Decline	9		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	0
Asian	8	Central America	0
Black	3	Mexican	28
Pacific Islander	1	Puerto Rican	3
White	47	South American	2
Other	19	Hispanic Other	7
More than one	11	Non-Hispanic other	17
Decline	13	Decline	19
Language	**#**	**Sexual Orientation**	**#**
English	74	Gay	0

OUTREACH PROGRAM PEI requirements for annual 2019 - 2020 report

Spanish	9	Hetero	77
More than one	14	Bisexual	4
Decline	7	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	0	Decline	22
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	2	Yes	13
Chronic	0	No	81
Other	0	Decline	10
No	85		
Decline	17		
Demographic Information Not Collected/Refused*			

*Can explain in a paragraph here why some participants refused to complete the demographic form

Training Outcomes and Evaluation
Participants learn to utilize the YMHFA & MHFA action plan "ALGEE," consisting of the steps below:
Assess for Risk of Suicide or harm
Listen nonjudgmentally
Give reassurance and information
Encourage appropriate professional help
Encourage self-help and other support group.

The approach used to select outcome: Participants will learn about risk factors and warning signs of mental health problems, as well as understand their impact, and common treatments. Individuals who certify as Mental Health First Aiders learn a 5-step action plan to build their skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Frequency of data collection: MHFA and YMHFA Opinion Quiz is collected at the beginning and end of each training. Opinion Quiz are distributed to training participants, to facilitate discussion, but are not collected. The instructors must post the Mental Health First Aid Training Final Evaluations into Mental Health First Aid Instructors website pages to report the following information: each individual trained, individual evaluation results, the quality of training based on the learning objectives in each of the sections of the MHFA training, instructor core competencies, average participants score and content score.

Evaluation Methods:

The MHFA and YMHFA programs are evaluated using a Likert Scale format incorporated into the Pre- and Post- Mental Health Opinion Quiz and Course Evaluation to identify whether each participant has achieved the following:

- Increased mental health awareness
- Increased knowledge of early signs of mental illness.
- Ability to recognize the symptoms of common mental illnesses and substance use disorders.
- Ability to de-escalate crisis situations safely.

- Initiate timely referral to mental health and substance abuse resources available in the community.

Type of evaluation method
Mental Health First Aid Course Evaluation

Measurements for type of program: Learning Core Competencies using
Describe method used to collect and measure collected data
The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support someone developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan. PEI staff collected evaluations but will need to analyze Pre- and Post-Survey data collected in FY 19/20 to best measure changes in attitudes, knowledge and/or behavior regarding suicide.

Comments from training participants are reviewed by the Prevention & Early Intervention supervisor. Examples of comments are included below:

- *"Good course on Mental Health."*
- *"It was great teaching"*
- *"Great balance on lecture and hands on practice."*
- *"Very Helpful"*
- *"Very good information on Mental Health."*
- *"Very good, very efficient training."*
- *"Great class, very well done!"*
- *"Great experience*
- *"Tools were great! Presenter was awesome!*

OUTREACH PROGRAM PEI requirements for annual 2019 - 2020 report

# of people Responded: 64

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
. Recognize the signs that someone may be dealing with a mental health challenge or crisis.			1	39	24
Reach out to someone who may be dealing with a mental health challenge.		3	37	24	3
Ask a person whether s/he is considering killing her/himself.			4	31	29
Actively and compassionately listen to someone in distress.			1	33	30
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.		2	1	35	26
Assist a person who may be dealing with a mental health problem or crisis to seek professional help		1	2	38	23
Assist a person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.			2	39	23
. Be aware of my own views and feelings about mental health problems and disorders.		1	4	29	30
Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.			2	35	27

OUTREACH PROGRAM PEI requirements for annual 2019 - 2020 report

# of people Responded: 16

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Recognize the signs that a young person may be dealing with a mental health problem, substance use challenge or crisis				11	5
Reach out to a young person who may be dealing with a mental Health problem, Substance use challenge or crisis				11	5
Ask a young person if they're considering killing themselves				7	9
Actively compassionately listen to a young person in distress				8	8
Offer a distressed young person basic "first aid" level information and reassurance about mental health and substance use challenges				10	6
Assist a young person who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help				12	4
Assist a young person who may be dealing with a mental health problem, substance use challenge or crisis to connect with community, peer and personal support				11	5
Be aware of my own views and feeling s about mental health problems, substance use challenges and disorders				8	8
Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.			2	8	8

Information On Design of Evaluations Are:
Culturally Competent: Post Likert Scale Questionnaires Evaluations are in written in Spanish and English include perspective of diverse people with lived experience of mental illness
Youth Mental Health First Aid and Adult Mental Health First Aid is for everyone who is willing to provide help to a person in crisis and connect the person with help. The MHFA/YMHFA curriculum was written with consumer review and feedback.

Teaching methods and activities during the training are used to change attitudes and behavior related to participants to be able to listen to the person at risk nonjudgmentally. When listening, it is important to set aside any judgments made about the person or their situation and avoid expressing those judgments. Most people who are experiencing distressing emotions and thoughts want to be listened to empathetically before

being offered options and resources that may help them. When listening to non-judgmentally, the first aider needs to adopt certain attitudes and use verbal and non-verbal listening skills.

Changes in attitude, knowledge and/or behavior related to reducing suicide are measured through participants completing a Mental Health Opinion Quiz at the beginning and at the end of the training. In addition to the opinion quiz, all participants complete a MHFA test at the end of the training.
Each participant has an opportunity to discuss their previous answer to the quiz to increase their knowledge of mental health illness.
Individuals completed the pre- and post-Mental Health Opinion Quiz. Results for the MHFA and YMHFA post-surveys are included above.

S**pecify how the proposed method likely will bring about the select outcomes:**
Mental Health First Aid is an international training program proven to be effective. Studies show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses. Peer-reviewed studies show that individuals trained in the Mental Health First aid and Youth Mental Health First Aid program:

- Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions.
- Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- Increase their confidence in and likelihood to help an individual in distress.
- Show increased mental wellness themselves.

Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

ADDITIONAL INFORMATION, INCLUDING ANY ADDITIONAL OUTCOMES MEASURED:
Sutter-Yuba Behavioral Health provides Continuing Education credit through the California Board of Registered Nursing and California Association of Alcoholism and Drug Abuse Counselors (CAADAC).

In 2017, with the assistance of Yuba County Superintendent of Institutions, local instructors of Mental Health First Aid and Youth Mental Health First Aid were approved to give continuing education (STC) credits for probation and corrections staff through the Board of State and Community Corrections.

In 2018, our instructors who are trained in the special module, Mental Health First Aid for Law Enforcement, Corrections, and Public Safety, were approved to give STC credits for that course.

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

10 Program Information

Program Name: Aggression Replacement Training (ART)

Aggression Replacement Training (ART) is a ten-week course offered for adolescents. It is a cognitive behavioral intervention that trains participants to cope with their aggressive and/or violent behaviors. It is taught in three one-hour classes per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

The program specifically targets chronically aggressive children and adolescents ages 12-17. Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs. Aggression Replacement Training® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. Participants are selected by school administration, not to exceed 15 participants per course.

The program has been implemented in juvenile justice settings, alternative high schools, and traditional high schools. PEI provides trained instructors and all materials to a limited number of high schools in Sutter Yuba counties and Juvenile Hall. It improves access to services for underserved populations by being available where the youth are, within a larger schedule of activities that allows for, and encourages their involvement.

The program design and intended settings enhances access for specific, designated underserved populations, as youth of color, males, and youth with mental health issues are disproportionately represented in the juvenile justice system. This program endeavors to offer a skill building opportunity to help participants upon completion of their sentence when they re-enter the community, as well as to have a safer, more successful stay in the correctional facility. It also provides that opportunity to youth who are in the community, but who may be struggling with some of the early behaviors that could lead to involvement with juvenile justice and/or disruption in school and in the home.

Program type

Early Intervention

Unduplicated number of people served
FY 19-20: 22 youth

Indicators for program *(how determine participants, target population)*

School/site data indicated a need for ART to minimize disruptive behavior, school detention, and increase student attendance, as well as to assist youth in developing new skills and thinking to prevent future behavioral issues and criminal justice involvement. The target population is youth in juvenile justice settings, as well as in traditional high schools.

Approach used to select indicators

School Administrators recommend youth based on history of aggressive behaviors (assigned to participate), individual interest (voluntary & self-referred).

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Outcomes per program

Desired outcomes

- Increased ability to identify anger behavior cycle elements & control,
- Increase in social skills,
- Increase in moral reasoning capacity,
- Decrease in felony recidivism rates.

Approach used to select outcome

School/site referrals or individual self-referrals

How Data is collected

Anecdotal data from school/site staff and self-reporting from participants

Frequency of data collection

Prior to, during, and after the completion of the ten-week course

Evaluation results

Progress notes are used to determine participation and behavioral changes during group sessions.

How determined the evaluation results

Progress is measured by looking at student's participation in role playing, group discussion, homework completion and adaptive behavior

Evaluation Method Incremental Milestones

Type of evaluation method Progress Reports are provided in the curriculum

California evidence-based Clearing House

- Date Research Evidence Last Reviewed by CEBC: June 2017.
- Date Program Content Last Reviewed by Program Staff: March 2016
- Date Program Originally Loaded onto CEBC: December 2013

Demographics for each program broken down by categories

Demographics for FY 19/20

Age	**#**	**Gender**	**#**
0-15	0	Male	11
16-25	13	Female	1
26-59	0	Decline	10
Decline	9		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	0
Asian	0	Central America	1
Black	1	Mexican	7
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	5	Non-Hispanic Other	2
More than one	5	Decline	12
Decline	10		

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Language	**#**	**Sexual Orientation**	**#**
English	8	Gay	0
Spanish	1	Hetero	8
More than one	4	Bisexual	1
Decline	9	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	13
Seeing	2		
Mental	1	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	4		
Decline	15		
Demographic Information Not Collected/Refused*			

*Can explain in a paragraph here why some participants refused to complete the demographic form

Program Requirements, including evaluation design and methodologies:

1. Identification of the target populations
    - Trauma exposed children and youth (including transition age youth - TAY): Exposure to traumatic events or prolonged traumatic conditions.
    - Stressed families: Placed out of home, or in a family where there is substance abuse or violence, depression, or other mental illness, or a lack of caregiving adults (serious health conditions or incarceration).
    - At risk of school failure: Children, youth & TAY who are at risk of school failure due to emotional and behavioral problems.
    - At risk of, or experiencing juvenile justice involvement: Children, youth & TAY who show signs of emotional/behavioral problems and are at risk of, or had, contact with juvenile justice systems.
    - Experiencing onset of serious psychiatric illness with psychosis: Identified as presenting signs of mental illness (first break)

Underserved populations: Ethnically/racially diverse communities, LGBTQI, etc.

Mental illnesses for which there is early onset

Children who have experienced relational trauma present a host of problems related to the inability to manage emotions and behavior. Aggression Replacement Training can be integrated with established trauma therapy models to help address these challenges.

Description of how a participant's early onset is determined

Training in Skill streaming, Anger Control, and Moral Reasoning are provided on a weekly basis. Generalization and maintenance are the keys to any successful intervention. Carry over is fostered by

transfer coaches who are directly involved in the youth's life. They may be parents, friends, peers, teachers, staff, and employers who can understand and reinforce behavior that a youth is attempting to modify. Coaches should understand the use of Skill streaming modules Dealing with Feelings and Dealing with Stress. These skills are central to trauma treatment in developing the resilience to manage feelings and cope with difficult situations.

Identification of the types of problems and needs the program addresses
Activities included are intended to improve mental health and related functional outcomes. Learning behavioral modification during each session helps improve functional outcomes in the classroom setting.

Activities to reduce negative outcomes include:

- Social Skills Training, to teach participants what to do, and help them replace antisocial behaviors with positive alternatives.
- Anger Control Training, to teach participants what not to do, and help them respond to anger in a nonaggressive manner and rethink anger-provoking situations.
- Moral Reasoning, to help raise participants' level of fairness, justice, and concern for the needs and rights of others.

Evaluation methodology:
Program outcomes are measured by collecting progress notes at the end of each session. This data is reviewed by the instructor, and student advisor. A process to evaluate the ART program formally and regularly is currently underway and will be implemented during FY 19/20.
How evaluation reflects cultural competence
Program developers and other users have determined that ART is "neutral - that is effective across gender, culture, and ethnicity" (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth)*. Aggression Replacement Training promotes positive and effective interactions with diverse cultures.

In addition, the program uses non-stigmatizing and non-discriminatory strategies, including
Cultural competency inclusive of minority and underserved populations
Inclusive of LGBTQ youth, foster youth, and Juvenile Hall youth

Briefly describe relevant evidence for each intended outcome
"The program has been identified as evidence based and either a promising or model program by the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Justice (U.S. Department of Justice, 2010; Sherman, Farrington, MacKenzie, & Welsh, 2006), the Office of Safe and Drug-Free Schools (U.S. Department of Education, 2002), and the National Center for Mental Health Promotion and Youth Violence Prevention (2007), among others. ART efficacy studies have provided consistently reliable evidence that the program reduces aggressive, acting out behaviors while increasing prosocial behaviors in high-risk youth." (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth*, 2011*)*

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Explain how effectiveness demonstrated for intended population
Program studies in multiple locations and settings demonstrate effectiveness through School Administration Staff at Feather River Academy, Juvenal Hall, Marysville Community Day School. A formal evaluation process is currently under development for next FY 19/20. Past experience and outcome summaries/feedback show youth feel included and empowered while participating Aggression Replacement Training.

How County will ensure fidelity to practice model and program design
County requires partner agencies to screen potential participants for one or more of the desired outcomes prior to selection for participation. We also ask that the partner agencies advertise to potential participants, and get commitment to, three 45-minute sessions per week for ten weeks, or a variation to accommodate special site needs that equal the same approximate amount of time over the ten-week course. Facilitators use the approved course book, *Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth, Third Edition*.

Prevention Program PEI requirements for annual 2019 – 2020 report

SERVICE DESCRIPTION: Camptonville Community Partnership (CCP) will take a multi-pronged approach that encompasses many identified opportunities while also building the Yuba foothill community's capacity to sustain youth engagement. CCP will increase the foothill community capacity to provide prevention and early intervention opportunities for youth by offering a variety of mentoring and recreational (support) opportunities. This project will serve at least 50 youth in the foothill area.

A description of After School Program

The afterschool program is a fee based 2 hour a day/3 day a week program, open to student's 2nd-8th grade. This program offers a variety of enrichment and educational after-school activities such as homework help, creative writing, dance, games, music, gardening, art, etc. The After School Program held thrice weekly activities in the 2019-2020 reporting year with attendance at 388, fourteen of which were unduplicated

A description of Rally Point

Rally Point is a 2-hour event, held 2 evenings a month. Utilizing multi-school partnerships and focusing on 10–15-year-olds from Yuba foothill schools, CCP utilizes food, incentives, career, and advocacy training to offer an innovative approach to address systems to improve health equity and quality of life for these isolated, at-risk youth. The project will give them direct access to civic engagement, empower them to develop action plans to make their neighborhoods happier healthier places and have fun doing it.

Rally Point augments CCP's PEI program by attracting students from multiple foothill schools, to engage each other in numerous opportunities for; positive peer-to-peer encounters, leadership development and acknowledge youth as producers of power. The project will act as a hub for youth advocacy training and teen inspired leadership projects. Through mini projects, they will discover key issues, develop "solutionary" action plans and build their own story of "Life in the Woods."
The Rally Point held 12 events in the 2019-2020 reporting year with attendance at 88, fourteen of which were unduplicated. These youth are learning life-long leadership skills. Including advocacy skills will help them share their "story" as rural foothill youth
These youth received 6 advocacy trainings including, The Right Question Project, Power of Pictures for Policy Change. Adults and peers were able to share their employment stories and entrepreneurial discussions at 6 Rally Point nights.

Additionally Rally Point youth presented their story and then they had the opportunity to "do something". In September 2019 students learned the advocacy technique, *The Power of Pictures for Policy Change* and presented their "wild-fire-threat photo essay" to the Yuba Children's Wellness and Child Abuse Prevention Council. (YCCC). The knowledge these youth gained, inspired by teen, Greta Thunberg, and led the youth to start a local project. In mid-November our area was still under an extreme fire threat warning. These youth decided they wanted to do something for the seniors in Camptonville. As a result, they went door to door to see if seniors

needed help with raking or other duties that would help to make their homes safer from wildfire. Six seniors were contacted.

Mentorship opportunities

Additionally, and separately from above, the Camptonville Community Partnership (CCP) PEI contract offers small stipends for mentorships and skill building projects/ giving adults opportunities to work with students, at their own schools.
Activities are outlined below.

Mentorship/ Skill Building	Number of youths served (unduplicated #'s)	Total attendance	Ages
Camptonville After School Program	14	272	5-14
Rally Point	14	88	10-16
Mentorship opportunities	28	28	
Total youth served	5	388	5-16

I**n 2019/2020 CCP staff participated and offered leadership in 19 county level meetings that support Yuba County youth.**

COV-19:
What can you do for youth as a Prevention/Intervention tool when a Pandemic closes the World? All schools in Yuba County were closed in March 17 through the end of the school year. CCP temporarily laid off PEI Staff April 1, 2020, hopefully to rehire in August 2020.
In an instant everything was different. Students were experiencing distance learning. Families were thrust into a new stay at home routine. All the while fearful an invisible enemy may have already struck them.
During this time with admin staff and volunteers CCP began work to develop a CCP COV-19 Asset Map (attached in the email with this report, please view) utilizing the structure developed by the YCCC Prevention Network. This Asset map sorted and shared the vast number of COV-19 resources received that flooded emails in late March and April. It is designed to be a living document updated monthly. Camptonville Community Partnership's Resource Center is currently closed to the public, but we have worked to compile COV19 resources (assets) for the community.
Here was our message to the community:
Please see the Asset Map (www.camptonville.com). As you can view it please note it is divided into sections describing the area of concern. It is also further divided into "response levels". Primary is resources anyone can utilize; Secondary, for those that have a positive diagnosis and Tertiary for those that have contracted COV19.

Then using those descriptions answer the following questions below.

Prevention Program PEI requirements for annual 2019 – 2020 report

Describe specific strategies employed

Create and support opportunities in the community for youth from primary target populations. Participation in positive opportunities fights stigma, builds self-esteem, and enables individuals to "thrive not just survive". Development of these opportunities will provide community involvement/interaction in the creation of a "wellness" positive community.

Reasons why the county believes they will be successful and meet intended outcomes

WHY this is Important: *Long term results*

- Ensure regular opportunities for positive peer-to-peer engagement and socialization and access to positive adult role models.
- Yuba County foothill youth will develop life-long leadership skills.
- Agencies value the youth voice and will align resources to support and sustain community-driven youth programs, enabling pilots like this one to become a model for rural youth engagement.
- Yuba foothill high school dropout rates will lower because local youth will have more knowledge, resources, and opportunities.
- Teens will grow to be civically engaged community leaders. As adults, they will beaware of the value of community-driven processes and initiate other movements to build healthier, happier communities. In turn, rural foothill communities will have strong civic involvement, developing more strategies to foster community-based leadership making their frontier-rural communities happy, healthy places to live. Young families will view their hometowns as salubrious places and stay to raise their thriving children and the cycle will continue.

Demographics relevant to the target population, including:

Note that not all participants completed the demographic form due to hesitancy of many participating schools to collect the information. Demographic information was collected starting in FY 19/20.

Age		**#**	**Gender**	**#**
0-15		22	Male	10
16-25		1	Female	12
26-49		0	Decline	1
Decline		0		
Race		**#**	**Ethnicity**	**#**
American Indian		3	Caribbean	0
Asian		0	Central America	0
Black		1	Mexican	0
Pacific Islander		0	Puerto Rican	0
White		16	South American	0
Other		3	Other	17

Prevention Program PEI requirements for annual 2019 – 2020 report

More than one		1	Decline	0
Decline		4		
Language		**#**	**Sexual Orientation**	**#**
English		21	Gay	0
Spanish		0	Hetero	0
More than one		0	Bisexual	0
Decline		2	Questioning	0
			Queer	0
Disability		**#**	Other	0
Hearing		0	Decline	23
Seeing		0		
Mental		1	**Veteran Status**	**#**
Physical		0	Yes	0
Chronic		0	No	0
Other		0	Decline	0
No		22		
Decline		0		

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Program Information
Program Name Applied Suicide Intervention Skills Training (ASIST)
The Applied Suicide Intervention Skills Training (ASIST) workshop is for community members who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 950,000 people have received this training. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours), two-trainer, intensive, interactive and practice-dominated course designed to help people recognize risk and learn how to intervene to prevent the immediate risk of suicide.

ASIST is for all community members in Sutter and Yuba Counties. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training. ASIST can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. The learning process is based on adult learning principles and highly participatory. Graduated skills development occurs through mini lectures, facilitated discussions, group simulations, and role plays.

ASIST trainings are advertised to staff within Behavioral Health, as well as to the general community. The training goal is to provide training for as many community members as possible, in a safe environment that increases the opportunities for those participants to offer help to others and to seek help for themselves. It decreases the stigma and taboo of talking about suicide. Sutter Yuba Behavioral Health collaborates with organizations and agencies in the community to offer the training in various settings, including schools, government buildings, privately owned buildings, and Sutter Yuba Behavioral Health locations. By offering the training in different locations, it is easier for community members from both Sutter and Yuba Counties to participate.

Program type: Suicide Prevention Program
Unduplicated Number of People Served

FY 19-20: 89

Indicators for Program
The program is intended for any adult community member
Approach Used to Select Indicators
The core beliefs of Living Works, developer, and copyright owner of ASIST are listed below: Suicide is a community health problem. Everyone can help.
Thoughts of suicide are understandable, complex, and personal. Approach people at risk with an open mind. Suicide can be prevented. It is possible to save lives and prevent injuries – now.
Help seeking is encouraged by open, direct, and honest talk about suicide. If you are approachable, people at risk will seek you out.
Relationships are the context of suicide intervention. Helping either relies upon or builds a relationship.
Intervention should be the main prevention focus. The emphasis should be on preventing suicide behaviors.
Cooperation is the essence of an intervention. The helper and the person at risk need to work together to prevent suicide.
Intervention skills are known and can be learned. Helpful skills are known and most everyone can learn them.
Large numbers of people can be taught intervention skills. The means to teach intervention skills on a large scale exists now.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Outcomes Per Program

Desired outcomes

Recognize that community members and persons at risk are affected by personal and societal attitudes about suicide.

Provide life-assisting guidance to persons at risk in a flexible manner;

Identify what needs to be in a person at risk's plan for safety.

Demonstrate the skills required to provide suicide first aid to a person at risk of suicide.

Appreciate the value of improving community resources including the way that they work together; and recognize that suicide prevention is broader than suicide intervention and includes the life promotion and self-care for persons at risk and for caregivers.

Approach Used to Select Outcome

Participants register themselves or are sent by employers. Most come with some interest in increasing their knowledge about suicide and their ability to help. Often participants have experience with thoughts of suicide themselves or of someone close to them, and/or losses or near-losses of friends, family members, co-workers, and/or clients to suicide. Not all want to do suicide interventions when they leave, but all are better prepared to help in some way to make their communities suicide safer.

How Data is Collected

Self-reported, anonymous data regarding personal experiences with suicide, suicide behaviors, helping experience(s), feelings of preparation to help, feelings about suicide, and who would help, as well as attitudes about suicide are discussed and collected early in the workshop. An evaluation with questions related to how willing, ready, and able participants feel about helping a person at risk after the workshop, compared to before, is completed at the end of the workshop, again without participant names attached.

Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide.

Evaluation questions, and a summary of responses collected at the start and conclusion of the training are included below:

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Number of participants:54					
	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.			2	14	38
6. Before taking the ASIST training, my answer to # 5 would have been:	4	10	16	14	10
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention			1	14	39
8. Before taking the ASIST training, my answer to # 7 would have been:	5	12	13	15	9
9. I feel prepared to help a person at risk of suicide.			1	22	31
10. Before taking the ASIST training, my answer to # 9 would have been:	10	12	15	12	5
11. I feel confident I could help a person at-risk of suicide.			3	25	26
12. Before taking the ASIST training, my answer to # 11 would have been:	10	10	19	9	6
Decline to answer					

Number of participants: 54	1	2	3	4	5	6	7	8	9	10
1. How would you rate ASIST? (1 = did not like at all…10 = liked a lot)							4	12	9	28
2. Would you recommend ASIST to others? (1 = definitely no…10 = definitely yes)							3	3	4	44
3. This workshop has practical use in my personal life. (1=definitely no…10=definitely yes)	1				2	3	1	5	4	38
4. This workshop has practical use in my work life. (1=definitely no…10=definitely yes)					1		2	1	4	46

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Demographics for FY 18/19

Age	**#**	**Gender**	**#**
0-15	0	Male	27
16-25	19	Female	48
26-59	55	Decline	14
60+	1		
Decline	14		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	1
Asian	4	Central America	2
Black	5	Mexican	17
Pacific Islander		Puerto Rican	
White	32	South American	1
Other	12	Hispanic-Other	2
More than one	16	Non-Hispanic Other	36
Decline	18	Decline	30
Language	**#**	**Sexual Orientation**	**#**
English	67	Gay	
Spanish		Hetero	63
More than one	8	Bisexual	6
Decline	14	Questioning	
		Queer	
Disability	**#**	Other	1
Hearing		Decline	19
Seeing	1		
Mental	1	**Veteran Status**	**#**
Physical	2	Yes	26
Chronic	1	No	48
More than one	3	Decline	15
Other			
No	63		
Decline	18		
Demographic Information Not Collected/Refused*			0

*Can explain in a paragraph here why some participants refused to complete the demographic form

Information on Design of Evaluations

The ASIST program has its own evaluation and are culturally competent. Pre & Post Likert Scale Questionnaires Evaluations are in written in Spanish and English. The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Methods and activities used to change attitudes and behavior related to reducing mental illness related suicide: The training uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation, and practice experiences, running simulations, and commenting through restatements and summaries. The Key Learnings listed below shows how the workshop is structured, with the reasoning behind each step, and scaffolding for the safe, challenging learning of participants. Trainers talk about what will be happening before it happens, and participants have the opportunity for increasing challenge as they become more comfortable with the concepts and start to practice skills.

Key Learnings of ASIST

- Preparing
  - Registration: Workshop might be fun – and should be safe.
  - Why First Aid: Very important part of suicide prevention.
  - Why ASIST: ASIST is special.
  - About the Participants: Participants are special.
  - About the Workshop: The trainers expect participation.
  - About Connecting: Participation begins shortly.
- Connecting
  - Review the Goals for the Section: Trainers need to be clear about what they are trying to do before they start so they can concentrate on doing it once they start.
  - Connecting Feelings and Experiences with Suicide and Helping: We can do this.
  - Introductions: The participants are real people.
  - Connecting Attitudes with Suicide and Helping: Working with people at risk is complex.
- Understanding
  - Introduction to Understanding: Most people at risk want to live.
  - Explore Invitations: You have an invitation to get involved.
  - Ask about Thoughts of Suicide: You want to know the answer.
  - Understanding Choices Phase: Help make choices clear – the picture of the phase. Hear the Story: You have to work at listening in order to hear.
  - Support Turning to Safety: Support by encouraging the turn to safety.
  - Assisting Life Phase: Develop a Safe Plan they can confirm they will do – the picture of the phase.
  - Develop a Safe Plan: Understand why the things on the Safety Framework are related to safety.
  - Confirm Actions: Confirming actions in the Safe Plan builds trust and safety.
  - Conclude Understanding: *PAL* can help any person at risk.
- Assisting
  - Starting the Assisting Section: *PAL* is more intuitive than you might have realized.
  - The Pathway for Assisting Life: *PAL* comes to life.
  - Transition to Practice: Practice is coming.
  - Connecting Simulation: We can do this.
  - Support Turning to Safety Simulation: We can even do this most challenging part.
  - *PAL* Simulation: Oh, even more challenges – but we can do it.
  - Safety First Simulation: It is safe to practice, but this is serious work.
  - Whole Group Closing; Workgroup Practice Introduction: Good procedures, but I am still anxious, maybe excited.
  - Workgroup Practice
- Working Together
  - Organizing and Starting: Positive energy
  - Relationships with Persons at Risk Discussion: The context for helping has its own questions.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Community Relationship Discussion: This really can become reality.
Closing the Workshop: You do not need to be alone.

Specify how proposed method likely will bring about the selected suicide prevention outcomes:
ASIST has been designation as a "Program with Evidence of Effectiveness." SPRC designated this intervention as a “program with evidence of effectiveness” based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP). ASIST was rated as promising for improving personal resiliency and self-concept among suicidal individuals calling a hotline. This finding was based on use of ASIST in a specific context: to train suicide crisis line counselors. NREPP reviewed a study that randomized suicide crisis centers into an intervention group, in which counselors received ASIST training, and a wait-list control group. A strength of this study was that it examined the effects of training on distressed individuals (i.e., callers to the hotline), not just on those who received the training. Data from monitored calls of suicidal individuals showed a significant improvement in callers (e.g., less depressed, less suicidal, less overwhelmed) by the end of calls handled by ASIST trained counselors, compared with the wait-list control group (Gould et al., 2013).

Explain how practice’s effectiveness has been demonstrated
ASIST was developed over 35 years ago. Over 30 peer-reviewed studies and government reports found:
Improves trainee skills and readiness,
Safe for trainees, with no adverse effects from training;
Interventions shown to increase hope and reduce suicidality;
Training shown to increase general counseling and listening skills

How county will ensure fidelity to the practice according to the practice model
Potential trainers are required to attend a five-day Training-for-Trainers where they attend a standard ASIST, then break it down and learn how to present it piece by piece, as well as the reasons the training is structured the way it is. Finally, they present to a group and are assessed by a coaching trainer. They are considered “provisional trainers” until they successfully complete three workshops within a year, facilitating all of the sections of the training within those three workshops. Evaluations by participants, as well as trainer reports by each trainer for each workshop, are required by Living Works, and are read by Living Works staff to ensure fidelity and quality of the workshops.

Workshop instructors take a five-day training for the trainer course and agree to be part of a quality control program that supports them in their trainer roles and encourages them to provide feedback to the developers of ASIST.

Participants’ comments

- “Great training overall”
- “Excellent training, great discussion and insight”
- “Great information on suicide intervention”
- “Awesome presenters”
- “I gained a lot from the training”
- “I enjoyed this training”

Prevention Program PEI requirements for annual 2019 - 2020 report

Program type – Prevention Program
Program Name: Girls Circle
Girls' Circle is a high school or middle school girls' support group that runs in eight, ten, or twelve-week sessions, meeting once per week for 40-60 minutes. Each session has a theme, and each week includes activities and/or discussion related to topics within that theme. PEI staff facilitate and support the activities and/or discussions, but participants are encouraged to direct the discussions and to support each other. Participants are referred by school staff or can self-refer. Girls' Circle is offered at several schools in Sutter and Yuba Counties, including Albert Powel High School, Camp Singer Youth, Juvenile Hall, Live Oak High School, Live Oak Middle School, Marysville Charter Academy for the Arts, Marysville Community Day School, Marysville High School, Riverside Meadows Intermediate School, Robbins Elementary School, Twin Rivers Charter School and Yuba Gardens Intermediate School.

Girls Circle is the first gender-responsive program in the country to demonstrate effectiveness in reducing delinquency for girls. Girls Circle is now listed on the Office of Justice Programs National Criminal Justice Reference Service and the previously available SAMHSA National Registry of Evidence-based Programs

Unduplicated Number of People Served

FY 19-20: 42 participants

Indicators for program *(how determine participants, target population)*
School/site data indicated a need for support groups as an intervention method for girls with various concerns, including developing trusted relationships with adults/women role models, improving peer interactions, making friends, improving self-esteem, developing communication skills, goal setting, developing self-awareness, exploring roles in relationships, and exploring the impact of mental illness and substance use in their lives.

Approach used to select indicators
Counselors, teachers, and administrators recommend participants, and many participants are self-referred because they recognize one or more of the above needs for themselves.
Outcomes Per Program
Desired Outcomes
Increase social-emotional development.
Increase connection, strengths, & competence in girls,
Foster self-awareness & self-confidence.
Maintain authentic connection with peers & adult women in their community,
Counter trends toward self-doubt.
Allow for genuine self-expression through verbal sharing & creative activity;
Increase sense of belonging.
Improve perception & acceptance of their own bodies.
Increase belief in ability to accomplish meaningful actions & goals in their lives;
Determine the impact of mental illness & substance use in their lives.
Approach Used to Select Outcome
School/site data
How Collected Data
Staff and participant feedback

Frequency of Data Collection
Beginning of each group participants fill out a feedback form collected at the end of the group upon completion
Evaluation Results

Prevention Program PEI requirements for annual 2019 - 2020 report

No formal evaluation tool was used locally. PEI staff are incorporating processes for FY 19/20 to collect and evaluate the program using the Girls Circle Program Toolkit and Administrative Model.

Evaluation Methods

Type of Evaluation Method Likert Scale

evidence based

Girls on probation who participated in a national study were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. Recidivism rates after 12 months post-program completion was significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

This national evaluation also revealed that girls who participated in the Girls Circle program showed significant increases on pre- and post- program surveys in:

Use of Condoms
Educational Aspirations
Educational Expectations

The Study Supports Policy Implications, Including:

The use of the Girls Circle® model as a means for reducing recidivism
Relational-Cultural Theory- recognizing girls' connections with others as central to their healthy identities and development
Motivational Interviewing to facilitate meaningful change
Proper Implementation and fidelity to the model

**The evaluation was funded by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) and conducted in the Juvenile Probation and Court Services Department in Cook County, Illinois by Development Services Group (DSG). Evaluation Report Forthcoming.*

Previous studies in 2005, 2007, and 2010 revealed statistically significant improvement for girls in Girls Circle programs:

Increase in self-efficacy
Decrease in self-harming behavior
Decrease in rates of alcohol use
Increase in attachment to school
Increases in positive body image
Increases in social support

Measurements for Type of Program:

Prevention Programs

Program Name Girls' Circle

Describe method used to collect and measure the following:

Decrease in risk factors, indicators
Increase in protective factors

Information on Design of Evaluations:

culturally competent

The program is intended for girls/women from all backgrounds, races, ethnicities, sexual orientations, ages (within the appropriate age range for the groups), geographical locations, religions, etc. Some of the curriculum is available in Spanish,

include perspective of diverse people with lived experience of mental illness

including family members as applicable

Prevention Program PEI requirements for annual 2019 - 2020 report

Many participants share their lived experiences with mental illness & substance use, and the group gets the opportunity to learn from each other. Family members do not participate as the groups are closed. Parents/guardians sign permission forms prior to minors participating. Included in those permission forms is a statement about the confidentiality of the group, with the explicit exception that anything stated by a participant that indicates possible harm to or by a participant will not be kept confidential. The information is shared with school counselors, school administration and parents to determine additional services that might be needed for the participant. Facilitators explain that they are mandated reporters to every participant.

Program description requirements, including evaluation methodologies
Program Name Girls' Circle
Target population, including How risk is defined and determined

Program is advertised at participating schools so that girls can self-refer, as well as being referred by staff. Information tables & presentations have also been used to introduce the program at new schools or at sites where we are attempting to get information about the program out to a larger audience. School sites request for our staff to provide Girl's circle by the school counselors determining of students that will be referred to the group.

Demographics relevant to the target population, including Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information for FY: 19-20

Demographics for FY 19/20

Age	**#**	**Gender**	**#**
0-12	23	Male	0
13-25	19	Female	42
26-49	0	Decline	
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	1
Asian		Central America	0
Black	3	Mexican	12
Pacific Islander		Puerto Rican	0
White	16	South American	0
Other	6	Hispanic Other	0
More than one	15	Non-Hispanic Other	22
Decline		Decline	7
Language	**#**	**Sexual Orientation**	**#**
English	33	Gay	2
Spanish		Hetero	17
More than one	9	Bisexual	18
Decline		Questioning	3
		Queer	0

Prevention Program PEI requirements for annual 2019 - 2020 report

Disability	**#**	Other	1
Hearing	1	Decline	1
Seeing	2		
Mental		**Veteran Status**	**#**
Physical		Yes	NA
Chronic	1	No	NA
More than one	4	Decline	NA
Communication			
Other	2		
No	25		
Decline	7		
Demographic Information Not Collected/Refused*			49

Identification of the types of problems and needs the program addresses
Activities included to improve mental health and related functional outcomes
Discussions & activities with the following being a girl with the focus on life skill development through training protective factors and understanding various topics and issues faced in school, such as Body Image & Goals for Healthy Living, Relationships, Growth & Self-Care, Body Talk, Body Messages and so in a group setting.

Include Reduction of Negative Outcomes
Negative outcomes of untreated mental illness program will affect, including:
Girls Circle aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Having a social structure through connecting the students with the school counselor builds a safety net and a path to connecting to services.
Reduction of prolonged suffering
List of mental health indicators used to measure reduction of prolonged suffering
Explain evaluation
Girls Circle measure outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self-efficacy instrument. Additional contents include step-by-step instructions for program evaluation, consent forms, and information sheets. Spanish language Survey and forms also included. Reproducible within purchasing organizations.
Measures the following:
School Attachment
Avoiding Self-Harm
Positive Body Image
Avoiding Alcohol
Avoiding Tobacco
Communicating Needs to Adults
Making Healthy Choices regarding Nutrition, Self-Care and Activities
Using Protection if choosing sexual activity
Self-Efficacy [Schwarzer's Self-Efficacy Scale]

Prevention Program PEI requirements for annual 2019 - 2020 report

How County will ensure fidelity to practice model and program design
Staff use the provided facilitator guides for each curriculum. School contacts commit to supporting the program, participants' ability to attend, and providing the space & time for the groups to take place.

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
Describe specific strategies employed
The model is utilized in all service delivery models in prevention and intervention - including education, juvenile justice, child services, behavioral, mental health treatment, and community programming. The training builds on participants' skills on how to promote girls' strengths and critical thinking in regard to their behavior and choices. Girls Circle offers an approach that increases positive connections as they pertain to girls' healthy relationships with adults, peers, and community for the purpose of helping girls to take full advantage of their talents, academic interests, career pursuits, and potential for healthy relationships.

Reasons why the county believes they will be successful and meet intended outcomes
This initial training provides a comprehensive course on the Girls Circle model for participants of all experience levels and solidly sets the foundation for implementing dynamic female responsive programming via Girls Circle support groups. Workshop facilitators use an experiential model of learning to include lecture, demonstration, group discussion, case studies, simulation, small group interaction, and brainstorming to stimulate participants' learning. The subject matter relates to the scope of practice in all youth serving sectors in its attention to girls' developmental stages and needs. Girls on probation who participated in the study were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. Recidivism rates after 12 months post-program completion significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

Participants' Comments:

- "I Learned that you must calm yourself before you go & do something you regret"
- "I learned to set goals for myself to achieve"
- "I learned that some people have gone through the same things"
- "I learned that I have to take care of myself"
- "I've learned not to do drugs"
- "That I should respect myself more"

Prevention Program PEI requirements for annual 2019 - 2020 report

Program Type – Nurtured Heart Approach (NHA)

The Nurtured Heart Approach® (NHA) is applicable across many disciplines and successfully used by psychologists, social workers, counselors, other treatment professionals, educators, and parents alike. The NHA is also successfully used with most symptoms related to behavior: opposition, defiance, ADHD, ADD, anxiety, depression, and children on the Autism Spectrum.

Most approaches designed to improve communication, manage behavior or teach social skills target specific realms of problematic actions that children are manifesting. This approach shifts the target away from problems and into greatness. It inspires challenging children to use their intensity in great ways, while awakening all children to the greatness of who they are, helping them to take charge in leading passionate and purposeful lives.

Unduplicated Number of People Served

FY 19-20 = 120

Indicators for Program *(how determine participants, target population)*

School referrals
CPS / County Court Referrals
Probation department referrals
Community Referrals

Nurtured Heart Approach is being used in our schools and homes, we receive referrals from Sutter & Yuba County Child Protection Services, Schools, Probation from various surrounding counties, Behavioral Health, local non-profits and churches.

Approach Used to Select Indicators

Community Outreach Events
Advertisement through email, departments and community
NHA evaluation

Outcomes Per Program

Improve family relationships
Promote positive Behavioral Changes in Children
Improve the child-parent relationship

Approach Used to Select Outcome

Nurtured Heart Approach evaluation

Frequency of Data Collection

Data is collected through the completion of evaluations at the end of the 6-week training, an activity sheet is completed and filed monthly.

Evaluation Results

Nurtured Heart Approach Presentation Evaluations collected at the end of each training include the following results for 200 NHA Presentation Evaluations:

On a Scale from 1 – 10 please rate the presenter's delivery 98% are 8 – 10 highest
On a Scale from 1 – 10 please rate the presentation of materials 98% are 8 – 10 highest
All stated that they would recommend NHA training to family members or colleagues.
All stated they would take the training again or attend future Nurtured Heart Trainings.

Prevention Program PEI requirements for annual 2019 - 2020 report

Impact Statements Were as Follows:

"Learning the different techniques and relating the information to my children."
"Great connection with students, very positive energy."
"Precise and clear presentation."
"Completely changed the way I looked parenting and where I spend my energy."
"Good tool to use with children, and parents."
"The lecture was easy to understand."
"Very good training provided me with tools to use in classroom and at home."
"Nurtured Heart Approach is not just for parents."

How Determined the Evaluation Results
Evaluation Methods
Type of evaluation method Likert Scale
Promising practice: NHA is considered an evidence informed practice based on existing research and anecdotal evidence. Currently, the Children's Success Foundation is working with outside organizations to compile the necessary research to establish NHA as an evidence-based practice. Anecdotal data is being compiled in a variety of treatment, community and educational situations. The effectiveness of NHA comes from several of the thousands of homes, classrooms and treatment agencies that use NHA world-wide. The Nurtured Heart Approach is a relationship focused methodology founded strategically in 3 Stands "Absolutely no, Absolutely Yes and Absolutely Clear".
Measurements for Type of Program:
Nurtured Heart Approach
Participants attend a 5-session nurtured heart approach once a week.
Each week participants shared their success in applying the NHA concept at home.
There is a different discussion each week and participants shared how they are improving and minimizing their challenges.
Behavioral Changes in children with ADHD, Oppositional Defiant Disorder, Reactive Attachment Disorder and academically emotional and anxiety related symptoms.

Stigma and Discrimination Reduction Program
Changes in attitude, knowledge and behaviors related to mental illness.
Cultural Competence:
NHA is available in Spanish and English. The Latino parents participating in the NHA discuss the social and cultural barriers to the approach of parenting helping overcoming barriers to the development of parent child relationship.

include perspective of diverse people with lived experience of mental illness
The Nurtured Heart Approach has been shown to create transformative changes in children diagnosed with ADD, ADHD, Oppositional Defiant Disorder (ODD), Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms, almost always without the need for long-term mental health treatment.

Program description requirements, including evaluation methodologies
Program Name: The nurtured Heart Approach
Target population, including:
Children identified with ADD, ADHD, ODD
Children with behavioral problems
Parents identified by CPS and/or the courts with a need for parenting classes
How Risk is Defined and Determined:

Prevention Program PEI requirements for annual 2019 - 2020 report

School referrals
CPS/ County Court Referrals
Probation department referrals
Community Referrals

Demographics Relevant to the Target Population, Including
Demographics for FY 18/19

Age	**#**	**Gender**	**#**
0-15	0	Male	17
16-25	8	Female	82
26-59	84	Decline	21
60+	7		
Decline	21		
Race	**#**	**Ethnicity**	**#**
American Indian	3	Caribbean	0
Asian	1	Central America	1
Black		Mexican	46
Pacific Islander		Puerto Rican	
White	38	South American	
Other	49	Hispanic Other	3
More than one	5	Non-Hispanic Other	24
Decline	24	Decline	46
Language	**#**	**Sexual Orientation**	**#**
English	51	Gay	0
Spanish	33	Hetero	87
More than one	16	Bisexual	0
Decline	20	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing		Decline	33
Seeing	1		
Mental	1	**Veteran Status**	**#**
Physical	3	Yes	1
Chronic	1	No	97
More than one	1	Decline	22
Communication			
Other	2		
No	84		
Decline	27		
Demographic Information Not Collected/Refused*			

Identification of the types of problems and needs the program addresses:

Prevention Program PEI requirements for annual 2019 - 2020 report

Improved parent child relationships
Build on protective factors
Improved family communication

The nurtured Heart Program has been implemented at different locations in both counties in English and Spanish. NHA has been presented in the following locations throughout the county:
School classroom setting
County Library
County offices
Pre-school parents' meetings
Probation department

Intended setting for each program
Why setting enhances access for specific, designated underserved populations
Alleviates transportation problems
Convenient to participants who drop off their children in school and stay for the program.
Evening hours are more convenient for people that work during the regular workschedule.

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
The nurtured heart approach is open to everyone regardless of their parenting skills.
It is non-discriminatory
It is culturally appropriate PEI staff were the first to offer this training in Spanish

Reasons why the county believes they will be successful and meet intended outcomes.
The county prevention early Intervention program staff will continue to reach out to underserved communities that are geographic, social economic and cultural barriers to improve on parenting skills, by advertising our program, community outreach and creating partnership with school representatives. Prevention & Early Intervention team has established great relationships with Sutter County Superintendent of Schools, Yuba County Office of Education in all districts that has been developed over time. We coordinate services to the schools together in the planning and scheduling process for each school year.

Prevention Program PEI requirements for annual 2019 - 2020 report

Program Information

Program Name: The Council for Boys and Men

The Council is an inclusive, strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. The Council meets a core developmental need in boys for safe, secure and positive relationships.

Unduplicated number of people served: FY 19-20: 75

Indicators for program *(how determine participants, target population):* School attendance, grades, referrals for student participants

Approach used to select indicators: Schools identified these indicators as a measure of student success based on their Positive Behavioral Interventions and Supports (PBIS) policy.

Outcomes Per Program

Desired outcomes: Increase in school engagement, avoidance of tobacco, alcohol and drugs, caring and cooperating (vs. aggression), respecting other's boundaries, respecting differences and having pride in one's ethnicity, and creating healthy masculine identities.

Approach used to select outcome: Desired outcomes are identified by the One Circle Foundation and evaluated as evidence-based practices.

How collected data: School records, parent, teacher, and student feedback.

Frequency of data collection: Quarterly. Beginning and end of each school semester.

Evaluation results and how determined: Review of parent, teacher, and student feedback. School records analyzed to determine reduction in referrals and improvement of grades & attendance.

Evaluation Methods

Type of evaluation method Likert Scale

Evidence Based: All evaluation tools were determined by Sabo (1999), Park et al (2005), & Chu, Porche & Tolman (2005). The council is a strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build their capacities to find their innate value and create good lives individually and collectively.

The Council utilizes cultural competency in youth development. Facilitators encourage developing a positive cultural identity which is recognized as a key component to resilience. The Council provides an inclusive environment that honors cultural, family, and spiritual beliefs and incorporates aspects of cultural practices into the program. Also included is youths' sexual identity and gender identities, recognizing that for many youths who are marginalized from culture there is a need to belong and be authentic while remaining safe and connected within a group that accepts them. Marginalized youth often lack opportunities to voice their opinions and perspectives and the Council encourages these individuals to have a voice.

Intended setting for each program is school-based locations (classrooms, counseling rooms, etc.) & juvenile hall (conference room). School based locations allows for participation by culturally diverse populations. Including underserved Sikh and Hispanic populations in Sutter and Yuba Counties. Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

Describe Specific Strategies Employed

Inclusive person-first language is utilized, as well as cultural competency inclusive of minority and underserved populations, and LGBTQI youth

Reasons why the county believes they will be successful and meet intended outcomes

Experience and outcome summaries/feedback show youth feel included and empowered while participating in the Council.

Prevention Program PEI requirements for annual 2019 - 2020 report

Measurements for Type of Program:
Describe Method Used to Collect and Measure the Following:
Decrease in risk factors and increase in protective factors measured using anecdotal evidence gathered through school records prior to and after council participation, along with parent, teacher, and student feedback.

Culturally Competent:
The council is open to all interested male youth. All participants need to have a commitment to attend meetings and agree to follow the council agreements. Youth are encouraged to recognize cultural differences and societal expectations of men.
May also define and measure impact of programs in mental health and related systems:

9% of males 16-24 were high school dropouts (2009)
Males 30% more likely than girls to fail or drop out of school
Males 10-24 are 5X more likely to die by homicide than females
Black males 10-24 4x more likely to die by homicide than overall homicide rates.
7% of boys have a serious emotional or behavioral difficulty (2009)
11% of males diagnosed with ADHD
13.9% of 9^{th}-12^{th} grade youth considered attempting suicide (2009)
Male youth are at increased risk in Alaskan Native and American Indian youth have the highest risk for suicide (19.98/100,000).
More males than females aged 10-24 report outpatient visits for mental health disorders (2005)
65-70% of youth in juvenile justice system have a diagnosable mental health disorder.
60% of youth meet criteria for 3 or more diagnosable disorders
61% of youth with diagnosable disorder has a substance abuse diagnosis.
25% of males had five or more drinks of alcohol in a row within a couple of hours on at least one day in the last 30 days
23.4% used marijuana one or more times in the last 30 days

How risk is defined and determined: Figures related to serious mental illness determined by various studies and outlined by facilitator's manual developed by The One Circle Foundation for The Council.

Demographics for FY 19/20 are Listed Below.

Age	**#**	**Gender**	**#**
0-15	36	Male	66
15-25	31	Female	0
26-59	0	Decline	9
60+	0		
Decline	8		
Race	**#**	**Ethnicity**	**#**
American Indian	4	Caribbean	0
Asian		Central America	2
Black	5	Mexican	30
Pacific Islander	1	Puerto Rican	3
White	18	South American	2
Other	20	Hispanic-Other	1

Prevention Program PEI requirements for annual 2019 - 2020 report

More than one	18	Non-Hispanic other	25
Decline	9	Decline	14
Language	**#**	**Sexual Orientation**	**#**
English	49	Gay	
Spanish	1	Hetero	54
More than one	17	Bisexual	2
Decline	8	Questioning	1
		Queer	
Disability	**#**	Other	2
Hearing	2	Decline	16
Seeing	2		
Mental	1	**Veteran Status**	**#**
Physical	1	Yes	0
Chronic	1	No	0
More than one	4	Decline	0
Communication			
Other			
No	41		
Decline	23		
Demographic Information Not Collected/Refused*			55

*Can explain in a paragraph here why some participants refused to complete the demographic form

Identification of the Types of Problems and Needs the Program Addresses, Including the Reduction of Negative Outcomes

Motivational Interviewing utilized in the strength-based group for young men set for a 10 to 18-week period. Groups are kept between 6-12 youth. Groups utilize the experiential model to encourage active participation. The council is a trauma responsive model (The Council Facilitator Manual 2012) and seeks to reduce negative outcomes. In a study of the council by Gray, et a; (2012), the study concluded participants in the council increased their level of school engagement because of participation in the council.

The Council groups are well-suited in all settings where boys live and gather: schools, after school programs, community youth groups and projects, juvenile justice settings, recreational programs, foster care services, mentoring projects, faith organizations, outdoor and adventure learning, camps, mental health programs.

List of mental health indicators used to measure reduction of prolonged suffering

Adolescent males are almost three times as likely as same age females to have ADHD, and more likely to have a learning disability. Older teen males report higher levels of substance abuse, especially binge drinking, than their female peers. More than one in four young men ages 18 -25 report dependence or substance abuse. Bullying occurred most frequently in sixth through eighth grade, with little variation between urban, suburban, town, and rural areas; suburban youth were 2-3 percent less likely to bully others. Males were both more likely to bully others and more likely to be victims of bullying than were females.

Explain How Effectiveness Demonstrated for Intended Population

Prevention Program PEI requirements for annual 2019 - 2020 report

To participate, boys need only have the interest, make a commitment to attend the meetings, and agree to follow the council agreements. These agreements are developed by the group itself and typically include: no put-downs or interruptions, offer experiences - not advice; keep the focus on yourself and your experience; and keep what is said in the group confidential. Facilitators explain the legal and ethical limits to confidentiality to safeguard the boys' well-being. Boys are free to participate at their own pace. Participants can express a range of ideas and emotions with peers and can expect respect and high regard from one another.

How County will ensure fidelity to practice model and program design

The Council is a strengths-based group approach for boys and youth who identify with male development to promote their safe and healthy passage through the pre-teen and adolescent years. PEI staff use a team approach in preparing for each session and use the curriculum as designed. The Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

Participants' Comments:

- "Be more responsible"
- "I have more self-control"
- "I matured"
- "I learned a lot about myself"
- "Yes! I became a better person"
- "Yes! I'm more open with others
- "I liked the activities we do and the snacks"
- "It was all a good experience"

SUICIDE PREVENTION PROGRAM PEI Requirements for annual 2019 - 2020 report

Program Information

Program Name Yellow Ribbon Suicide Prevention Program for High School Students

Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations can be scheduled throughout the year at high schools.

The presentations are provided to the entire school where the program is being implemented. This program is offered in English and Spanish. Trainings happen in the school classroom using trained students to participate presenting the materials to the students enhancing the setting creating learning environment.

Yellow Ribbon Ask 4 Help program that Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon. In addition to information about how to use the card, the curriculum includes information on:

Risk Factors and warning signs of suicide.
School and community referral points for those who may need help.
The National Suicide Prevention Lifeline phone number.

School teachers, staff, and administrators should be trained in basic suicide prevention prior to implementing the student curriculum (Yellow Ribbon's Be A Link! or similar training would be appropriate).

A school-based crisis management plan, such as that found in the Maine Youth Suicide Prevention, Intervention, and Positive intervention Guidelines should be adopted prior to implementing Ask 4 Help!

Instructional materials include the PowerPoint presentation (provided on a CD), a teacher's manual that includes talking points for each of the PowerPoint slides, a program overview and outline, an FAQ, a preparation worksheet, and links to additional resources.

Unduplicated Number of People Served: FY 19-20: 937

Indicators for program *(how determine participants, target population)*

The program is intended for high school students, their families, and the staff at their schools.

Approach Used to Select Indicators

SUICIDE PREVENTION PROGRAM PEI Requirements for annual 2019 - 2020 report

The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). Prevention & Early Intervention Team presented to the following schools:

Live Oak Alternative School
Marysville High School
Camp Singer
Juvenile Hall

Outcomes Per Program

Desired Outcomes

Teaches students how to identify the signs of depression and suicide in themselves and their peers
Reduces stigma around mental health and suicide
Encourages help-seeking behaviors through the Ask 4 Help message
Engage parents and school staff as partners in prevention through "gatekeeper" education
Increases knowledge about community resources for getting help
Encourages schools to develop community-based partnerships to support student mental health

Approach Used to Select Outcome

The program is offered as a universal, school-based approach to the selected grade levels. It is provided in classroom presentations.

How Collected Data

PEI Staff collects the data at each school at the end of each training.

Frequency of Data Collection

PEI staff collect the data at the end of each training to track the number of trainings completed each year.

Evaluation Results

No formal results locally. According to the Light for Life Foundation, International, the Yellow Ribbon Suicide Prevention Program has distributed over 19,243,491 support cards and saved over 114,370 lives.

How determined the evaluation results

Self-reported by participants & reported by program developer

SUICIDE PREVENTION PROGRAM PEI Requirements for annual 2019 - 2020 report

Evaluation Methods

Type of Evaluation Method

National Best Practice included on the Suicide Prevention Resource Center website

Measurements for Suicide Prevention Program

Describe method used to collect and measure the following:

Measure changes in attitudes, knowledge and/or behavior regarding suicide

Anecdotal evidence shared by students and staff at high schools, locally and nationally, show an increase in the desired outcomes listed above.

Marysville Principle Wrote the following to her staff and teachers

This year alone at MHS, we have had at least five students who were referred to our counselors or administration for suicidal concerns. In most of these instances, other students reported their concerns about their friends to an adult on campus. To raise awareness and help support our students, Sutter Yuba Mental Health (SYMH) is bringing the Yellow Ribbon Program to MHS. Yellow Ribbon Suicide Prevention Program's mission is to "let teens and youth know that it's okay to ask for help and to provide them with that help; to raise awareness and prevent suicide." It has been several years since we have had the Yellow Ribbon training on-campus and it seems like a good time to bring the program back.

In response, the PEI staff developed a plan with the Marysville High School (MHS) to have a group of MHS students trained to present the Yellow Ribbon Program to their peers. They will go into English classes with a PEI staff person and a MHS counselor to present the Yellow Ribbon Program to their peers. PEI staff attended the Student Council meetings to speak to the group about becoming peer trainers, with 17 students signing up after the first discussion to become a student trainer by completing a two-hour training put on by PEI staff.

PEI staff also provided the Yellow Ribbon Program training to school staff and held a parent information meeting to educate parents about the Yellow Ribbon Program. In the subsequent week, the student trainers went into all English classes to give the presentation to the entire student body. PEI staff have continued this training plan at MHS each year since 2016.

Outreach for Increasing Recognition of Early Signs of Mental Illness

The Yellow Ribbon Suicide Prevention Program trains a variety of potential responders, including families, employers, health providers, nurses, school personnel, law enforcement, students, teachers and parents. In Sutter and Yuba Counties, the Yellow Ribbon Suicide Prevention Program trainings are taught in the school setting and target School Administrators, Teachers, Parents and Students to learn how to be a link and save a life understanding that anyone is at risk of suicide.

SUICIDE PREVENTION PROGRAM PEI Requirements for annual 2019 - 2020 report

Demographics for each program broken down by categories: Note not all of the schools were willing to participate using the demographic survey.

Demographics for FY 19-20

Age	**#**	**Gender**	**#**
0-15	9	Male	15
16-25	19	Female	12
26-49		Decline	6
Decline	5		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	0
Asian		Central America	0
Black	1	Mexican	15
Pacific Islander		Puerto Rican	0
White	12	South American	0
Other	5	Hispanic-Other	1
More than one	7	Non-Hispanic Other	5
Decline	6	Decline	12
Language	**#**	**Sexual Orientation**	**#**
English	18	Gay	2
Spanish		Hetero	18
More than one	10	Bisexual	2
Decline	5	Questioning	0
		Queer	1
Disability	**#**	Other	1
Hearing	3	Decline	9
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	0	Yes	NA
Chronic	0	No	NA
Other	0	Decline	NA
No	25		
Decline	5		
Demographic Information Not Collected/Refused*			904

Program description requirements, including evaluation methodologies

Outreach for Increased Recognition of Early Signs of Mental Illness

SUICIDE PREVENTION PROGRAM PEI Requirements for annual 2019 - 2020 report

Specify methods used to reach out and engage potential responders, and methods used to change attitudes and behavior related to reducing mental illness related suicide

The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). The program addresses crucial steps for providing help to a person who is having thoughts of suicide: stay with the person, listen to the person, and get help for the person. It also includes information on risk factors and warning signs for suicide, school and community referral organizations for help, and information on the National Suicide Prevention Lifeline.

Indicate how changes in attitude, knowledge and/or behavior related to reducing suicide will be measured

Include timeframes for measurement

Specify how proposed method likely will bring about the selected suicide prevention outcomes:

Explain how practice's effectiveness has been demonstrated,

The program has provided information and supports to community chapters/organizations for over 25 years. They have distributed over 19,243,491 support cards and saved over 114,370 lives nationally.

Sutter Yuba County PEI Staff have taught at a total of 14 school sites with 4,278 students trained since 2016.

How county will ensure fidelity to the practice according to the practice model

Trainers follow the guidelines and implementation provided by Yellow Ribbon Suicide Prevention Program that is used to facilitate the trainings in the methods required. Fidelity to the practice model and program design is also ensured by requiring schoolteachers, staff, and administrators to be trained in basic suicide prevention prior to implementing the student curriculum (Yellow Ribbon's be A Link! or similar training would be appropriate).

If county used community or practice-based standard to determine program effectiveness:

Developed by Yellow Ribbon, Ask 4 Help! Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! Wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, and get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon. In addition to information about how to use the card, the curriculum includes information on risk factors and warning signs of suicide. School and community referral points are provided for those who may need help, including the National Suicide Prevention Lifeline phone number.

Instructional materials include the PowerPoint presentation (provided on a CD), a teacher's manual that includes talking points for each of the PowerPoint slides, a program overview and outline, an FAQ, a preparation worksheet, and links to additional resources.

SUICIDE PREVENTION PROGRAM PEI Requirements for annual 2019 - 2020 report

After participating in the Ask 4 Help! Curriculum, students should have:

Increased knowledge of warning signs of suicide and depression in youth.

Increased knowledge of how to respond to those at risk.

Increased knowledge of local and community referral points and local resources.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Program Name: Safe TALK (Suicide Alertness for Everyone: Tell Ask Listen KeepSafe)
Safe TALK is a four-hour training designed to teach participants four basic steps to recognize persons with thoughts of suicide and connect them with suicide helping resources. Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided—leaving people more alone and at greater risk. Safe TALK training prepares participants to help by using TALK (Tell, Ask, Listen and Keep Safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

Safe TALK is designed for any community member 15 years or older, with Safe TALK participants learning to:
Notice and respond to situations where suicide thoughts may be present,
Recognize that invitations for help are often overlooked,
Move beyond the common tendency to miss, dismiss, and avoid suicide,
Apply the TALK steps: Tell, Ask, Listen, Keep Safe, and
Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

Unduplicated Number of People Served

FY 19-20: 79

Specify how proposed method likely will bring about the selected suicide prevention outcomes:
Safe TALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. Safe TALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all trainings. The 'safe' of safe TALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe.

The safe TALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

Safe TALK was developed by Living Works Education to complement longer suicide intervention training. Developers in Australia and Canada designed, and field tested the program in 2004-05 based on stakeholder reports of a training gap between short suicide awareness sessions and longer suicide intervention skills training.

Explain how practice's effectiveness has been demonstrated

Over 15 peer-reviewed studies and government reports found:
Improves trainee skills and readiness,
Safe for trainees, with no adverse effects from training;
Effective for participants as young as 15 years old;
Helps break down suicide stigma in the community.
Better skill retention compared to other connector programs.

How county will ensure fidelity to the practice according to the practice model

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Potential trainers are required to attend a two-day Training-for-Trainers where they attend a standard Safe TALK, then break it down and learn how to present it piece by piece, as well as the reasons the training is structured the way it is. Finally, they present to a group and are assessed by a coaching trainer. They are considered "provisional trainers" until they successfully complete three workshops within a year, facilitating all the sections of the training within those three workshops. They must complete a minimum of two workshops per year after the first year, as well as attend an ASIST workshop at least every four years in order to maintain their status as certified trainers. Feedback forms by participants, as well as trainer reports by each trainer for each workshop, are required by Living Works, and are read by Living Works staff to ensure fidelity and quality of the workshops.

Safe TALK trainings are held in venues throughout Sutter and Yuba Counties, including government buildings and community spaces. PEI staff collaborate with organizations and agencies in the community to offer the training in various settings including schools, government buildings, privately owned buildings, and behavioral health buildings. Offering the training in different locations facilitates the ability of community members from both counties we serve to participate. Program staff also employ several methods to reach out and engage potential training participants, including flyer distribution, social media postings, Eventbrite invites, emails and other community outreach activities.

Approach Used to Select Indicators

The core beliefs of Living Works, developer and copyright owner of Safe TALK, include
Suicide is a community health problem.
Thoughts of suicide are understandable, complex and personal.
Suicide can be prevented.
Help seeking is encouraged by open, direct and honest talk about suicide.
Relationships are the context of suicide intervention.
Intervention should be the main prevention focus.
Cooperation is the essence of an intervention.
Intervention skills are known and can be learned.
Large numbers of people can be taught intervention skills.
Evidence of effectiveness should be broadly defined.

The desired outcomes for the Safe TALK program participants include:

Learn how to become suicide alert
Learn how to identify people who might be having thoughts of suicide
Learn how to connect people who might be having thoughts of suicide to persons trained in suicide intervention

Participants generally come with some interest in increasing their knowledge about suicide and their ability to help. Many participants leave the training eager to participate in the next level of training, ASIST, so that they can learn intervention skills. All are better prepared to help in some way to make their communities suicide-safer.

Data Collection and Evaluation

Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The responses received from participants are listed below. The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Note that Spanish-language presentations did not include this question on their feedback form. These responses are from all participants who submitted feedback forms. Evaluation forms and processes are currently in development for FY 19/20 to collect the data necessary from both the English and Spanish trainings to determine program effectiveness in accomplishing the desired program outcomes.

Demographics

Demographics for FY 19/20

Note that not all participants completed the demographic form due to hesitancy of some participating. Demographic information was collected starting in FY 19/20.

Age	**#**	**Gender**	**#**
0-15	0	Male	33
16-25	13	Female	40
26-59	53	Decline	6
60 +	3		
Decline	10		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	1
Asian	2	Central America	2
Black	6	Mexican	19
Pacific Islander	2	Puerto Rican	1
White	37	South American	
Other	17	Other	
More than one	12	Decline	20
Decline	2	Non-Hispanic other	36
Language	**#**	**Sexual Orientation**	**#**
English	50	Gay/Lesbian	5
Spanish	12	Hetero	56
More than one	11	Bisexual	4
Decline	6	Questioning	2
		Queer	1
Disability	**#**	Other	1
Hearing	2	Decline	10
Seeing	1		
Mental Self-Reported		**Veteran Status**	**#**
Physical		Yes	45
Chronic	1	No	15
Other	2	Decline	19
No	61		
Decline	12		
Demographic Information Not Collected/Refused*			

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
Safe-TALK is facilitated by trainers who have completed the two-day safe-TALK Training for Trainers (T4T) course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

Reasons why the county believes they will be successful and meet intended outcomes
Safe-Talk is open to anyone over 15 years of age, it uses interactive and video presentations to address signs of suicide and helps participants reduce stigma related to Mental Health. Students learn to understand that anyone can have thoughts and feelings of suicide. Participants trained can move beyond common tendencies to miss, dismiss or avoid suicide. The training helps learners to identify people who have thoughts of suicide and connecting those at risk to help. Students learn to apply the TALK steps (Tell, Ask, Listen and Keep-safe) to connect a person thinking about suicide to a suicide intervention resource by practicing with their peers.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Program Name Signs of Suicide (SOS) for Middle School Students

Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through "gatekeeper" education, and 5) encourage schools to develop community-based partnerships to support student mental health.

Using an age-appropriate DVD and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to "Acknowledge, Care, and Tell" if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide. Presentations can be scheduled throughout the year at schools that serve 6-8 grade students. The training uses presentation, group discussion, and videos to engage participants with the material and increase their comfort with seeking and offering help. The video introduces, and we discuss ACT – Acknowledge (that something is going on or is different with oneself or with a friend), Care (by saying something about concerns and expressing the importance of not ignoring whatever is going on), and Tell (a trusted adult, even if the friend doesn't want to talk to anyone or denies that anything is happening).

The program includes an optional student screening that assesses for depression and suicide risk and identifies students to refer for professional help as indicated. The program also includes a video, Training Trusted Adults, to engage staff, parents, or community members in the program's objectives and prevention efforts. The program kit is available from Mind Wise Innovations (formerly Screening for Mental Health, Inc.) for a fee. Although training is not required to implement the SOS Program, many schools/districts prefer a structured training to help increase awareness and ensure fidelity to the program. Mind Wise Innovations offers in-person and online trainings for schools and youth-serving organizations on how to implement SOS, as well as a 2-day train-the-trainer course, the SOS Certified Training Institute (CTI) to help state agencies, hospitals, regional coalitions, etc. build local capacity for implementing youth suicide prevention efforts.

Unduplicated Number of People Served

FY 19-20: 83

Indicators for program *(how determine participants, target population)*

The program is intended for middle school students (defined by some schools as 7^{th} & 8^{th} grades, by others as 5^{th} – 8^{th}, by others as 6^{th} – 8^{th}), their families, and the staff at their schools. Participating Schools are determined by School District requests to our Prevention and Early Intervention Team. The following are the schools in Sutter and Yuba Counties that have received the Signs of Suicide training:

Yuba Garden Middle School (Yuba County)
Yes Charter Academy (Yuba County)

Program Outcomes and Evaluation:

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

The program is offered as a universal, school-based approach to the selected grade levels. Ideally, and frequently, it is presented in classrooms, but occasionally, in larger, assembly-style presentations. To ensure fidelity to the practice model, trainers follow the guidelines provided by the program for implementation.

Desired outcomes of the program include:
Teach students how to identify the signs of depression and suicide in themselves and their peers
Reduce stigma around mental health and suicide
Encourage help-seeking behaviors through the ACT technique (Acknowledge, Care, Tell)
Engage parents and school staff as partners in prevention through "gatekeeper" education
Encourage schools to develop community-based partnerships to support student mental health

Data Collection:

At the beginning of the presentation, there is discussion about students' knowledge about suicide and depression, as well as group brainstorming about who trusted adults could be within and outside of school. There is an optional student screening that assesses for depression and suicide risk and identifies students to refer or follow-up with for staff. Many schools also follow the presentations with in-class and/or smaller group discussions.

Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

How determined the evaluation results

Findings were that students picked family members and school staff as trusted adults as their top picks of who they would go if they had problems themselves or a friend. The students learned how to be a link to save a life by using the Signs of Suicide cards and go to a trusted adult for help.

Self-reported by participants & reported by program developer

Describe method used to collect and measure the following:

Measure changes in attitudes, knowledge and/or behavior regarding suicide

Anecdotal evidence shared by students and staff at middle schools show an increase in the desired outcomes listed. By being a link to save a life, connecting a person with thoughts and feelings of suicide proves protractive factors throughout the school campus.

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Demographics for FY 19/20

Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information was collected starting in FY 19/20

Demographics for FY 19/20

Age	**#**	**Gender**	**#**
0-15	0	Male	11
16-25	1	Female	22
26-59	28	Decline	14
Decline	2		
Race	**#**	**Ethnicity**	**#**
American Indian	2	Caribbean	
Asian	1	Central America	
Black		Mexican	7
Pacific Islander		Puerto Rican	
White	21	South American	
Other	1	Other	
More than one	4	Non-Hispanic other	19
Decline	18	Decline	21
Language	**#**	**Sexual Orientation**	**#**
English	26	Gay	1
Spanish		Hetero	30
More than one	7	Bisexual	
Decline	14	Questioning	
		Queer	
Disability	**#**	Other	
Hearing		Decline	16
Seeing	2		
Mental Self-Reported		**Veteran Status**	**#**
Physical		Yes	NA
Chronic	1	No	NA
Communication	1	Decline	NA
No	23		
Decline	20		
Demographic Information Not Collected/Refused*			52

SUICIDE PREVENTION PROGRAM PEI requirements for annual 2019 - 2020 report

Methods and activities used to change attitudes and behavior related to reducing mental illness related suicide

Informal data collection at the beginning of the presentation, optional screening at the end of the presentation. The screening tool shows possible risk factors for students to give an opportunity to ask for help indirectly.

Specify how proposed method likely will bring about the selected suicide prevention outcomes:

The Suicide Prevention Resource Center classifies the program as a "program with evidence of effectiveness" because it was included in the SAMHSA National Registry for Evidence-Based Programs and Practices. For the outcome of reducing suicidal thoughts and behaviors, the program is promising. The review of the program yielded sufficient evidence of a favorable effect based on three studies and six measures.

For the outcome of improving knowledge, attitudes, and beliefs about mental health, the program is promising. The review of the program yielded sufficient evidence of a favorable effect base on two studies and four measures. Aseltine et al. (2007) found that participating in the SOS Program resulted in statistically improvements in 1) knowledge about depression and suicide, and 2) attitudes about depression and suicide, which were statistically significant. Schilling et al. (2016) found that participating in the SOS Program also resulted in greater knowledge and improved attitudes about depression and suicide; however, the group differences were only statistically significant for knowledge about depression and suicide.

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Program Information
Program Name: Strengthening Families Program (SFP)

Strengthening Families is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children, and to improve social competencies and school performance. The Strengthening Families Program is offered locally as a seven-week program for families with children 10-14 years old. The SFP is presented during evening hours at participating schools to increase parent participation. The program is advertised as a parent family curriculum that is not stigmatizing. The program is divided into three different sessions.

1st. Hour Family dinner

2nd. Parent group and youth group

3rd. Parents and youth together in family session

Families are provided with dinner, then parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion. Families reunite to work together in a family class. Childcare is provided for younger children. Each session is two and a half hours long, including the family dinner. There is no cost for participants.

Unduplicated Number of People served: 0
(Efforts were made to have SFP at two different schools in FY: 19/20 in both counties, but due to Covid-19 pandemic the scheduled training were canceled)

FY 19-20: 0 Adults 0 Youth

Indicators for Program *(how determine participants, target population)*
PEI staff conducted outreach events at different schools in both counties. Most referrals were made by school personnel.

The Approach used to select indicators: Strengthening Families parent and youth surveys completed at the beginning and at the end of 7 sessions. Prevention & Early Intervention staff offer a booster session 6 months after completing the program. Surveys are completed at the beginning and end of each booster session.

Outcomes Per Program

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Desired Outcomes:
Increase protective factors and family interactions
Learn nurturing skills that support their children
Effectively discipline and guide their children during their teen years
Learn to appreciate parents' efforts
Parents learn to appreciate and understand their children behaviors
Parents and youth learn to set limits

Approach Used to Select Outcome

How collected data: Participants completed the pre and post surveys on orientation night and after the 7 weeks sessions. Participants were also asked to participate in a booster session 6 months after completing the first seven weeks sessions.

Frequency of data collection: Surveys were completed at orientation prior to the start of groups and at the end of all 7sessions. A follow-up booster session survey was also completed 6 months after completing the first 7 sessions.

Evaluation results: After completing the seven-session, participants felt the need to spend more time with their children and the need to praise them more often, as well as having consistent rules at home

How determined the evaluation results: Based on the Strengthening Families Program surveys and participants' comments and discussion during each session. PEI Staff also reviews and evaluates the completed survey results. Seethe last page for evaluation numbers.

Evaluation Methods Likert Scale

Type of Evaluation Method

Evidence-based: Strengthening Families program for youth 10 to 14 years old focuses on increasing protective factors, improving family relations, reducing family conflicts, and reducing levels of substance use and involvement with law enforcement.

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Measurements for type of program: Increase protective factors and family interactions, helps parents learn to nurture skills that support their children, and how to effectively discipline and guide them. Youth learn to appreciate their parents and teach them how to deal with stress and peer pressure.

Describe the method used to collect and measure the following:
Pre- and post-SFP surveys for youth and parents. Increase protective factors and family interactions, helps parents learn to nurture skills that support their children, and how to effectively discipline and guide them. Youth learn to appreciate their parents and teach them how to deal with stress and peer pressure. aggressive behavior or withdrawn behavior, negative peer influence, poor school performance, lack of pro-social goals, and poor relationships with parents.

Youth that completed the program had significantly lower rates of alcohol, tobacco, drug use, conduct problems in school. The skills learned reinforced a strong parent-youth relationship. Parents that completed the program gained parenting skills including setting appropriate limits and building a positive relationship with their youth. Parents showed an increase in positive feelings towards their youth.

Demographics for each program broken down by categories
Demographics for FY 19-20
Note that not all participants completed the demographic form due to the hesitancy of many participating schools. Demographic information was collected starting in FY 19-20

Age	**#**	**Gender**	**#**
0-15		Male	
16-25		Female	
26-49		Decline	
Decline			
Race	**#**	**Ethnicity**	**#**
American Indian		Caribbean	
Asian		Central America	
Black		Mexican	
Pacific Islander		Puerto Rican	
White		South American	

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Other		Other	
More than one		Decline	
Decline			
Language	**#**	**Sexual Orientation**	**#**
English		Gay	
Spanish		Hetero	
More than one		Bisexual	
Decline		Questioning	
		Queer	
Disability	**#**	Other	
Hearing		Decline	
Seeing			
Mental		**Veteran Status**	**#**
Physical		Yes	
Chronic		No	
Other		Decline	
No			
Decline			
Demographic Information Not Collected/Refused*			

EARLY INTERVENTION PEI requirements for annual 2019 - 2020 report

Information on Design of Evaluations:

Culturally Competent: Strengthening families program is English and Spanish. Both pre and post surveys are also in Spanish.

Program description requirements, including evaluation methodologies
Identification of the target populations: Primarily English-speaking families and Spanish speaking families.
Mental illnesses for which there is early onset: SFP Surveys
Description of how a participant's early onset is determined: SFP surveys

Identification of the types of problems and needs the program addresses:
Prepares families for the transition to the teen years
Parents and youth learn together the need for parent-youth interactions
Strengthen parenting skills
Build family strengths
Prevent teen substance abuse and other behavioral problems

How Early Intervention Program is likely to reduce negative outcomes
If used evidence based standard or promising practice:
Parents and youth statements
Pre and post surveys
The program is presented through fidelity by staff who have completed the SFP training.

PEI Annual Program Reports

FY 2020-2021

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2020 - 2021

Program Name: Tri-County Diversity

Program type: Stigma and Discrimination Reduction Program

GOTBLISS Incorporated, dba Tri-County Diversity, is an acronym which stands for gay, other gender identity minority, transgender, bisexual, intersex and straight supporters. Their goal is to provide social space, peer support, resources, and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter and Colusa Counties, and their straight supporters.

Approach used to select indicators: The Tri-County Diversity organization provides many opportunities for social interaction through outreach and support events to encourage support, education, and community involvement in a safe and supportive environment for LGBTQIA individuals in our community.

Outcomes Per Program

Desired outcomes: Increased opportunities for social interaction through outreach and support events to encourage peer support, education and community involvement in a safe, affirming environment for the LGBTQIA community members. Give LGBTQIA community members a shared resource outlet of community resources available and safe for those identifying as sexual and gender minorities in Yuba, Sutter, and Colusa counties. Approach used to select outcomes: Looked at the need for services specific to LGBTQIA individuals in our community, as evidenced by community input to our PEI Plan.

How collected data: Surveys

Evaluation Results: In the last contract year (2020-2021), the challenges posed by the COVID-19 pandemic made our mission more difficult yet needed more than ever. The youth arm of the organization provided online social support activities weekly since in-person meetings were restricted. The youth hotline was available to provide program and referral service information and support.

In the last contract year (2020-2021), Tri-County Diversity suspended our monthly Boy's Night Out event, monthly Diversity Movie Series, and bi-weekly coffee social for the young adults due to the COVID-19 pandemic. The community outreach events (Marysville Peach Festival, Yuba City Summer and Winter Strolls, and United Way Resource Fair, etc.) were cancelled by their sponsors. We did have the opportunity to offer an educational event for the foster youth Independent Living program via ZOOM during this past year.

In August of 2020 Tri-County Diversity secured a lease on and furnished Sutter-Yuba's first LGBTQI Community Center 'The Diversity Center', located at 201 D St, Suite L in Marysville. Use of the physical space has been severely limited due to the impact of COVID-19, however, we are excited about the potential for outreach having our own space gives us. The public-facing storefront of the center has been transformed into a Gallery featuring the art of local and regional artists on the LGBTQI spectrum, and strong allies. Currently 5 artists have their work displayed for sale. The Diversity Gallery will help to fulfill our mission by providing the Sutter-Yuba a place to be introduced to the LGBTQI community in a non-threatening way. Educational information is readily accessible within the Gallery and our volunteers stand ready to answer questions and provide referrals for mental health services and more detailed information.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2020 - 2021

For 2017 - 2018 Tri-County Diversity has served a total of 222 people and provided a total of 1 referral for additional mental health services through the hotline services and 8 outreach/ support events during the past year.

For 2018 - 2019 Tri-County Diversity has served a total of 342 people and provided a total of 17 referrals for additional mental health services through the hotline services and 42 outreach / support events during the past year.

For 2019 – 2020 Tri-County Diversity has served a total of 1,000 people and provided a total of 33 referrals for additional mental health services through the hotline services and 93 outreach / support events during the past year. Of note, the SARS CoV-2 (COVIS-19) pandemic altered our ability to host in-person events, however, we've increased our Social Media presence for our youth population to keep them engaged and supported during these unprecedented times.
For 2020-2021 Tri-County Diversity served a total of 313 people in 53 online outreach events, had hotline calls, mailed care packages, presented 3 virtual presentations, and gave Sutter Yuba Mental Health referrals for additional mental health services.

Please note that this is the only non-profit serving as an outreach to the LGBTQI community in Sutter, Yuba and Colusa Counties.

Evaluation Methods

Type of Evaluation Method: Community

Changes in attitude, knowledge and/or behavior related to mental illness: Providing a method to direct refer individuals to behavioral health by a referral from Tri County Diversity.

Changes in attitude, knowledge and/or behavior related to seeking mental health services: Having a referral process that comes directly from Tri-County Diversity helps to reduce the stigma of behavioral health services through education and outreach information.

How determined the evaluation results: Review the quarterly Reports & Demographic information to determine participation, outreach and event activities.

Demographics FY 20-21

The numbers below are first-time contacts with members for the year, and do not include all participants, but only those participants that willingly submitted demographic information. Standardized collection of demographic data from all participants will begin in FY 20-21.

2020- 2021 Age Data	**#**		
0-11	11	30-49	4
12-18	72	50-64	0
19-29	11	65+	0
Decline to answer	2		

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2020 - 2021

Gender Assigned at Birth	**#**	**Gender Identity**	**#**
Male	34	Male	29
Female	60	Female	37
Intersex	0	Intersex	0
Other	0	Transgender	13
Decline	6	Genderqueer	1
Race	**#**	Gender Non-Conforming	25
American Indian	10	Questioning/Unsure	3
Asian	1	Other	5
Black/African American	7	Decline	3
Native Hawaiian/Pacific Islander	0		
White	34	**Ethnicity**	**#**
Middle Eastern	8	Non-Hispanic/Latinx	56
Other	1	Hispanic/Latinx	37
More than one	34	Decline to Answer	7
Decline	5		
Language	**#**	**Veteran Status**	**#**
English	96	Yes	0
Spanish	1	No	98
Decline	3	Decline	2
Disability	**#**	**Sexual Orientation**	**#**
No	47	Gay	9
Yes-Mental Health	24	Lesbian	21
Yes-Vision	2	Heterosexual/Straight	6
Yes-Other, not specified	11	Bisexual	16
Yes-Hearing	3	Queer	6
Yes-Communication	7	Questioning	9
Yes-Chronic Illness/Health Condition	3	Pansexual/Polysexual	30
Yes- Developmental	7	Asexual	13
Yes-Physical/Mobility	5	Decline to Answer	4
Decline to Answer	4		

Describe or reference the relevant evidence applicable to the intended outcome. Tri County Diversity has maintained opportunities for social interaction to encourage peer support, education and community involvement in a safe, affirming environment for the LGBTQIA community members

through online outreach and support events in these unprecedented times where mandated social isolation puts more LGBTQI people at risk. Tri-County Diversity provides quarterly reports on all events and activities and submits them to staff for review.

Explain how practice's effectiveness has been demonstrated for intended population

Tri County Diversity is the only LGBTQIA non-profit in Sutter and Yuba counties providing a great service to the community by the success of activities provided. Tri-County Diversity participates with the local schools after school events when allowed due to the pandemic.

How county will ensure fidelity to the practice according to the practice model and Program design

PEI staff will continue to provide training and support to the Tri County Diversity staff and members helping develop Tri County Diversity to continue serving our community. PEI Staff offer Mental Health First Aid, Youth Mental Health First Aid, Applied Suicide Intervention Skills Training and Safe Talk to Tri-County Diversity staff and participants.

If county used community or practice-based standard to determine program effectiveness:

i. Describe evidence that the approach is likely to bring intended outcome for intended population

Tri-County Diversity is working with all ages in our schools, Marysville Joint Unified School District, River Valley High School, Yuba City and Yuba City High School. Tri-County Diversity is very connected to our community through the outreach and events provided throughout Sutter and Yuba Counties. This helps us to further influence and create strong collaboration with school public and private sectors of our community regarding issues surrounding LGBTQIA persons through collaborative efforts.

How county will ensure fidelity to the practice according to the practice model and Program design

Prevention & Early Intervention Staff will continue to provide training and support working very collaboratively together through our various outreach events and providing support for the activities provided by Tri-County Diversity throughout the year.

How program will be implemented to help improve access to services for underserved populations

Tri County Diversity has a website to help provide access to their services at www.tricountydiversity.org , as well as a Social Media presence (Facebook, Instagram), profiles on Meetup.com for the adult and young adult portions of the group. YOUTH! portion of the group keeps in contact with school GSA groups for collaboration and is available to school administration as needed. Tri-County Diversity will continue to participate in outreach events to include United Way

STIGMA AND DISCRIMINATION REDUCTION PROGRAM PEI requirements for annual 2020 - 2021

Resource Fair, Summer Stroll, Peach Festival, connecting with all those interested in learning or just being able to get involved with activities for youth and adults.

Intended setting for each program

Why setting enhances access for specific, designated underserved populations:

Tri-County Diversity now has a presence in high schools reaching out to LGBTQIA community providing outreach and activities.

Explain how program will use strategies that are non-stigmatizing and non-discriminatory

Describe specific strategies employed

Educational anti-stigma interventions present information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes and beliefs. They counter inaccurate stereotypes or myths by replacing them with information to improve an understanding of the LGBTQIA community.

Reasons why the county believes they will be successful and meet intended outcomes

Tri-County Diversity is an amazing resource to the LGBTQIA community providing events and outreach since 2011 and will continue to address stigma through education and awareness.

Sutter County Superintendent of Schools PREP Program FY 2020 – FY 2021
PEI regulations Prevention Program requirements for annual reports and summary

Program Information

1. **Program Name -** SCSOS Peer Resource Engagement Program (PREP)

2. **Program type - Prevention Program**

Mental Health Awareness and Prevention; improving resiliency factors to improve mental health outcomes.

3. **Unduplicated number of people served**

2044 mental health awareness materials distributed via 6 different drive thru events. 3 separate social media campaigns reaching 550 people. 24 students served at Robbins Elementary, 12 at Feather River Academy and 3 at Brittan Elementary. **2633 total students served.**

4. **Indicators for program** *(how determine participants, target population)*

The target population was determined to be youth in Sutter County for the drive through events and social media campaigns. Students at Feather River Academy (FRA), Brittan Elementary and Robbins Elementary were more specifically targeted to use the Why Try Curriculum (FRA) and the SPORTS for Learning (Robbins) and a girl's group curriculum at Brittan elementary. Feather River Academy was chosen based upon the high-risk population it serves. Robbins Elementary and Brittan Elementary students were chosen based upon school staff referral to the program and groups created.

5. **Approach used to select indicators**

Based on Target populations in the PREP Program Proposal, school sites were selected to host PREP drive through events, as well as schools requesting the PREP program attending an already planned event. Established PREP Programs at ENHS and SUHS planned and executed drive through events. Other sites were provided services via counseling staff based upon expressed need.

6. **Outcomes per program**

a. Desired outcomes

Spread mental health awareness and prevention tools to youth in Sutter County, as well as to improve resiliency factors to improve mental health outcomes. Provide interventions to students of identified target populations and appropriately connect them to resources.

b. Approach used to select outcome

The program attempted to reach as many students as possible with the continued COVID 19 closures and social distancing requirements. Drive through events, virtual counseling and in person counseling (when allowed) were used to reach the highest number of students.

c. How collected data

Recorded the number of students that mental health awareness materials were distributed to during the drive through events at 6 different locations. Recorded the number of students served at each of the sites.

d. Frequency of data collection

Following each event/activity.

e. Evaluation results

We were successful in reaching approximately 2633 youth in the community through in-person and online outreach.

f. How determined the evaluation results

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Due to the limited contact with families at this time, due to closures for the majority of the year, we are unable to evaluate the effectiveness of the materials that were distributed during the drive through events. However, the materials distributed provided valuable information and strategies regarding youth mental wellbeing. In person counseling/interventions are ongoing, and post surveys have not been collected as of this report date.

Yuba City High School PREP's event, "Donut Fear, for PREP is Here" was organized with the primary intention of bridging unity and community amongst their on-campus and distance learning peers, especially during an anxiety and stress high time with AP testing and final examinations. Sharing a delicious locally made donut with another, spinning the prize wheel to win some neat items, and learning about mental health tips specifically tailored for youth, were ideas the leaders wanted to focus on bringing to life.

5/6 PREP leaders (the leader unable to attend due to a prior conflict communicated much in advance to the event), were in attendance. They took charge and distributed their roles efficiently.

In all, 302 students were served. 38 faculty members were served. 80 community members (including parents, police officers, etc.) were served. All adding up to a grand total of 420 individuals that were reached out to with mental health tips, donuts, and most importantly, a sense of community.

Evaluation Methods

1. **Type of evaluation methods**

   a. evidence based,

   b. promising practice, or

   c. community or practice-based evidence standard

2. **Measurements for type of program:**
   a. **Prevention programs**
      i. Program name SCSOS PREP
      ii. Describe method used to collect and measure the following:

Due to the continued closures of schools for the majority of the school year, and very limited availability of in person meetings, as well as the re-design of most of the program to fit into this new environment, data collection and program effectiveness evaluation has been difficult. The program successfully reached 2633 students through activity bag distribution during the multiple drive through events and online social media campaigns, however, the administration of post surveys to determine if there were a decrease in risk factors or increase in protective factors for students have not been completed at the time of this report.

1. Decrease in risk factors, indicators, and/or
2. Increase in protective factors

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b. Information on design of evaluations

c. culturally competent
All materials chosen to be passed out as well as all social media posts attempt to be culturally competent to various cultures.

1. **Program description requirements, including evaluation methodologies**
   1. **Program Name SCSOS PREP**

      Target population, including: The SCSOS PREP Program targets any youth in Sutter County. Some youth with the risk of potentially serious mental illness, some with lower risk of mental illness and attempts to raise awareness regarding mental health, as well as, to decrease the stigma around mental illnesses, treatment and mental well-being. Due to the continuation of COVID 19 closures for the majority of the school year, the level of risk has not been determined for the students served. The only demographic collected for students served, other than the PREP student commissioners and student leaders, is the age of the youth. All of these youth served are aged 0-18. The PREP Peer Advisor, student commissioner and student leader demographic information collected showed that all 18 participants identified as female, 6 were in the 0–15-year-old age bracket and 13 were in the 16–25-year-old age bracket, 60% identified as white, 16% as Asian, 10% as Hispanic, 5% as other, 5% as more than one race, and 1 participant declined to answer. Furthermore, the demographic data for these participants showed that 68% spoke primarily English, 26% spoke more than one language and 5% spoke both English and Spanish. 83% of these participants identified as heterosexual, while the remaining 17% declined to answer.

   2. **Identification of the types of problems and needs the program addresses**
      The SCSOS PREP Program addresses the stigma regarding mental health and raising mental health awareness. Each drive through event and social media campaign was aimed to reduce the negative stigma regarding mental illnesses, increase awareness and improve the likelihood of those suffering from a mental illness to seek treatment.

   3. **Negative outcomes of untreated mental illness program will affect, including:**
      The purpose of the program is to raise awareness of mental illnesses and increase awareness regarding mental illness, thus reducing the likelihood of prolonged suffering. At this time due to the limited amount of time schools were allowed in person due to the COVID-19 pandemic, specific data on indicators used to measure outcomes could not be collected.

   4. **Explain evaluation methodology**
      Due to the COVID-19 closures and the limited amount of time some schools have been open, outcome data has not been collected and no outcomes have been able to me measured.

   5. **How Prevention Program is likely to reduce negative outcomes**
      Raising the awareness of mental illnesses has an effect of reducing the negative stigma associated with mental illness and increasing the likelihood of persons experiencing a mental illness to seek treatment. Stigma creates challenges to reaching out and getting the needed support. Through outreach and events PREP raises the awareness among youth and families to help reduce this stigma regarding mental health.

1. FOR ALL PROGRAMS:

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Program name SCSOS PREP

a. How program will be implemented to help improve access to services for underserved populations

This program has been implemented, although limited, at school sites to help reach the largest student population possible. The goal of the program is to meet students where they are and removing the barrier of accessing the program. During the 20-21 school year, due to the school closures and limited school re-openings, multiple drive through events were held at various school sites as well as three social media campaigns to raise mental health awareness and awareness about all of what the SCSOS PREP program is able to offer.

b. Intended setting for each program

i. Why setting enhances access for specific, designated underserved populations

The school setting enhances access to all students by meeting students where they physically are. Students are not required to travel or spend time outside of the school day to take part in the activities. In this way, SCSOS PREP is able to reach as many students as possible and improve access to some of the most underserved populations.

c. Explain how program will use strategies that are non-stigmatizing and non-discriminatory

The SCSOS PREP program deploys a variety of strategies that are both non-stigmatizing and non-discriminatory. The program has distributed mental health awareness materials and activity bags to multiple youth in the county through drive through events held during the school closures and limited availability to hold in person events due to health and safety restrictions. These materials were passed out to all students that participated and were used to raise awareness and provide materials to help reduce stress and anxiety. Mental health awareness campaigns conducted via social media, again were shared with all followers purposefully promoted positive mental health and mental well-being, while providing resources and information to reduce stigma and increase accessibility to resources. It is believed that these measures are successful in meeting the intended outcome of providing students and families with information that reduces stigma because PREP is increasing the awareness regarding youth mental health.

2. **ESTIMATES FOR EACH PROGRAM –** for fiscal year after plan is submitted

a. Estimated number of children, adults and seniors to be served for each prevention program

SCSOS currently has 4 additional events scheduled for the remaining Fiscal Year 20-21 serving 1200 students and a community event.

Demographics for FY 20/21

Age	**#**	**Gender**	**#**
0 - 12	0	Male	0
13-25	19	Female	18
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	1	Caribbean	3

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Asian	3	Central America	0
Black	0	Mexican	5
Pacific Islander	1	Puerto Rican	0
White	11	South American	1
Other	1	Other	3
More than one	1	Decline	1
Decline	1		
Language	**#**	**Sexual Orientation**	**#**
English	13	Gay	0
Spanish	0	Hetero	15
More than one	1	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	3
Seeing	3		
Mental	1	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	1	No	0
Other	0	Decline	0
No	15	N/A	19
Decline			
Demographic Information Not Collected/Refused*			

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Program Information

1. **Program Name**

Yuba County Office of Education PREP Program. Within our program, we have identified 7 separate programs that have been implemented including LGBTQ+ Training for school sites, Community Trainings (topics presented include Trauma, Mindfulness/Meditation, Depression and Learned Helplessness), YCOE Wellness Tea, Community Outreach Projects (collaboration with First 5), School Outreach Projects (including groups on Anxiety, Self-Esteem, Coping Skills), Parenting Workshops, and Living Works Suicide Prevention and Training.

2. **Program type – Prevention Program**
3. **Unduplicated number of people served**

Yuba County Office of Education (YCOE) Peer Resource Engagement Program (PREP) has provided services to 2,214 total individuals. The individual total for each separate program includes the following.

- 35 attended the LGBTQ+ Training for school sites.
- 20 attended the Community Trainings.
- 25 attended the YCOE Wellness Tea
- 230 contacts during the Community Outreach Projects (First 5 collaboration)
- 317 contacts during School Outreach Projects
- 5 attended Parent Project/Parenting with Love and Logic
- 247 attended the Living Works Start online Suicide Prevention training
- 1,344 attended Ready4K

4. **Indicators for program** *(how determine participants, target population)*

Target populations have been determined by input from school site staff, counselors, employees and community groups after identifying various needs in the community.

5. **Approach used to select indicators**

E-mails, memos, phone calls, in person and virtual meetings were conducted with various sites to determine the indicators.

6. **Outcomes per program**
    a. Desired outcomes

    The general desired outcome for each specific program has been to provide psychoeducation and services to increase the general knowledge of the participates in the various topics and areas that have been presented upon and to improve mental health, general functioning and access to mental health and community services and programs. Each sub-program has had a different desired outcome.

    LGBTQ+ training, the desired outcome was to increase general knowledge, skills and competence on issues experienced by LGBTQ+ youth. This program consists of a 1-hour informative presentation with a follow-up with numerous websites and other resources for schools to implement for greater LGBTQ+ understanding. For the Community Presentations, the desired outcome was to increase general knowledge on the topics presented in the three separate 2-hour presentations that were created on Trauma, Mindfulness/Meditation and Learned Helplessness. There was also a presentation created for Depression, but it was cancelled for the current year. These presentations were presented to Foster Kinship Network.

    YCOE Wellness Tea Group, the desired outcome is to decrease anxieties and increase general wellness and wellbeing for staff working with youth. All Yuba County Office of Education Staff are invited to this presentation, which occurs every Monday morning for 30 minutes.

    Student Outreach Project groups on anxiety, self-esteem and coping skills were offered. The desired outcome was to decrease levels of anxiety and/or increase self-esteem and develop positive coping skills for continuing these skills and providing psychoeducation for this process.

In addition, drive-thru events were conducted to pass out and provide students with general resources on wellness and education on mental health topics.
Parent Project, the desired outcome was to improve parenting and relationships between children and their parents.
Parenting with Love and Logic, the desired outcome was to introduce effective parenting skills, promote parent self-care, and improve positive relationships and interactions between parents and children.
Living Works Project, the desired outcome was to provide education on suicide prevention and inform participates of resources available.
Ready4K, the desired outcome was to connect as many parents as possible of children 0-10 in Yuba County to trauma informed parenting support. The pandemic has cut access to support and services for many parents. Ready4K is a text messaging service that has the capability to reach many parents. We enrolled parents from First 5 Yuba and gave parents the option to opt out.

b. Approach used to select outcome
The approaches used to select the outcomes were based on community needs, which have been identified by various school sites and literature reviews by staff on mental health needs at the present time.
c. How collected data
The data for the outcomes was collected by surveys through the program Survey Monkey and Goggle Forms. Data was also collected at sites and during the actual presentations.
d. Frequency of data collection
Data was collected in a pre-test and post-test form for groups and presentations to evaluate the effectiveness of the program. It was also collected at a one-time interval for programs where a pre-test and post-test were not needed (i.e. community fairs).
e. Evaluation results
Each sub-program has a different set of results to evaluate.

LGBTQ+ Training was presented at two separate sites, with a third site planned for later this month and a fourth site by June 30, 2021. Not all participants completed the survey with only about 50% returning the survey and being officially counted. In regards the question "I understand the difference between sexuality, gender identification/expression and biological sex," 76.92% stated that they agreed or strongly agreed prior to the survey compared to 93.1% in the post-test. When asked the question, "I am aware of the factors that contribute to LGBTQ+ drop out", 46.16% stated that they strongly agree or agree compared to 89.66% in the post-test. When asked, "I feel comfortable supporting LGBTQ+ students at school," 84.62% stated that they strongly agree or agree in the pre-test compared to 89.65% in the post-test. When asked "I am knowledge of LGBTQ+ student rights", 46.15% stated that they strongly agree or agree in the pre-test compared to 89.66% in the post-test. Finally, when asked, "I am knowledgeable of resources to support LGBTQ+ students at school and in the classroom," 7.69% stated that they strongly agree or agree in the pre-test compared to 72.41% in the post-test. Generally, knowledge, skills and competence, when working with LGBTQ+ youth increased after these presentations to the groups that received the training.

Foster Youth -presentations, only 3 people completed the post-survey for the trauma presentation. When asked the question, "as a result of this presentation, I feel that my knowledge of trauma has increased," 100% stated that they strongly agreed or agreed. In

regards to the presentation on, participants were asked to answer the question "how would I rate my general knowledge of meditation and mindfulness practices on a scale of 1-5 where 5 if very knowledgeable and 1 is not at all." The average response on pre-test was 3.75 and the average response on post-test was 4.75, which demonstrated an increase in knowledge at the end of the survey. The third presentation on Learned Helplessness hasn't been given but is scheduled for May 2021.

YCOE Wellness Tea doesn't have a formal evaluation process but relies on informal feedback and suggestions from YCOE staff, who participate in this weekly mindfulness and meditation group. At the present time, feedback has been positive and weekly sessions have been changed to meet the needs of the group.

Community Outreach Projects does not have a formal evaluation process. The intention was to connect with the community and stakeholders to show support.

School Outreach Projects School outreach projects offered to schools include group counseling, individual counseling, mental health on campus events, drive thru events, SEL programs, teacher support, parent support, parenting classes, serenity room/space, lunchtime activities for student outreach, and other programs and supports for students, teachers, staff, and families. The school closures, hybrid scheduling, focus on academics, and transition back made it difficult to get many of these plans implemented. Although students expressed interest in joining a group, the parental consent, communication, and dependency on school staff for referrals cut down the number of students we were trying to serve.

However, we were able to do one **Drive Thru** event and several rounds of Coping with Stress groups. Students who attended the drive thru event were encouraged to fill out an evaluation form on Google Docs. Thirty-one students responded and reported back a positive experience. Some students requested a school counselor check in more information on mental health. These students were followed up on by a school counselor. We also provided 60-mental health resource bags to Foothill Intermediate and Riverside Meadows to support the schools' hybrid model.

Coping with Stress group was held three times for Yuba Charter Prep. This group was also offered at the other middle and high schools of Yuba County but did not get enough consent forms returned. There was a post survey for the group, but students did not fill it out. After four sessions, the students reported a reduction of stress and better abilities to cope with anxiety.

There are four **check in events** scheduled for the end of May at Wheatland Union High School and Marysville High School. These events focus on mental health, self-advocacy, and getting feedback of what PREP will look like at the high schools next year as a student leadership coalition is being developed. We will collect data at these events.

Parent Project Parenting classes were offered in the fall of 2020. The class was a 10-week course and there was a check for understanding at the end of each session. At the beginning of each session, the facilitators checked in with parents to discuss successes and challenges. Throughout the sessions, there are work sheets and discussion to check for understanding. **Parenting with Love and Logic** started at the end of April. This is a 6 weeklong course. Facilitators check in with participants for understanding and to discuss how the previous week

went. The activities in the workbook and discussion check for understanding. Another series is scheduled to start on June 1st.

LivingWorks Suicide Prevention and Training Program, a post-test and assessment are provided within the program to test knowledge and evaluate the effectiveness and retention of the training. The results of this were positive and the 238 that completed the training had to develop competency and pass their post-test assessment to receive their certificate of completion.

Ready4K is a text message parenting support program. Parents enrolled in this program receive three trauma informed text messages a week: a parenting tip, a parenting fact, and a way to connect with local services or organizations. Ready4K has the capability to send out customized text messages to specific parents based on certain demographic information (age of children, zip code, etc.). The program sends out surveys for evaluation.

f. How determined the evaluation results
The results have been determined by using the analysis available in the program Survey Monkey, Google Forms, and the programs that shared their collected data.

Evaluation Methods

1. **Type of evaluation method (select one below): LGBTQ+ Trainings**
   - ***a.*** evidence based,
   - ***b.*** promising practice, or
   - ***c.*** community or practice-based evidence standard: x
2. **Measurements for type of program:**
   - ***a. Prevention programs***
     i. Program name
     YCOE PREP Program: LGBTQ+ Training
     ii. Describe method used to collect and measure the following:
     1. Decrease in risk factors, indicators, and/or
     A pre-test and post-test were provided to assess the participants general knowledge of resources and risk factors for LGBTQ+ youth. Participants were trained on various indicators that this population may present with to determine if they may need interventions and services.
     2. Increase in protective factors
     A pre-test and post-test were provided to assess the participants skills and knowledge of treatment, issues and resources available to LGBTQ+ Youth and to increase empathy and understanding of this population as a result of the training provided.
   - ***b.*** **Information on design of evaluations:**
   - ***c.*** culturally competent
     The presentation on LGBTQ+ Youth was designed to be culturally competent and sensitive to the needs to LGBTQ+ youth and to provide psychoeducation to educators.
   - ***d.*** include perspective of diverse people with lived experience of mental illness
     i. including family members as applicable
     Family members were not included in the presentation. The presentation was provided to school staff and educators.
   - ***e.*** May also define and measure impact of programs in mental health and related systems (see page 19 for examples)
1. **Program description requirements, including evaluation methodologies**

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1. Program Name – LGBTQ+ Training
2. Target population, including:
    a. Risk of a potentially serious mental illness –
    The educators didn't present with a potential for serious mental illness, other than what would be typical in the general population. However, the LGBTQ+ youth, which was the topic of the presentation and what the participants were being educated on, have an increased risk of serious mental illness, compared to the general population.

    b. How risk is defined and determined
    Risk is determined by the standards of the practice and an overabundance of research which states that LGBTQ+ youth are at a higher risk of mental health issues and suffering.

    c. Demographics relevant to the target population, including: one of the three schools had staff fill out demographic information. Here are the results of the staff who responded(23):

        i. Age – 31-40: 5
        41-50: 3
        51-60: 12
        61 and older 1
        ii. Race/ethnicity -Asian: 1
        White: 14
        Other: 2
        More than 1: 2
        Decline to answer: 4
        iii. Gender – (Current)
        Male: 7
        Female: 14
        Deckine to answer: 2
        iv. Primary language used -
        English: 18
        Other: 3
        Decline to answer: 2
        v. Military status – (Veteran Status)
        Yes: 3
        No: 18
        Decline to answer: 2
        vi. Sexual orientation – Heterosexual: 18
        Queer: 1
        Decline to answer: 4

3. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
    Psychoeducation was provided to increase the general knowledge of participates regarding working with and treating LGBTQ+ Youth.
    b. Include reduction of negative outcomes
4. Negative outcomes of untreated mental illness program will affect, including:
    a. Reduction of prolonged suffering

LGBTQ+ Youth are at a higher risk of mental health issues. The purpose of the training was to provide education and resources to educators and staff to assist in reducing these risks.

b. List of mental health indicators used to measure reduction of prolonged suffering
The California Healthy Kids Survey was used as a measure to assess the issues experienced by LGBTQ+ Youth, which was also presented in the presentation.

c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
None

d. Explain evaluation methodology
   i. How and when outcomes measured
   A pre-test and post-test were provided to the participants in the training.
   ii. How data collected and analyzed
   The data was collected via Survey Monkey.
   iii. How evaluation reflects cultural competence
   The questions were asked privately in emails and were presented in a culturally competent manner.

5. How Prevention Program is likely to reduce negative outcomes
   a. If used evidence based standard or promising practice:
      i. Briefly describe relevant evidence for each intended outcome
      ii. Explain how effectiveness demonstrated for intended population
      iii. How County will ensure fidelity to practice model and program design

Evaluation Methods

1. **Type of evaluation method (select one below): Community Training**
   a. evidence based,
   b. promising practice, or
   c. community or practice-based evidence standard: x
2. **Measurements for type of program:**
   a. Prevention programs
      i. Program name
      Community Trainings
      ii. Describe method used to collect and measure the following:
         1. Decrease in risk factors, indicators, and/or
         A post-test was provided after the presentations to measure the general level of knowledge obtained during the presentation.
         2. Increase in protective factors
         A post-test was provided to assess the participants general perspective of increased protective factors and skills that they feel that they gained as a result of the presentation.
   b. **Information on design of evaluations:**
   c. culturally competent
   The presentations on trauma, depression, learned helplessness and mindfulness/meditation were designed to be culturally competent and sensitive to the needs of the participants. All of these presentations were given to Foster Kinship Network and were designed for Resource Parents of foster kids.
   d. include perspective of diverse people with lived experience of mental illness
      i. including family members as applicable

Resource parents were the target audience of these presentations. Teenage foster youth and former foster youth are also invited to participate but didn't attend the presentations.

e. May also define and measure impact of programs in mental health and related systems

1. Program description requirements, including evaluation methodologies

6. Program Name – YCOE Prep – Community Presentations
7. Target population, including:
    a. Risk of a potentially serious mental illness

    The participants in the training didn't present with any potentially serious mental illness issues. However, the group that those individuals are working with, foster youth, have been identified as a group with an increased risk of mental health issues.

    b. How risk is defined and determined

    Risk has been determined by an abundance of research stating that foster youth are at high risk for mental health issues and the data from the California Healthy Kids Survey.

    c. Demographics relevant to the target population, including:
        i. Age – All participates were over the age of 21 (13 total participants)
        ii. Race/ethnicity – Only 3 participants completed the race/ethnicity question. One identified as Black or African American, 1 identified as White and 1 identified as Other.
        iii. Gender - Only 3 participants completed the gender question. All three identified as female.
        iv. Primary language used - Only 3 participants completed the primary language used question. All identified as using English.
        v. Military status - Only 3 participants completed the race/ethnicity question. All identified as non-Veterans.
        vi. Sexual orientation - Only 3 participants completed the sexual orientation question. Two identified as heterosexual or straight and 1 declined to answer.

8. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
    The current program attempted to improved knowledge and education on mental health functioning including increasing mindfulness/meditation resources, increasing knowledge on trauma and increasing knowledge on general mental health topics and functioning.
    b. Include reduction of negative outcomes (Welfare and Institutions Code Section 5840)
9. Negative outcomes of untreated mental illness program will affect, including:
    a. Reduction of prolonged suffering – N/A
    b. List of mental health indicators used to measure reduction of prolonged suffering – N/A
    c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness) – N/A
    d. Explain evaluation methodology
        i. How and when outcomes measured
        The outcomes were measured in a post-test at the end of the presentations.
        ii. How data collected and analyzed

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The data was collected via survey monkey for the trauma presentation, with little participation. The data was then collected directly from participants for the remaining presentations during the zoom meeting in a private message, which increased participations.

iii. How evaluation reflects cultural competence
The questions were presented in a culturally sensitive manner and were changed for the second presentation, as opposed to the first, as a result of low turnout for the completions of the first presentation's post-test.

10. How Prevention Program is likely to reduce negative outcomes
    a. If used evidence based standard or promising practice:
        i. Briefly describe relevant evidence for each intended outcome
        ii. Explain how effectiveness demonstrated for intended population
        iii. How County will ensure fidelity to practice model and program design

Evaluation Methods

1. **Type of evaluation method (select one below): YCOE Wellness Tea**
    a. evidence based,
    b. promising practice, or
    c. community or practice-based evidence standard: x
2. **Measurements for type of program:**
    a. Prevention programs
        i. Program name
        YCOE PREP Program: YCOE Wellness Tea. Wellness Tea is a weekly voluntary group that is offered to YCOE staff in the mornings. A meditation is provided to staff followed by a short mental suggestion or tip for the week.
        ii. Describe method used to collect and measure the following:
            1. Decrease in risk factors, indicators, and/or
            After each meeting, participants are asked for general feedback regarding what they would like in the next meetings and sessions.
            2. Increase in protective factors
            Participants are asked if the mental health tips and meditations have been useful in increasing and improving their overall functioning over the previous week.

    b. **Information on design of evaluations:**
    c. culturally competent
    The presentation is presented in a culturally competent manner.
    d. include perspective of diverse people with lived experience of mental illness
        i. including family members as applicable
        Family members were not included in the presentation.
    e. May also define and measure impact of programs in mental health and related systems (see page 19 for examples)
1. **Program description requirements, including evaluation methodologies**
    11. Program Name – YCOE Wellness Tea
    12. Target population, including:
        a. Risk of a potentially serious mental illness –

        The pandemic, there has been an increase in reported anxiety and mental health issues. The Wellness Tea group provides a safeguard against those issues and provides resources and training to participates.

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b. How risk is defined and determined

Risk is determined by follow-up questions to participants asking them what they would like in future sessions.

c. Demographics relevant to the target population, including:
   i. Age – All participants have been over the age of 21.
   ii. Race/ethnicity - This wasn't assessed the pre-test and post-test of the participants in the LGBTQ+ Youth Training.
   iii. Gender - This wasn't assessed the pre-test and post-test of the participants in the LGBTQ+ Youth Training.
   iv. Primary language used - This wasn't assessed the pre-test and post-test of the participants in the LGBTQ+ Youth Training.
   v. Military status - This wasn't assessed the pre-test and post-test of the participants in the LGBTQ+ Youth Training.
   vi. Sexual orientation - This wasn't assessed the pre-test and post-test of the participants in the LGBTQ+ Youth Training.

13. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
    Meditation and mindfulness exercises were provided to increase general mental health functioning and decrease symptoms of anxiety. In addition, psychoeducation was provided to improve mental health functioning through daily tips and resources.
    b. Include reduction of negative outcomes
14. Negative outcomes of untreated mental illness program will affect, including:
    a. Reduction of prolonged suffering
    Reduction of symptoms of anxiety and an increase in general well-being and functioning, as self-reported by participants.
    b. List of mental health indicators used to measure reduction of prolonged suffering
    None
    c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
    None
    d. Explain evaluation methodology
       i. How and when outcomes measured
       An open discussion occurred at the end of the group sessions regarding participant's perceptions of the groups. Participants were also invited to email the instructors with comments, questions or suggestions.
       ii. How data collected and analyzed
       Individual questions to participants.
       iii. How evaluation reflects cultural competence
       There wasn't a formal evaluation.
15. How Prevention Program is likely to reduce negative outcomes (W&I Section 5840)
    a. If used evidence based standard or promising practice:
       i. Briefly describe relevant evidence for each intended outcome
       ii. Explain how effectiveness demonstrated for intended population
       iii. How County will ensure fidelity to practice model and program design

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Evaluation Methods

2. **Type of evaluation method (select one below): Community Outreach**
    a. evidence based,
    b. promising practice x
    c. community or practice-based evidence standard:
3. **Measurements for type of program:**
    a. Prevention programs
        i. Program name
        YCOE PREP Program: In April, YCOE collaborated with First 5 Yuba for two events: Week of the Child Library event and Día de los Ninos.
        ii. Describe method used to collect and measure the following:
            1. Decrease in risk factors, indicators, and/or
            These two events were drive thru events. A counter was used to track how many children were served. Children were given bubbles with a grounding, mindful practice to help reduce stress and build confidence. One example was "Breathe in confidence, breathe out fear." This was demonstrated by the PREP coordinator.
            2. Increase in protective factors
            Parents were offered resources to mitigate the effects of trauma and be connected with the community
    b. **Information on design of evaluations:**
    c. culturally competent
    The information was translated to Spanish when requested.
    d. include perspective of diverse people with lived experience of mental illness
        i. including family members as applicable
        Family members were included in the event. Parents were asked "How many children?" or "Quantos ninos?" and were given bubbles with a mindful, grounding technique. We have parent extras who had family members at home or at day care.
    e. May also define and measure impact of programs in mental health and related systems
4. **Program description requirements, including evaluation methodologies**
    16. Program Name – Week of the Child Library event and Día de los Ninos
    17. Target population, including:
        a. Risk of a potentially serious mental illness –

        The data that has been collected during the pandemic has shown an increase of stress but also positive family experiences.

        b. How risk is defined and determined

        We assume that all persons are experiencing some degree of stress and take a trauma informed approach.

        c. Demographics relevant to the target population, including:
            i. Age – Families and young people. Over 150 cars drove through and over 200 items were distributed.
            ii. Race/ethnicity - This wasn't assessed
            iii. Gender - This wasn't assessed
            iv. Primary language used – 3 families asked for Spanish translation
            v. Military status - This wasn't assessed

vi. Sexual orientation - This wasn't assessed.

18. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
       The bubbles given to the children came with oral instructions to increase mindfulness and a growth mindset.
    b. Include reduction of negative outcomes
19. Negative outcomes of untreated mental illness program will affect, including:
    a. Reduction of prolonged suffering
       Reduction of symptoms of anxiety and an increase in general well-being and functioning.
    b. List of mental health indicators used to measure reduction of prolonged suffering
       None
    c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
       None
    d. Explain evaluation methodology
       i. How and when outcomes measured
          This event was a drive thru event and outcomes were not measured.
       ii. How data collected and analyzed
          Participants were counted using a counter.
       iii. How evaluation reflects cultural competence
          There wasn't a formal evaluation.
20. How Prevention Program is likely to reduce negative outcomes
    a. If used evidence based standard or promising practice:
       i. Briefly describe relevant evidence for each intended outcome
       Research has shown that mindfulness practices increase self-control, improves concentration, and increases mental clarity. Embedding this practice in behavior children already engage in (blowing bubbles) adds on to the skill. Adding on to a skill is more successful than teaching a new skill.
       ii. Explain how effectiveness demonstrated for intended population
       There is no follow up for this program.
       iii. How County will ensure fidelity to practice model and program design

Evaluation Methods

5. **Type of evaluation method (select one below): School Outreach**
    a. evidence based,
    b. promising practice x
    c. community or practice-based evidence standard:
6. **Measurements for type of program:**
    a. Prevention programs
       i. Program name
       YCOE PREP Program: In October, YCOE hosted a drive thru mental health event for Wheatland High School District students.
       From September 2020 to May 2021 a "Coping with Stress" group was offered to students from the following schools, Foothills intermediate, McKinney Elementary, Yuba Gardens, Marysville High School, Lindhurst High School, Wheatland High School, and Career Prep Charter School. There was also a Self Esteem group, but it was canceled due to the high cases of student anxiety that was reported by school administrators and administrators

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ii. Describe method used to collect and measure the following:
1. Decrease in risk factors, indicators, and/or

Drive Thru- Crisis mental health material was distributed to students. Students were also given a survey to fill out about the event and there was a question if they would like a school counselor to follow up with them. Several students reported "yes" and the school counselors connected with them.

Coping Groups- A pre and posttest were given to the students to assess their understanding and current levels of anxiety.

2. Increase in protective factors

Drive-thru- The materials given to students aimed to increase protective factors to mitigate the effects of trauma. Resources, tools, teacher outreach/support, behavioral health information was delivered to students. Many students reported that their favorite thing about the event was seeing school staff (25.8%) and friends (22.6).

Coping Groups- Participants were taught practical coping skills and created a plan for what to do when they were experiencing anxiety. Students were also encouraged to practice coping skills when they were not experiencing anxiety.

b. **Information on design of evaluations:**

c. culturally competent
Drive-Thru: Yes,
Coping Group: Yes

d. include perspective of diverse people with lived experience of mental illness
i. including family members as applicable
Drive Thru: Many students came with their parents and siblings. We included them as much as possible.
Coping Groups: The prevention specialist who facilitated the group spoke to several parents during the referral process. Many students in the group identified a parent or sibling as someone they could trust and talk to.

e. May also define and measure impact of programs in mental health and related systems (see page 19 for examples)

7. Program description requirements, including evaluation methodologies

21. Program Name – Drive Thru Event and Coping Groups
22. Target population, including Middle and high school students.
    a. Risk of a potentially serious mental illness –
    The data that has been collected during the pandemic has shown an increase of stress in teens. Studies show that suicide ideation in teens is on the rise. Yuba and Sutter counties have seen an increase in mental health referral of individuals ages 16 to 25. We assume that every participant has experienced elevated levels of stress and act accordingly.
    b. How risk is defined and determined
    We assume that all persons are experiencing some degree of stress and take a trauma informed approach.
    c. Demographics relevant to the target population, including Drive Thru Event: Demographics were not collected at this event
    Coping group
        i. Age – Three students marked 15-16, four students marked 17-18, one student marked 19-20, and one student marked 21 and older.
        ii. Race/ethnicity – 6 students identify as white, two students identify as other, one student identified as more than one race.

iii. Gender – Nine students reported female at birth
-eight currently identify as female
-one identifies as transgender
iv. Primary language used – Nine students reported English
v. Military status – None of the students are in the military
vi. Sexual orientation – Seven students identify as straight, one student identified as bisexual, and one student identifies as another sexual orientation.

23. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
    -Drive Thru Event: students received "goodie bags" with items to promote mindfulness, grounding, and coping skills. These goodie bags had information and resources for mental health. Teachers and staff were present to check in and greet students.
    -Coping group: Students created a stress less plan that identified known triggers, supportive persons, and coping skills.
    b. Include reduction of negative outcomes (Welfare and Institutions Code Section 5840)
24. Negative outcomes of untreated mental illness program will affect, including:
    a. Reduction of prolonged suffering
    Drive Thru Event: Students were given the opportunity to arrange a meeting with their counselor. They also had an opportunity to refer a friend to a counselor if they thought they could benefit from school counseling services.
    Coping Group: Reduction of symptoms of anxiety and an increase in general well-being and functioning, as self-reported by participants.
    b. List of mental health indicators used to measure reduction of prolonged suffering
    None
    c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
    None
    d. Explain evaluation methodology
        i. How and when outcomes measured
        Drive Thru Event: Students reported that they enjoyed the event and wanted more of that type of event at their school through a survey on Google Forms.
        Coping Group: There was a post-survey for students to fill out, but it was not completed. Students informally reported a decrease in anxiety. By the end of the four-week workshop, students reported feeling more confident and able to handle their stress better.
        ii. How data collected and analyzed
        Drive Thru Event: a google doc was created for students to fill out. Several student council members were at the event with a clipboard and QR code to scan to take the survey.
        Coping Group: Data was collected using survey monkey
        iii. How evaluation reflects cultural competence
        There wasn't a formal evaluation.
25. How Prevention Program is likely to reduce negative outcomes
    a. If used evidence based standard or promising practice:
        i. Briefly describe relevant evidence for each intended outcome
        Drive Thru Event- Our goal was to create an event that focused on wellness and to promote a supportive network for students. Numerous studies have

shown supportive, adult relationships to be an effective mitigator of childhood trauma. We wanted students to connect with school staff and teachers in person and within COVID 19 safety guidelines. For some students, this was the first time they were meeting their teachers. Students were also able to connect with their peers. Students received mental health resources, referrals, lunch from their school, tobacco prevention and cessation materials, and a sweet treat at the end.

Coping Groups- The goal of the coping group is to help students develop and practice coping skills with support of their peers and to challenge mental health stigmas. The group facilitator normalized feelings of stress, anxiety, and depression with statistics and discussion. The group worked together and individually to identify, cope, and prevent feelings of anxiety and depression. Mindfulness, deep breathing exercises, supportive networks, physical exercise, creativity, listening to music, and other coping techniques were encouraged for students to practice on a regular basis even if they were not feeling distressed. Using these practices regularly has shown to reduce stress.

ii. Explain how effectiveness demonstrated for intended population
   1. Drive thru- Students reported they enjoyed the event and seeing their teachers and friends.
   2. Coping group- Coping group- students developed a plan to use coping skills that they found helpful when dealing with stress and anxiety. They reported feeling less anxious

iii. How County will ensure fidelity to practice model and program design

Evaluation Methods

8. **Type of evaluation method (select one below): Parent Project and Parenting with Love and Logic classes**
   a. evidence based, X
   b. promising practice
   c. community or practice-based evidence standard:
9. **Measurements for type of program:**
   a. Prevention programs
      i. Program name

      YCOE PREP Program: In October, YCOE facilitated an online Parent Project series. This was a 10-week series. YCOE also facilitated Parenting with Love and Logic in April. This was a 6-week course.

      ii. Describe method used to collect and measure the following:
         1. Decrease in risk factors, indicators, and/or

         In both parenting classes there are multiple points in the session's participants complete worksheets and discussion that check for understanding. These were done individually and as a group. At the beginning and end of all sessions, the group discussed successes, challenges, concerns, and need for clarification.

         2. Increase in protective factors

         Both parenting classes focus on skills that build positive relationships with children. Supportive adult relationships have shown to be one of the biggest mitigators of childhood trauma. Effective communication, setting boundaries, reasonable consequences, and self-care were all discussed in the sessions as well.

   b. **Information on design of evaluation:**

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c. culturally competent
Yes

d. include perspective of diverse people with lived experience of mental illness
i. including family members as applicable
1. Many of the parents referred to YCOE came from caseworkers. Spouses, significant others, siblings, parents of participants and other persons of support were encouraged to take the course. Participants were encouraged to practice the skills learned every day.

e. May also define and measure impact of programs in mental health and related systems (see page 19 for examples)

10. Program description requirements, including evaluation methodologies

26. Program Name – Parent Project and Parenting with Love and Logic
27. Target population, including Parents, guardians, and other persons of support in a student's life.
    a. Risk of a potentially serious mental illness –
    The data that has been collected during the pandemic has shown an increase of stress but also positive family experiences. We assume that every participant has experienced elevated levels of stress and act accordingly. The participants were asked on a regular basis if they would benefit from other agencies or organizations including mental health support.

    b. How risk is defined and determined

    We assume that all persons are experiencing some degree of stress and take a trauma informed approach.

    c. Demographics relevant to the target population, including:
    <u>Parent Project</u>
        i. Age – All participants were over 18
        ii. Race/ethnicity – This was not assessed
        iii. Gender – This was not assessed
        iv. Primary language used – All participants spoke English and preferred materials in English
        v. Military status – None of the participants were in the military
        vi. Sexual orientation – This was not assessed

    Parenting with Love and Logic

    Demographics were not collected

28. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
    Both parenting classes place emphasis on positive relationships, self-care, establishing boundaries, and effective communication.
    b. Include reduction of negative outcomes (Welfare and Institutions Code Section 5840)
    The participants reported more positive interactions with their children and less arguing.

29. Negative outcomes of untreated mental illness program will affect, including:
    a. Reduction of prolonged suffering

Participants created a support network within the group to talk about challenges not limited to parenting. Participants were also referred to other outreach agencies for help with mental health, crisis hotlines, family activities, job related needs, food resources, and extracurricular activities for children.

b. List of mental health indicators used to measure reduction of prolonged suffering
None

c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
None

d. Explain evaluation methodology
   i. How and when outcomes measured
   In both parenting classes there are multiple points in the session's participants complete worksheets and discussion that check for understanding. These were done individually and as a group. At the beginning and end of all sessions, the group discussed successes, challenges, concerns, and need for clarification.
   ii. How data collected and analyzed
   Informally through discussion and worksheets.
   iii. How evaluation reflects cultural competence
   There wasn't a formal evaluation that checked for cultural competence. Some of the parents were in situations in which they did not have custody of their children. The skills were adapted so that they could practice when they had visitation.

30. How Prevention Program is likely to reduce negative outcomes
    a. If used evidence based standard or promising practice:
       i. Briefly describe relevant evidence for each intended outcome
       Parent Project- There is extensive research with the effectiveness of Parent Project. Studies support a positive change, low rate of re-arrest and juvenile incarceration, and reduction of risky behaviors. See https://parentproject.com/research/ for more details.
       Parenting with Love and Logic- There has been limited empirical research conducted on these programs, but studies do show evidence that support using Love and Logic techniques.
       ii. Explain how effectiveness demonstrated for intended population

       Overall, parents reported a positive change in the relationship and interaction they had with their children.
       iii. How County will ensure fidelity to practice model and program design

Evaluation Methods

11. Type of evaluation method (select one below): Living works Suicide Prevention
    a. evidence based, X
    b. promising practice
    c. community or practice-based evidence standard:

12. Measurements for type of program:
    a. Prevention programs
       i. Program name

YCOE PREP Program: Living Works Suicide Prevention

       ii. Describe method used to collect and measure the following:
          1. Decrease in risk factors, indicators, and/or

The California Department of Education partnered with Living works to provide staff of high school and middle school a 90-minute program that equips people to recognize when someone is struggling and take action to keep them safe.

2. Increase in protective factors
   The training helps staff support all students, not just students who have been identified with having suicide ideation. This training gives staff the communication skills to talk about mental health and reduces stigmas related to mental health.

b. **Information on design of evaluations:**

c. culturally competent
Yes

d. include perspective of diverse people with lived experience of mental illness

i. including family members as applicable
It was not applicable to have family members involved in the staff training. Living works offers a youth version of Living works that encourages all family members to participate and get involved.

e. May also define and measure impact of programs in mental health and related systems (see page 19 for examples)

13. Program description requirements, including evaluation methodologies

31. Program Name – Living Works Start
32. Target population, including Middle school and High School staff. The second phase includes students.
    a. Risk of a potentially serious mental illness –
       The online training is at your own pace and has many resources and helplines available to the right of the screen during the training. Before the training begins, it guides the participant to be aware of help and support available.
    b. How risk is defined and determined
       Since the training is online and at your own pace, the learner can refer themself to crisis resources offered throughout the course.
    c. Demographics relevant to the target population, including:
       i. Age – Of the 247 who completed the training:
          20 and under: 2
          21-30: 31
          31-40: 52
          41-50: 52
          51-60: 44
          61 and older: 17.
          40 did not answer
       ii. Race/ethnicity – This was not assessed
       iii. Gender
          137 females
          80 males
          1 transgender
          20 preferred not to answer
       iv. Primary language used – This was not assessed
       v. Military status – This was not assessed
       vi. Sexual orientation – This was not assessed
33. Identification of the types of problems and needs the program addresses

a. Activities included to improve mental health and related functional outcomes
Suicide can be a challenging subject Living Works Start is deliberately presented in a positive, hope-oriented way to minimize the risk of triggering a learner's distress around suicide.
b. Include reduction of negative outcomes
Youth suicide rates have been rising in the past few years. This training equips learners with the skills to identify those who may be at risk and intervene to get them help.

34. Negative outcomes of untreated mental illness program will affect, including:
a. Reduction of prolonged suffering
Intervention and talking about suicide help dismantle mental health stigma. This training intervenes to reduce and prevent prolonged suffering.
b. List of mental health indicators used to measure reduction of prolonged suffering
None
c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
None
d. Explain evaluation methodology
i. How and when outcomes measured
The data YCOE received from Living Works includes name, email, completion date (if applicable), gender, birth year, and field of work (Education).
ii. How data collected and analyzed
Living Works has access to all
data.
iii. How evaluation reflects cultural competence
Unavailable to YCOE.
35. How Prevention Program is likely to reduce negative outcomes
a. If used evidence based standard or promising practice:
i. Briefly describe relevant evidence for each intended outcome
Of the 251 school staff members to sign up for the training, 247 completed the training.
ii. Explain how effectiveness demonstrated for intended population

Site administrators and representatives reported positive feedback from staff.
iii. How County will ensure fidelity to practice model and program design

Evaluation Methods

14. Type of evaluation method (select one below): Ready4K
a. evidence based, X
b. promising practice
c. community or practice-based evidence standard:

15. Measurements for type of program:
a. Prevention programs
i. Program name

YCOE PREP Program: Ready4k

ii. Describe method used to collect and measure the following:
1. Decrease in risk factors, indicators, and/or
The goal of this program is to mitigate the negative effects of trauma.
2. Increase in protective factors

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Healthy, supportive relationships early in life can prevent or reverse the damaging effects of trauma. The text messages received in this program focus on child development and skill building. It builds on parenting practices to strengthen relationships and engage with their children.

b. **Information on design of evaluations:**

c. culturally competent
Yes

d. include perspective of diverse people with lived experience of mental illness
i. including family members as applicable

The program aims to strengthen relationships between parents/caregivers and children. Studies show that this program increases and promotes child development.

e. May also define and measure impact of programs in mental health and related systems (see page 19 for examples)

16. Program description requirements, including evaluation methodologies

36. Program Name – Ready4K Trauma-Informed
37. Target population, including Parents, children ages 0-9
    a. Risk of a potentially serious mental illness –
       Participants are not screened for mental illness.
    b. How risk is defined and determined
       Risk is not defined or determined.
    c. Demographics relevant to the target population, including:
       i. Age – of children
          0- 64
          1- 199
          2- 187
          3-165
          4-177
          5-39
          6-3
          7-5
          8-2
          9-4
          10- 10
       ii. Race/ethnicity – This was not assessed
       iii. Gender- This was not assessed
       iv. Primary language used – English- 829
           Spanish-17
       v. Military status – This was not assessed
       vi. Sexual orientation – This was not assessed
38. Identification of the types of problems and needs the program addresses
    a. Activities included to improve mental health and related functional outcomes
       Self-care and coping tips for parents and children are regularly sent out. Resources to access services and to learn more about mental health are sent out.
    b. Include reduction of negative outcomes (Welfare and Institutions Code Section 5840).
       Of the 20 parents who completed the survey, 89% of parents reported the program has helped their confidence.
39. Negative outcomes of untreated mental illness program will affect, including:

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a. Reduction of prolonged suffering

The text messages help parents manage and reduce stress. 100% of the parents surveyed reported that the text messages help parents feel reported.

b. List of mental health indicators used to measure reduction of prolonged suffering
   None
c. Other indicators used to measure reduced negative outcomes (as compared to untreated mental illness)
   None
d. Explain evaluation methodology
   i. How and when outcomes measured
   Surveys were sent out December 2020, January 2021, and March 2021 through text messages
   <u>December 2020:</u> 17 participants (not all answered all questions)
   Have Ready4K messages helped parents deal with stress?
   100% answered helped
   0% answered haven't helped
   Are parents' relationships with their children stronger after doing Ready4K activities?
   80% Stronger
   29% Not stronger
   How often do parents do Ready4K activities with their children?
   100% At least once per week
   0% Less than once per week
   <u>January 2021:</u> 14 total participants
   Do parents use the resources shared in the Community Support Stream?
   71% Yes, at least once in a while 29% No
   <u>March 2021:</u> 20 total participants
   Has Ready4K increased parents' confidence?
   89% Increased
   11% Hasn't increased

   Have Ready4K texts helped parents feel supported?
   100% Helped
   0% Haven't helped
   Have Ready4K tests helped children learn and grow?
   100% Helped
   0% Haven't helped
   ii. How data collected and analyzed
   Ready4K provided the data.
   iii. How evaluation reflects cultural competence
   The data helps shape customized text messages.

40. How Prevention Program is likely to reduce negative outcomes
    a. If used evidence based standard or promising practice:
       i. Briefly describe relevant evidence for each intended outcome
       ii. Ready4K has the strongest evidence base in the field. In a series of randomized controlled trials, the Ready4K approach has been shown to increase family

engagement at home and school and increase child learning by 2 to 3 months over the course of a school year (York & Loeb, 2014; Doss, Fahle, Loeb & York, 2018; Cortes, Fricke, Loeb & Song, 2018; Cortes, Fricke, Loeb, Song & York, 2019). Visit https://ready4k.parentpowered.com/research.html for more information

iii. Explain how effectiveness demonstrated for intended population

See data above.

iv. How County will ensure fidelity to practice model and program design

1. FOR ALL PROGRAMS:
    a. Program name

    YCOE Prep Program

    b. How program will be implemented to help improve access to services for underserved populations

    YCOE plans to increase our presence at community events to advertise our programs. In addition, we are planning more outreach activities at the school sites. We are planning to directly advertise to the students during breaks and before school. In addition, we are planning to continue to reach out to school staff and counselors for referrals for students to join our programs.

    c. Intended setting for each program
        i. Why setting enhances access for specific, designated underserved populations
            1. If program located in mental health setting, explain how it enhances access to quality services and outcomes for specific underserved population

        Our programs are occurring through in-person delivery at the school sites. During the current year, most of our programs have been through virtual means (i.e. zoom) due to restrictions with the pandemic.

    d. Indicate any additional outcomes the county will measure
        i. Specify what outcomes
        ii. How it will be measured
            1. Including timeframes for measurement

        At the present time, there are no additional outcomes to measure.

    e. Explain how program will use strategies that are non-stigmatizing and non-discriminatory
        i. Describe specific strategies employed

        Trauma-informed and evidence-based practices will be implemented as a foundation for YCOE PREP. Given the widespread prevalence of Adverse Childhood Experiences (ACES) and reported stress, taking this approach is determined to be best practice. The pandemic has brought on significant challenges and needs that call for interventions that are non-stigmatizing, non-discriminatory, and trauma sensitive. Our strategies will focus on mitigating trauma and use evidence-based techniques to build resiliency.

        ii. Reasons why the county believes they will be successful and meet intended outcomes

        Trauma informed approaches and interventions build healthier students and a positive, supportive school climate. Research shows that trauma informed schools and communities are safer, more successful, and can positively impact all individuals. In addition to student support, YCOE PREP strives to create a support system by reaching out to the people who also have an impact student wellness. Providing training,

outreach, services, and other means of intervention to those who are in contact with students will help the student feel supported and valued.

1. ESTIMATES FOR EACH PROGRAM – for fiscal year after plan is submitted
    a. Estimated number of children, adults and seniors to be served for each prevention program
        i. 2,000 individuals

Demographics for all PREP Activities FY 20/21

Age	#	**Gender**	#
0-15	700	Male	87
16-25	112		
26-49	117	Female	173
50 +	0	Decline	2
Decline	40		
Race	#	**Ethnicity**	#
American Indian	0	Caribbean	0
Asian	1	Central America	0
Black	1	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	21	South American	0
Other	3	Other	0
More than one	2	Decline	0
Decline	4		
Language	#	**Sexual Orientation**	#
English	856	Gay	0
Spanish	17	Hetero	28
More than one	3	Bisexual	1
Decline	2	Questioning	0
		Queer	1
Disability	#	Transgender	2
Hearing	0	Other	1
Seeing	0	Decline	25
Mental	0	**Veteran Status**	#
Physical	0	Yes	6
Chronic	0	No	18
Other	0	Decline	2
No	0		
Decline	0		

OUTREACH PROGRAM requirements for FY 20_21 reports

Program Information

Program Name: Mental Health First Aid and Youth Mental Health First Aid Program Code: OES-01
Program Type: Outreach Program

Mental Health First Aid (MHFA) and the Youth Mental Health First Aid (YMHFA) are 8-hour training courses designed to give members of the public aged 18 and older key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Both trainings are 8 hours long with the same purpose of providing Mental Health First Aid Training.

Traditionally, The MHFA and YMHFA training are provided in two counties in facilities that are close to county transportation. In fiscal year 20-21 due to COVID-19, both training was done virtually. These trainings are free of charge to all participants, including workbooks and materials. Trainings are provided in a classroom format in schools, cultural organizations, churches, faith-based organizations, and various governmental and community buildings, including the Yuba County Jail, Yuba City Highway Patrol Office and Head Start Offices. Training locations are neutral locations, not affiliated with behavioral health, to enhance access for community members and provide the trainings to a variety of potential responders.

The number of potential responders: **425**

Type of potential responders: California Highway Patrol, Yuba County Jail Staff, and Sutter and Yuba County Probation, Behavioral Health, community members. This year due to COVID-19 and not having PEI staff certified in virtual training on MHFA/YMHFA, PEI was not able to provide services to the Latino community. Our goal for FY 21/21 is to continue to do in-person training on MHFA & YMHFA to the Latino Community. Staff provided MHFA Training community members, non-profit agencies and government agencies in English.

How Program Will Be Implemented to Help Improve Access to Services for Underserved Populations: Traditionally these trainings are in person to the Sutter Yuba community and given various resources during the training. Additional local resources, including the process to access services, are presented and explained to training participants at the end of each training:

Open Access Clinic: Timely access to services by providing information about our Sutter Yuba Behavioral Health Open Access Clinics. Open Access Clinic is a daily walk-in clinic for adults 18 years of age or older in the Sutter-Yuba service area who would like to be assessed for eligibility to receive specialty mental health and/or drug and alcohol services.

Walk-In Triage: Walk-In Triages is a weekly walk-in clinic for parents/guardians of children under the age of 18 years old or still attending High School in the SYBH service area. The triage is for the parent/guardian only to speak with a clinician with regards to the child, to express their concerns, and for the clinician to give information without the child present.

Psychiatric Emergency Service: The Sutter Yuba Behavioral Health 24-hour Psychiatric Emergency Service telephone numbers are provided on a card for each participant.

(530) 673-8255 (673-Talk)
Toll Free 1-888-923-3800

OUTREACH PROGRAM requirements for FY 20_21 reports

The Mental Health First Aid and Youth Mental Health First Aid Programs trained the following number of unduplicated community members (potential responders to a mental health crisis):

MHFA	YMHFA
FY 20 - 21 = 288	FY 20 - 21 = 137
FY 20/21 Total Participants: 425	

Program description requirements, including evaluation methodologies

Youth Mental Health First Aid & Mental Health First Aid is an 8-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents and adults, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent or adult in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing, and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect people to professional, peer, social, and self-help care.

The MHFA and YMHFA programs provide community members with the first aid skills to support people with mental health problems. The Prevention & Early Intervention Team is trained to provide specific modules for Public Safety, Military, Higher Education, and individuals working with children, youth and the community. Outreach is conducted through community events, staff contacts with agencies in the community, including school districts, County officials, and law enforcement.

The MHFA and YMHFA curriculum core competencies provide cultural humility by addressing stigma with those with substance use disorder, behavioral health and are presented in English and Spanish. The focus of Mental Health First Aid training is to educate participants on Mental Health Illnesses and reduce the associated stigma.

Demographics for FY 20 - 21

Mental Health first Aid & Youth Mental Health First Aid

Age	#	Gender	#
0-15	0	Male	56
16-25	12	Female	229
26-59	250	Decline	140
60+	28		
Decline	135	Total	425
Race	**#**	**Ethnicity**	**#**
American Indian	10	Caribbean	3
Asian	32	Central America	4
Black	12	Mexican	47
Pacific Islander	1	Puerto Rican	3
White	168	South American	1
Other	34	Hispanic Other	6
More than one	21	Decline	233

OUTREACH PROGRAM requirements for FY 20_21 reports

Decline	147		
Language	**#**	**Ethnicity Non-Hispanic**	
English	235	**African**	7
Spanish	0	**Asian**	16
More than one	53	**Cambodian**	0
Decline	137	**Chinese**	0
		eastern European	16
Disability		**European**	9
Hearing	3	**Filipino**	5
Seeing	1	**Japanese**	0
Mental Self-Reported	0	**Korean**	1
Physical	3	**middle eastern**	0
Chronic	4	**Vietnamese**	0
More than one	1	**Non-Hispanic other**	59
Communication	0	**Non-Hispanic Hmong**	2
Autistic Child	0	**more than one**	12
Schizophrenia	0		
Depression	0	**Sexual Orientation**	**#**
COPD	0	Gay	2
Bi-polar	1	Hetero	249
Autism	0	Bisexual	5
Asthma	0	Questioning	2
Other	0	Queer	1
No	273	Another	1
Decline	139	more than one	0
		Decline	165
Veteran Status	**#**	**Total**	**425**
Yes	12		
No	277		
Decline	136		
Demographic Information Not Collected/Refused*			

*Can explain in a paragraph here why some participants refused to complete the demographic form

Training Outcomes and Evaluation

Participants learn to utilize the YMHFA & MHFA action plan “ALGEE,” consisting of the steps below:

OUTREACH PROGRAM requirements for FY 20_21 reports

Assess for Risk of Suicide or harm
Listen nonjudgmentally
Give reassurance and information
Encourage appropriate professional help
Encourage self-help and other support group.

The approach used to select outcome: Participants will learn about risk factors and warning signs of mental health problems, as well as understand their impact, and common treatments. Individuals who certify as Mental Health First Aiders learn a 5-step action plan to build their skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Frequency of data collection: MHFA and YMHFA Opinion Quiz is collected at the beginning and end of each training. Opinion Quiz are distributed to training participants, to facilitate discussion, but are not collected. The instructors must post the Mental Health First Aid Training Final Evaluations into Mental Health First Aid Instructors website pages to report the following information: each individual trained, individual evaluation results, the quality of training based on the learning objectives in each of the sections of the MHFA training, instructor core competencies, average participants score and content score.

Evaluation Methods:

The MHFA and YMHFA programs are evaluated using a Likert Scale format incorporated into the Pre- and Post- Mental Health Opinion Quiz and Course Evaluation to identify whether each participant has achieved the following:

- Increased mental health awareness
- Increased knowledge of early signs of mental illness.
- Ability to recognize the symptoms of common mental illnesses and substance use disorders.
- Ability to de-escalate crisis situations safely.
- Initiate timely referral to mental health and substance abuse resources available in the community.

Type of evaluation method
Mental Health First Aid Course Evaluation

Measurements for type of program: Learning Core Competencies using
Describe method used to collect and measure collected data
The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support someone developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan. PEI staff collected evaluations but will need to analyze Pre- and Post-Survey data collected in FY 19/20 to best measure changes in attitudes, knowledge and/or behavior regarding suicide.

Comments from training participants are reviewed by the Prevention & Early Intervention supervisor. Examples of comments are included below:

1. "I felt the class was very good and learned some tools using the ALGEE method. I wish some of the slides that had definitions were in our workbook. I understand that they are in the Online manual (which is unable to be printed yet) Hoping I can get a copy soon. I wanted to learn more about psychosis, but I couldn't write down all the info fast enough. (Although the video was

good in that segment) the presenters were fantastic and kept us very engaged. I highly recommend this class".

2. "All topics were very helpful to assist me to better serve my clients with mental health illness"

3. "How to ask the question - Are you thinking about killing yourself or attempting suicide. Learning about ALGEE was very helpful and easy to understand. The presenters did a great job, many on-hand opportunities to learn. Thanks for all your assistance".

4. "Not having to solve the problem or fix it. Just being there offering support, resources and listening can be".

5. As an individual with a background in MH counseling. I found this training extremely useful for those who do not have such training. The most important thing I learned today was that it is ok to just ask someone about changed behaviors, etc. When we notice something off. When working in the mental health field I knew I was able to do this. However, I did not know that I could just apply the same features in the work I do now.

Mental Health First Aid Course Evaluation Results for FY 20-21

Adult Mental Health First Aid

Of participants:
253

	Agree	Disagree	Don't Know
1. It is not a good idea to ask someone if they are suicidal, so you don't put the idea in their heads	19	193	41
2. Schizophrenia is one of the most common mental disorders	65	114	74
3. If someone has a traumatic experience, it is best to make them talk about it right away	24	188	41
4. Males die by suicide more often than females, although females attempt suicide more often than males	128	22	103
5. A mental health first aider can distinguish the difference between a panic attack and a heart attack	82	78	93
6. If someone is experiencing a panic attack, a Mental Health first aider will offer them a paper bag, if available or have them use some breathing techniques to calm them down.	161	37	55
7. Exercise and other self-help strategies can reduce the symptoms of mental illnesses.	217	19	17
8. A mental Health First aider would not try to convince someone out of, not go along with, any delusions a person may be experiencing	107	45	101
9. substance use disorders is a disease that affects a person's brain and behavior	226	8	19
10. Recovery from mental illnesses is the expected outcome of mental health treatment.	80	109	64

OUTREACH PROGRAM requirements for FY 20_21 reports

11. A mental Health First Aider should give advice on effective medications	11	230	12
12. People who talk about suicide don't attempt suicide	16	216	21
13. Psychosis is a mental illness	183	17	53
14. A mental Health First Aider will want to focus on stopping someone from engaging in Non-Suicidal Self-Injury by taking away the means by which a person self-injures.	130	50	73
15. Mental Health First Aiders encourage people with substance use disorders to stop using 'Cold Turkey"	29	184	40
16. Only professionals can help people to be in recovery from Mental Illness	45	178	30
17. Everyone who experiences psychosis hears auditory hallucinations or "voices"	26	177	50
18. Mental Health First Aiders try to connect with people by saying "I understand what you're going through".	50	168	35
19. Culture impacts how people, see, talk about and seek treatment for Mental Health challenges	231	11	11
20. After taking a Mental Health First Aid class, a person will not be able to diagnose someone who could be experiencing a mental health or substance use challenge	148	59	46
Percent	13%	12%	38

Youth Mental Health First Aid Evaluation Course Results for FY 20 – 21

Total # of participants: 77	Agree	Disagree	Don't Know
1. It is not a good idea to ask someone if they are suicidal, so you don't put the idea in their heads	5	63	9
2. Depression is one of the most common mental disorders	10	40	27
3. If a youth experiences a trauma, it is best to make him/her them talk about it as soon as possible?	13	49	15
4. They may not need it right of away, but eventually everyone with a mental health problem needs professional treatment	38	29	10
5. Knowledge about the impact of medication for youth is limited compared to what we know about adults	37	17	23
6. It is best to get a person having a panic attack to breathe into a paper bag	26	35	16
7. A first aider can distinguish a panic attack from a heart attack	29	37	11
8. Exercise can help relieve depression and anxiety disorders.	63	5	9
9. Schizophrenia is a relatively common diagnosis for youth under the age of 18	21	34	22
10. It is best not to try to reason with people having delusions	42	20	15
11. People who talk about suicide don't die by suicide	5	52	20

OUTREACH PROGRAM requirements for FY 20_21 reports

12. When talking to someone about suicide, it is best to be indirect and not use the word "kill" so that you don't upset the person	11	50	16
13. Trauma is a risk factor in almost every type of mental illness	48	16	13
14. Spirituality can be a protective factor - helping to keep a young person from developing a mental illness or minimizing the impact of the illness.	35	23	19
15. People with mental health problems tend to have a better outcome if the family members are not critical of them.	47	16	14
16. Mental Health First Aiders try to connect with young people by saying "I understand exactly what you're going through - that happened to me."	5	51	21
17. Culture impact how people, see, talk about and seek treatment for mental health challenges.	48	26	3
18. After taking a Mental Health First Aid class, a person will not be able to diagnose someone who could be experiencing a mental health or substance use challenge	34	24	19
Percentage:	15%	13%	27%

89.7 % Of the participants responded to the MHFA/YMHFA post-survey.

Information On Design of Evaluations Are:
Culturally Competent: Post Likert Scale Questionnaires Evaluations are in written in Spanish and English include perspective of diverse people with lived experience of mental illness
Youth Mental Health First Aid and Adult Mental Health First Aid is for everyone who is willing to provide help to a person in crisis and connect the person with help. The MHFA/YMHFA curriculum was written with consumer review and feedback.

Teaching methods and activities during the training are used to change attitudes and behavior related to participants to be able to listen to the person at risk nonjudgmentally. When listening, it is important to set aside any judgments made about the person or their situation and avoid expressing those judgments. Most people who are experiencing distressing emotions and thoughts want to be listened to empathetically before being offered options and resources that may help them. When listening to non-judgmentally, the first aider needs to adopt certain attitudes and use verbal and non-verbal listening skills.

Changes in attitude, knowledge and/or behavior related to reducing suicide are measured through participants completing a Mental Health Opinion Quiz at the beginning and at the end of the training. In addition to the opinion quiz, all participants complete a MHFA test at the end of the training.
Each participant has an opportunity to discuss their previous answer to the quiz to increase their knowledge of mental health illness.
Individuals completed the pre- and post-Mental Health Opinion Quiz. Results for the MHFA and YMHFA post-surveys are included above.

S**pecify how the proposed method likely will bring about the select outcomes:**

OUTREACH PROGRAM requirements for FY 20_21 reports

Mental Health First Aid is an international training program proven to be effective. Studies show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses. Peer-reviewed studies show that individuals trained in the Mental Health First aid and Youth Mental Health First Aid program:

- Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions.
- Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- Increase their confidence in and likelihood to help an individual in distress.
- Show increased mental wellness themselves.

Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

ADDITIONAL INFORMATION, INCLUDING ANY ADDITIONAL OUTCOMES MEASURED:
Sutter-Yuba Behavioral Health provides Continuing Education credit through the California Board of Registered Nursing and California Association of Alcoholism and Drug Abuse Counselors (CAADAC).

In 2017, with the assistance of Yuba County Superintendent of Institutions, local instructors of Mental Health First Aid and Youth Mental Health First Aid were approved to give continuing education (STC) credits for probation and corrections staff through the Board of State and Community Corrections.

In 2018, our instructors who are trained in the special module, Mental Health First Aid for Law Enforcement, Corrections, and Public Safety, were approved to give STC credits for that course.

OUTREACH PROGRAM requirements for FY 20_21 reports

Program Information

Program Name: Mental Health First Aid and Youth Mental Health First Aid Program Code: OES-01
Program Type: Stigma Program

Mental Health First Aid (MHFA) and the Youth Mental Health First Aid (YMHFA) are 8-hour training courses designed to give members of the public aged 18 and older key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Both trainings are 8 hours long with the same purpose of providing Mental Health First Aid Training.

Traditionally, The MHFA and YMHFA training are provided in two counties in facilities that are close to county transportation. In fiscal year 20-21 due to COVID-19, both training was done virtually. These trainings are free of charge to all participants, including workbooks and materials. Trainings are provided in a classroom format in schools, cultural organizations, churches, faith-based organizations, and various governmental and community buildings, including the Yuba County Jail, Yuba City Highway Patrol Office and Head Start Offices. Training locations are neutral locations, not affiliated with behavioral health, to enhance access for community members and provide the trainings to a variety of potential responders.

The number of potential responders: **453**

Type of potential responders: California Highway Patrol, Yuba County Jail Staff, and Sutter and Yuba County Probation, Behavioral Health, community members. This year due to COVID-19 and not having PEI staff certified in virtual training on MHFA/YMHFA, PEI was not able to provide services to the Latino community. Our goal for FY 21/21 is to continue to do in-person training on MHFA & YMHFA to the Latino Community. Staff provided MHFA Training community members, non-profit agencies and government agencies in English.

How Program Will Be Implemented to Help Improve Access to Services for Underserved Populations: Traditionally these trainings are in person to the Sutter Yuba community and given various resources during the training. Additional local resources, including the process to access services, are presented and explained to training participants at the end of each training:

Open Access Clinic: Timely access to services by providing information about our Sutter Yuba Behavioral Health Open Access Clinics. Open Access Clinic is a daily walk-in clinic for adults 18 years of age or older in the Sutter-Yuba service area who would like to be assessed for eligibility to receive specialty mental health and/or drug and alcohol services.

Walk-In Triage: Walk-In Triages is a weekly walk-in clinic for parents/guardians of children under the age of 18 years old or still attending High School in the SYBH service area. The triage is for the parent/guardian only to speak with a clinician with regards to the child, to express their concerns, and for the clinician to give information without the child present.

Psychiatric Emergency Service: The Sutter Yuba Behavioral Health 24-hour Psychiatric Emergency Service telephone numbers are provided on a card for each participant.

(530) 673-8255 (673-Talk)
Toll Free 1-888-923-3800

OUTREACH PROGRAM requirements for FY 20_21 reports

The Mental Health First Aid and Youth Mental Health First Aid Programs trained the following number of unduplicated community members (potential responders to a mental health crisis):

MHFA	**YMHFA**
FY 20 - 21 = 295	FY 20 - 21 = 158
FY 20/21 Total Participants: 453	

Program description requirements, including evaluation methodologies

Youth Mental Health First Aid & Mental Health First Aid is an 8-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents and adults, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent or adult in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing, and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect people to professional, peer, social, and self-help care.

The MHFA and YMHFA programs provide community members with the first aid skills to support people with mental health problems. The Prevention & Early Intervention Team is trained to provide specific modules for Public Safety, Military, Higher Education, and individuals working with children, youth and the community. Outreach is conducted through community events, staff contacts with agencies in the community, including school districts, County officials, and law enforcement.

The MHFA and YMHFA curriculum core competencies provide cultural humility by addressing stigma with those with substance use disorder, behavioral health and are presented in English and Spanish. The focus of Mental Health First Aid training is to educate participants on Mental Health Illnesses and reduce the associated stigma.

Demographics for FY 20 - 21

Mental Health first Aid & Youth Mental Health First Aid			
Age	**#**	**Gender**	**#**
0-15	0	Male	60
16-25	15	Female	244
26-59	266	Decline	149
60+	29		
Decline	143	Total	453
Race	**#**	**Ethnicity**	**#**
American Indian	10	Caribbean	4
Asian	34	Central America	4
Black	15	Mexican	50
Pacific Islander	1	Puerto Rican	4
White	176	South American	1
Other	36	Hispanic Other	6
More than one	24	Decline	252
Decline	157		

OUTREACH PROGRAM requirements for FY 20_21 reports

Language	**#**	**Ethnicity Non-Hispanic**	
English	250	**African**	7
Spanish	0	**Asian**	17
More than one	57	**Cambodian**	0
Decline	146	**Chinese**	0
		eastern European	17
Disability		**European**	9
Hearing	3	**Filipino**	5
Seeing	1	**Japanese**	0
Mental Self-Reported	0	**Korean**	1
Physical	3	**middle eastern**	0
Chronic	4	**Vietnamese**	0
More than one	1	**Non-Hispanic other**	59
Communication	0	**Non-Hispanic Hmong**	3
Autistic Child	0	**more than one**	13
Schizophrenia	0		
Depression	0	**Sexual Orientation**	**#**
COPD	0	Gay	2
Bi-polar	1	Hetero	267
Autism	0	Bisexual	5
Asthma	0	Questioning	2
Other	0	Queer	2
No	291	Another	1
Decline	149	more than one	0
		Decline	174
Veteran Status	**#**	**Total**	**453**
Yes	14		
No	294		
Decline	145		
Demographic Information Not Collected/Refused*			

*Can explain in a paragraph here why some participants refused to complete the demographic form

Training Outcomes and Evaluation

Participants learn to utilize the YMHFA & MHFA action plan "ALGEE," consisting of the steps below:
Assess for Risk of Suicide or harm
Listen nonjudgmentally
Give reassurance and information
Encourage appropriate professional help
Encourage self-help and other support group.

OUTREACH PROGRAM requirements for FY 20_21 reports

The approach used to select outcome: Participants will learn about risk factors and warning signs of mental health problems, as well as understand their impact, and common treatments. Individuals who certify as Mental Health First Aiders learn a 5-step action plan to build their skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Frequency of data collection: MHFA and YMHFA Opinion Quiz is collected at the beginning and end of each training. Opinion Quiz are distributed to training participants, to facilitate discussion, but are not collected. The instructors must post the Mental Health First Aid Training Final Evaluations into Mental Health First Aid Instructors website pages to report the following information: each individual trained, individual evaluation results, the quality of training based on the learning objectives in each of the sections of the MHFA training, instructor core competencies, average participants score and content score.

Evaluation Methods:

The MHFA and YMHFA programs are evaluated using a Likert Scale format incorporated into the Pre- and Post- Mental Health Opinion Quiz and Course Evaluation to identify whether each participant has achieved the following:

- Increased mental health awareness
- Increased knowledge of early signs of mental illness.
- Ability to recognize the symptoms of common mental illnesses and substance use disorders.
- Ability to de-escalate crisis situations safely.
- Initiate timely referral to mental health and substance abuse resources available in the community.

Type of evaluation method

Mental Health First Aid Course Evaluation

Measurements for type of program: Learning Core Competencies using

Describe method used to collect and measure collected data

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support someone developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan. PEI staff collected evaluations but will need to analyze Pre- and Post-Survey data collected in FY 19/20 to best measure changes in attitudes, knowledge and/or behavior regarding suicide.

Comments from training participants are reviewed by the Prevention & Early Intervention supervisor. Examples of comments are included below:

1. "I felt the class was very good and learned some tools using the ALGEE method. I wish some of the slides that had definitions were in our workbook. I understand that they are in the Online manual (which is unable to be printed yet) Hoping I can get a copy soon. I wanted to learn more about psychosis, but I couldn't write down all the info fast enough. (Although the video was good in that segment) the presenters were fantastic and kept us very engaged. I highly recommend this class".

2. "All topics were very helpful to assist me to better serve my clients with mental health illness"

OUTREACH PROGRAM requirements for FY 20_21 reports

3. "How to ask the question - Are you thinking about killing yourself or attempting suicide. Learning about ALGEE was very helpful and easy to understand. The presenters did a great job, many on-hand opportunities to learn. Thanks for all your assistance".

4. "Not having to solve the problem or fix it. Just being there offering support, resources and listening can be".

5. As an individual with a background in MH counseling. I found this training extremely useful for those who do not have such training. The most important thing I learned today was that it is ok to just ask someone about changed behaviors, etc. When we notice something off. When working in the mental health field I knew I was able to do this. However, I did not know that I could just apply the same features in the work I do now.

Mental Health First Aid Course Evaluation Results for FY 20-21

Adult Mental Health First Aid

# of participants: 253

	Agree	Disagree	Don't Know
1. It is not a good idea to ask someone if they are suicidal, so you don't put the idea in their heads	19	193	41
2. Schizophrenia is one of the most common mental disorders	65	114	74
3. If someone has a traumatic experience, it is best to make them talk about it right away	24	188	41
4. Males die by suicide more often than females, although females attempt suicide more often than males	128	22	103
5. A mental health first aider can distinguish the difference between a panic attack and a heart attack	82	78	93
6. If someone is experiencing a panic attack, a Mental Health first aider will offer them a paper bag, if available or have them use some breathing techniques to calm them down.	161	37	55
7. Exercise and other self-help strategies can reduce the symptoms of mental illnesses.	217	19	17
8. A mental Health First aider would not try to convince someone out of, not go along with, any delusions a person may be experiencing	107	45	101
9. substance use disorders is a disease that affects a person's brain and behavior	226	8	19
10. Recovery from mental illnesses is the expected outcome of mental health treatment.	80	109	64
11. A mental Health First Aider should give advice on effective medications	11	230	12
12. People who talk about suicide don't attempt suicide	16	216	21
13. Psychosis is a mental illness	183	17	53

OUTREACH PROGRAM requirements for FY 20_21 reports

14. A mental Health First Aider will want to focus on stopping someone from engaging in Non-Suicidal Self-Injury by taking away the means by which a person self-injures.	130	50	73
15. Mental Health First Aiders encourage people with substance use disorders to stop using 'Cold Turkey"	29	184	40
16. Only professionals can help people to be in recovery from Mental Illness	45	178	30
17. Everyone who experiences psychosis hears auditory hallucinations or "voices"	26	177	50
18. Mental Health First Aiders try to connect with people by saying "I understand what you're going through".	50	168	35
19. Culture impacts how people, see, talk about and seek treatment for Mental Health challenges	231	11	11
20. After taking a Mental Health First Aid class, a person will not be able to diagnose someone who could be experiencing a mental health or substance use challenge	148	59	46
Percent	13%	12%	38

Youth Mental Health First Aid Evaluation Course Results for FY 20 – 21

Total # of participants: 77	Agree	Disagree	Don't Know
1. It is not a good idea to ask someone if they are suicidal, so you don't put the idea in their heads	5	63	9
2. Depression is one of the most common mental disorders	10	40	27
3. If a youth experiences a trauma, it is best to make him/her them talk about it as soon as possible?	13	49	15
4. They may not need it right of away, but eventually everyone with a mental health problem needs professional treatment	38	29	10
5. Knowledge about the impact of medication for youth is limited compared to what we know about adults	37	17	23
6. It is best to get a person having a panic attack to breathe into a paper bag	26	35	16
7. A first aider can distinguish a panic attack from a heart attack	29	37	11
8. Exercise can help relieve depression and anxiety disorders.	63	5	9
9. Schizophrenia is a relatively common diagnosis for youth under the age of 18	21	34	22
10. It is best not to try to reason with people having delusions	42	20	15
11. People who talk about suicide don't die by suicide	5	52	20
12. When talking to someone about suicide, it is best to be indirect and not use the word "kill" so that you don't upset the person	11	50	16
13. Trauma is a risk factor in almost every type of mental illness	48	16	13

OUTREACH PROGRAM requirements for FY 20_21 reports

14. Spirituality can be a protective factor - helping to keep a young person from developing a mental illness or minimizing the impact of the illness.	35	23	19
15. People with mental health problems tend to have a better outcome if the family members are not critical of them.	47	16	14
16. Mental Health First Aiders try to connect with young people by saying "I understand exactly what you're going through - that happened to me."	5	51	21
17. Culture impact how people, see, talk about and seek treatment for mental health challenges.	48	26	3
18. After taking a Mental Health First Aid class, a person will not be able to diagnose someone who could be experiencing a mental health or substance use challenge	34	24	19
Percentage:	15%	13%	27%

89.7 % of the participants responded to the MHFA/YMHFA post-survey.

Information On Design Of Evaluations Are:
Culturally Competent: Post Likert Scale Questionnaires Evaluations are in written in Spanish and English include perspective of diverse people with lived experience of mental illness
Youth Mental Health First Aid and Adult Mental Health First Aid is for everyone who is willing to provide help to a person in crisis and connect the person with help. The MHFA/YMHFA curriculum was written with consumer review and feedback.

Teaching methods and activities during the training are used to change attitudes and behavior related to participants to be able to listen to the person at risk nonjudgmentally. When listening, it is important to set aside any judgments made about the person or their situation and avoid expressing those judgments. Most people who are experiencing distressing emotions and thoughts want to be listened to empathetically before being offered options and resources that may help them. When listening to non-judgmentally, the first aider needs to adopt certain attitudes and use verbal and non-verbal listening skills.

Changes in attitude, knowledge and/or behavior related to reducing suicide are measured through participants completing a Mental Health Opinion Quiz at the beginning and at the end of the training. In addition to the opinion quiz, all participants complete a MHFA test at the end of the training.
Each participant has an opportunity to discuss their previous answer to the quiz to increase their knowledge of mental health illness.
Individuals completed the pre- and post-Mental Health Opinion Quiz. Results for the MHFA and YMHFA post-surveys are included above.

S**pecify how the proposed method likely will bring about the select outcomes:**
Mental Health First Aid is an international training program proven to be effective. Studies show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses. Peer-reviewed studies show that individuals trained in the Mental Health First aid and Youth Mental Health First Aid program:

- Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions.

OUTREACH PROGRAM requirements for FY 20_21 reports

- Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- Increase their confidence in and likelihood to help an individual in distress.
- Show increased mental wellness themselves.

Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

ADDITIONAL INFORMATION, INCLUDING ANY ADDITIONAL OUTCOMES MEASURED:
Sutter-Yuba Behavioral Health provides Continuing Education credit through the California Board of Registered Nursing and California Association of Alcoholism and Drug Abuse Counselors (CAADAC).

In 2017, with the assistance of Yuba County Superintendent of Institutions, local instructors of Mental Health First Aid and Youth Mental Health First Aid were approved to give continuing education (STC) credits for probation and corrections staff through the Board of State and Community Corrections.

In 2018, our instructors who are trained in the special module, Mental Health First Aid for Law Enforcement, Corrections, and Public Safety, were approved to give STC credits for that course.

EARLY INTERVENTION requirements for annual FY: 2020 – FY 2021 annual report

Program Name: Aggression Replacement Training (ART) PROGRAM Code: EIP-02

Aggression Replacement Training (ART) is a ten-week course offered for adolescents. It is a cognitive behavioral intervention that trains participants to cope with their aggressive and/or violent behaviors. Traditionally it is taught in person setting in a three one-hour classes per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum. In FY 20:21 PEI developed and offered this training virtually due to COVID-19 restrictions.

The program specifically targets chronically aggressive children and adolescents ages 12-17. Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs. Aggression Replacement Training® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. Participants are selected by school administration, not to exceed 15 participants per course.

The program has been implemented in juvenile justice settings, alternative high schools, and traditional high schools. PEI provides trained instructors and all materials to a limited number of high schools in Sutter Yuba counties and Juvenile Hall. It improves access to services for underserved populations by being available where the youth are, within a larger schedule of activities that allows for, and encourages their involvement.

The program design and intended settings enhances access for specific, designated underserved populations, as youth of color, males, and youth with mental health issues are disproportionately represented in the juvenile justice system. This program endeavors to offer a skill building opportunity to help participants upon completion of their sentence when they re-enter the community, as well as to have a safer, more successful stay in the correctional facility. It also provides that opportunity to youth who are in the community, but who may be struggling with some of the early behaviors that could lead to involvement with juvenile justice and/or disruption in school and in the home.

Program type

Early Intervention

Unduplicated number of people served
FY 20–21: 13 Youth

Indicators for program *(how determine participants, target population)*

School/site data indicated a need for ART to minimize disruptive behavior, school detention, and increase student attendance, as well as to assist youth in developing new skills and thinking to prevent future behavioral issues and criminal justice involvement. The target population is youth in juvenile justice settings, as well as in traditional high schools.

Approach used to select indicators

School Administrators recommend youth based on history of aggressive behaviors (assigned to participate), individual interest (voluntary & self-referred).

Outcomes per program

Desired outcomes

EARLY INTERVENTION requirements for annual FY: 2020 – FY 2021 annual report

- Increased ability to identify anger behavior cycle elements & control,
- Increase in social skills,
- Increase in moral reasoning capacity,
- Decrease in felony recidivism rates.

Approach used to select outcome

School/site referrals or individual self-referrals

How Data is collected

Anecdotal data from school/site staff and self-reporting from participants

Frequency of data collection

Prior to, during, and after the completion of the ten-week course

Evaluation results

Progress notes are used to determine participation and behavioral changes during group sessions.

How determined the evaluation results

Progress is measured by looking at student's participation in role playing, group discussion, homework completion and adaptive behavior

Evaluation Method Incremental Milestones

Type of evaluation method Progress Reports are provided in the curriculum

California evidence-based Clearing House

- Date Research Evidence Last Reviewed by CEBC: June 2017.
- Date Program Content Last Reviewed by Program Staff: March 2016
- Date Program Originally Loaded onto CEBC: December 2013

Demographics for each program broken down by categories

~~**No demographics was collected for FY 20/21**~~

Age	**#**	**Gender**	**#**
0-15	1	Male	12
16-25	12	Female	1
26-59	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Non-Hispanic Other	0
More than one	0	Decline	13
Decline	13		
Language	**#**	**Sexual Orientation**	**#**
English	13	Gay	0

EARLY INTERVENTION requirements for annual FY: 2020 – FY 2021 annual report

Spanish	0	Hetero	0
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability		Other	0
Hearing	0	Decline	13
Seeing	0		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	13
Other	0	Decline	
No	0		
Decline	13		
Demographic Information Not Collected/Refused*			

*Can explain in a paragraph here why some participants refused to complete the demographic form

Program Requirements, including evaluation design and methodologies:

1. Identification of the target populations
    - Trauma exposed children and youth (including transition age youth - TAY): Exposure to traumatic events or prolonged traumatic conditions.
    - Stressed families: Placed out of home, or in a family where there is substance abuse or violence, depression, or other mental illness, or a lack of caregiving adults (serious health conditions or incarceration).
    - At risk of school failure: Children, youth & TAY who are at risk of school failure due to emotional and behavioral problems.
    - At risk of, or experiencing juvenile justice involvement: Children, youth & TAY who show signs of emotional/behavioral problems and are at risk of, or had, contact with juvenile justice systems.
    - Experiencing onset of serious psychiatric illness with psychosis: Identified as presenting signs of mental illness (first break)

Underserved populations: Ethnically/racially diverse communities, LGBTQI, etc.

Mental illnesses for which there is early onset

Children who have experienced relational trauma present a host of problems related to the inability to manage emotions and behavior. Aggression Replacement Training can be integrated with established trauma therapy models to help address these challenges.

Description of how a participant's early onset is determined

Training in Skill streaming, Anger Control, and Moral Reasoning are provided on a weekly basis. Generalization and maintenance are the keys to any successful intervention. Carry over is fostered by

transfer coaches who are directly involved in the youth's life. They may be parents, friends, peers, teachers, staff, and employers who can understand and reinforce behavior that a youth is attempting to modify. Coaches should understand the use of Skill streaming modules Dealing with Feelings and Dealing with Stress. These skills are central to trauma treatment in developing the resilience to manage feelings and cope with difficult situations.

Identification of the types of problems and needs the program addresses
Activities included are intended to improve mental health and related functional outcomes. Learning behavioral modification during each session helps improve functional outcomes in the classroom setting.

Activities to reduce negative outcomes include:

- Social Skills Training, to teach participants what to do, and help them replace antisocial behaviors with positive alternatives.
- Anger Control Training, to teach participants what not to do, and help them respond to anger in a nonaggressive manner and rethink anger-provoking situations.
- Moral Reasoning, to help raise participants' level of fairness, justice, and concern for the needs and rights of others.

Evaluation methodology:
Program outcomes are measured by collecting progress notes at the end of each session. This data is reviewed by the instructor, and student advisor. A process to formally and regularly evaluate the ART program is currently underway and will be implemented during FY 21/22.

How evaluation reflects cultural competence
Program developers and other users have determined that ART is "neutral - that is effective across gender, culture, and ethnicity" (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth)*. Aggression Replacement Training promotes positive and effective interactions with diverse cultures.

In addition, the program uses non-stigmatizing and non-discriminatory strategies, including:
Cultural competency inclusive of minority and underserved populations
Inclusive of LGBTQ youth, foster youth, and Juvenile Hall youth

Briefly describe relevant evidence for each intended outcome
"The program has been identified as evidence based and either a promising or model program by the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Justice (U.S. Department of Justice, 2010; Sherman, Farrington, MacKenzie, & Welsh, 2006), the Office of Safe and Drug-Free Schools (U.S. Department of Education, 2002), and the National Center for Mental Health Promotion and Youth Violence Prevention (2007), among others. ART efficacy studies have provided consistently reliable evidence that the program reduces aggressive, acting out behaviors while increasing prosocial behaviors in high-risk youth." (*Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth*, 2011*)*

EARLY INTERVENTION requirements for annual FY: 2020 – FY 2021 annual report

Explain how effectiveness demonstrated for intended population
Program studies in multiple locations and settings demonstrate effectiveness through School Administration Staff at Feather River Academy, Juvenal Hall, Marysville Community Day School. A formal evaluation process is currently under development for next FY 19/20. Past experience and outcome summaries/feedback show youth feel included and empowered while participating Aggression Replacement Training.

How County will ensure fidelity to practice model and program design
County requires partner agencies to screen potential participants for one or more of the desired outcomes prior to selection for participation. We also ask that the partner agencies advertise to potential participants, and get commitment to, three 45-minute sessions per week for ten weeks, or a variation to accommodate special site needs that equal the same approximate amount of time over the ten-week course. Facilitators use the approved course book, *Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth, Third Edition*.

SUICIDE PREVENTION PROGRAM for FY 2020 – FY 2021 reports

Program Information

Program Name Applied Suicide Intervention Skills Training (ASIST) Program Code: SP-02

Traditionally the Applied Suicide Intervention Skills Training (ASIST) workshop is done in-person training for community members who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. In FY 20-21 due to COVID-19 restrictions our prevention program was not able to present the training to community members. We were; however, PEI was able to do this training at our Local Air Force Base (BAFB) in Yuba County. Safe social distancing was provided to all 18 participants, and the two trainers.

Nationwide, over 1,000,000 people have received this training. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours), two-trainer, intensive, interactive and practice-dominated course designed to help people recognize risk and learn how to intervene to prevent the immediate risk of suicide.

ASIST is for all community members in Sutter and Yuba Counties. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training. ASIST can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. The learning process is based on adult learning principles and highly participatory. Graduated skills development occurs through mini-lectures, facilitated discussions, group simulations, and role plays.

ASIST trainings are advertised to staff within Behavioral Health, as well as to the general community. The training goal is to provide training for as many community members as possible, in a safe environment that increases the opportunities for those participants to offer help to others and to seek help for themselves. It decreases the stigma and taboo of talking about suicide. Sutter Yuba Behavioral Health collaborates with organizations and agencies in the community to offer the training in various settings, including schools, government buildings, privately owned buildings, and Sutter Yuba Behavioral Health locations. By offering the training in different locations, it is easier for community members from both Sutter and Yuba Counties to participate.

Program type: Suicide Prevention Program:

Unduplicated Number of People Served

FY 20-21: 18

Indicators for Program

The program is intended for any adult community member

Approach Used to Select Indicators

The core beliefs of Living Works, developer and copyright owner of ASIST, are listed below: Suicide is a community health problem. Everyone can help.

Thoughts of suicide are understandable, complex and personal. Approach people at risk with an open mind.

Suicide can be prevented. It is possible to save lives and prevent injuries – now.

Help seeking is encouraged by open, direct and honest talk about suicide. If you are approachable, people at risk will seek you out.

Relationships are the context of suicide intervention. Helping either relies upon or builds a relationship.

Intervention should be the main prevention focus. The emphasis should be on preventing suicide behaviors.

SUICIDE PREVENTION PROGRAM for FY 2020 – FY 2021 reports

Cooperation is the essence of an intervention. The helper and the person at risk need to work together to prevent suicide.
Intervention skills are known and can be learned. Helpful skills are known and most everyone can learn them. Large numbers of people can be taught intervention skills. The means to teach intervention skills on a large scale exists now.

Outcomes Per Program
Desired outcomes
Recognize that community members and persons at risk are affected by personal and societal attitudes about suicide;
Provide life-assisting guidance to persons at risk in a flexible manner;
Identify what needs to be in a person at risk's plan for safety;
Demonstrate the skills required to provide suicide first aid to a person at risk of suicide;
Appreciate the value of improving community resources including the way that they work together; and
Recognize that suicide prevention is broader than suicide intervention and includes the life promotion and self-care for persons at risk and for caregivers.

Approach Used to Select Outcome
Participants register themselves or are sent by employers. Most come with some interest in increasing their knowledge about suicide and their ability to help. Often participants have experience with thoughts of suicide themselves or of someone close to them, and/or losses or near-losses of friends, family members, co-workers, and/or clients to suicide. Not all want to do suicide interventions when they leave, but all are better prepared to help in some way to make their communities suicide-safer.

How Data is Collected
Self-reported, anonymous data regarding personal experiences with suicide, suicide behaviors, helping experience(s), feelings of preparation to help, feelings about suicide, and who would help, as well as attitudes about suicide are discussed and collected early in the workshop. An evaluation with questions related to how willing, ready, and able participants feel about helping a person at risk after the workshop, compared to before, is completed at the end of the workshop, again without participant names attached.

Data is collected through questionnaire evaluations at the beginning/early in the workshop and at the completion of the workshop for all participants. Evaluation methods were conducted using a Likert Scale, to measure changes in attitudes, knowledge and/or behavior regarding suicide.

Evaluation questions, and a summary of responses collected at the start and conclusion of the training are included below:

SUICIDE PREVENTION PROGRAM for FY 2020 – FY 2021 reports

Number of participants:18					
	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.			1	3	14
6. Before taking the ASIST training, my answer to # 5 would have been:	1	5	9	2	1
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention			1	3	14
8. Before taking the ASIST training, my answer to # 7 would have been:	1	4	5	5	3
9. I feel prepared to help a person at risk of suicide.			2	6	10
10. Before taking the ASIST training, my answer to # 9 would have been:	3	5	7	3	.
11. I feel confident I could help a person at-risk of suicide.			1	9	8
12. Before taking the ASIST training, my answer to # 11 would have been:	4	3	7	2	2
Decline to answer					

Number of participants: 18	1	2	3	4	5	6	7	8	9	10
1. How would you rate ASIST? (1 = did not like at all…10 = liked a lot)						1		4	2	11
2. Would you recommend ASIST to others? (1 = definitely no…10 = definitely yes)						1			1	16
3. This workshop has practical use in my personal life. (1=definitely no…10=definitely yes)			1			1	1	2		13
4. This workshop has practical use in my work life. (1=definitely no…10=definitely yes)							1	1		16

SUICIDE PREVENTION PROGRAM for FY 2020 – FY 2021 reports

Demographics for FY 18/19

Age	**#**	**Gender**	**#**
0-15	0	Male	13
16-25	5	Female	3
26-59	12	Decline	2
60+	0		
Decline	1		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	1
Asian	0	Central America	0
Black	2	Mexican	1
Pacific Islander	0	Puerto Rican	0
White	12	South American	0
Other	1	Hispanic-Other	0
More than one	2	Non-Hispanic Other	10
Decline	1	Decline	6
Language	**#**	**Sexual Orientation**	**#**
English	15	Gay	0
Spanish	0	Hetero	14
More than one	2	Bisexual	0
Decline	1	Questioning	0
		Queer	0
Disability	**#**	Other	1
Hearing	2	Decline	3
Seeing	1		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	13
Chronic	0	No	0
More than one	0	Decline	0
Other	0		
No	13		
Decline	2		
Demographic Information Not Collected/Refused*			0

*Can explain in a paragraph here why some participants refused to complete the demographic form

Information on Design of Evaluations

The ASIST program has its own evaluation and are culturally competent. Pre & Post Likert Scale Questionnaires Evaluations are in written in Spanish and English. The evaluations are completed anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.

SUICIDE PREVENTION PROGRAM for FY 2020 – FY 2021 reports

Methods and activities used to change attitudes and behavior related to reducing mental illness related suicide: The training uses key processes: presentations, mini-presentations, open-ended questioning, Socratic questioning, simulation and practice experiences, running simulations, and commenting through restatements and summaries. The Key Learnings listed below shows how the workshop is structured, with the reasoning behind each step, and scaffolding for the safe, challenging learning of participants. Trainers talk about what will be happening before it happens, and participants have the opportunity for increasing challenge as they become more comfortable with the concepts and start to practice skills.

Key Learnings of ASIST

Preparing

Registration: Workshop might be fun – and should be safe.
Why First Aid: Very important part of suicide prevention.
Why ASIST: ASIST is special.
About the Participants: Participants are special.
About the Workshop: The trainers expect participation.
About Connecting: Participation begins shortly.

Connecting

Review the Goals for the Section: Trainers need to be clear about what they are trying to do before they start so they can concentrate on doing it once they start.
Connecting Feelings and Experiences with Suicide and Helping: We can do this.
Introductions: The participants are real people.
Connecting Attitudes with Suicide and Helping: Working with people at risk is complex.

Understanding

Introduction to Understanding: Most people at risk want to live.
Explore Invitations: You have an invitation to get involved.
Ask about Thoughts of Suicide: You want to know the answer.
Understanding Choices Phase: Help make choices clear – the picture of the phase as a whole.
Hear the Story: You have to work at listening in order to hear.
Support Turning to Safety: Support by encouraging the turn to safety.
Assisting Life Phase: Develop a Safe Plan they can confirm they will do – the picture of the phase as a whole.
Develop a Safe Plan: Understand why the things on the Safety Framework are related to safety.
Confirm Actions: Confirming actions in the Safe Plan builds trust and safety.
Conclude Understanding: *PAL* can help any person at risk.

Assisting

Starting the Assisting Section: *PAL* is more intuitive than you might have realized.
The Pathway for Assisting Life: *PAL* comes to life.
Transition to Practice: Practice is coming.
Connecting Simulation: We can do this.
Support Turning to Safety Simulation: We can even do this most challenging part.
PAL Simulation: Oh, even more challenges – but we can do it.
Safety First Simulation: It is safe to practice, but this is serious work.
Whole Group Closing; Workgroup Practice Introduction: Good procedures, but I am still anxious, maybe excited.
Workgroup Practice

Working Together

Organizing and Starting: Positive energy
Relationships with Persons at Risk Discussion: The context for helping has its own questions.

SUICIDE PREVENTION PROGRAM for FY 2020 – FY 2021 reports

Community Relationship Discussion: This really can become reality.
Closing the Workshop: You do not need to be alone.

Specify how proposed method likely will bring about the selected suicide prevention outcomes:
ASIST has been designation as a "Program with Evidence of Effectiveness." SPRC designated this intervention as a "program with evidence of effectiveness" based on its inclusion in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). ASIST was rated as promising for improving personal resiliency and self-concept among suicidal individuals calling a hotline. This finding was based on use of ASIST in a specific context: to train suicide crisis line counselors. NREPP reviewed a study that randomized suicide crisis centers into an intervention group, in which counselors received ASIST training, and a wait-list control group. A strength of this study was that it examined the effects of training on distressed individuals (i.e., callers to the hotline), not just on those who received the training. Data from monitored calls of suicidal individuals showed a significant improvement in callers (e.g., less depressed, less suicidal, less overwhelmed) by the end of calls handled by ASIST trained counselors, compared with the wait-list control group (Gould et al., 2013).

Explain how practice's effectiveness has been demonstrated
ASIST was developed over 35 years ago. Over 30 peer-reviewed studies and government reports found:
Improves trainee skills and readiness,
Safe for trainees, with no adverse effects from training;
Interventions shown to increase hope and reduce suicidality;
Training shown to increase general counseling and listening skills

How county will ensure fidelity to the practice according to the practice model
Potential trainers are required to attend a five-day Training-for-Trainers where they attend a standard ASIST, then break it down and learn how to present it piece by piece, as well as the reasons the training is structured the way it is. Finally, they present to a group and are assessed by a coaching trainer. They are considered "provisional trainers" until they successfully complete three workshops within a year, facilitating all of the sections of the training within those three workshops. Evaluations by participants, as well as trainer reports by each trainer for each workshop, are required by LivingWorks, and are read by LivingWorks staff to ensure fidelity and quality of the workshops.

Workshop instructors take a five-day training for the trainer course and agree to be part of a quality control program that supports them in their trainer roles and encourages them to provide feedback to the developers of ASIST.

Participants' comments

1. This was extremely valuable as people who have suicidal thoughts may go to a person they trust.
2. This workshop really helped prepare for real work situation. It also helped boost my confidence
3. This class was great it builds my confidence in interacting with someone who has thoughts of suicide
4. This class was excellent. The class is well needed for the military and is a great asset for BAFB especially in light of the resent suicides here on base.
5. Trainer was helpful and knowledgeable about the topic. Well explained and taught. Thank you for your time!
6. I wish my leadership and peers had this training while I had my issues. I could have help so many others who had completed suicide.

Prevention Program requirements for annual FY 2020 – FY2021 reports

Program type – Prevention Program
Program Name: Girls Circle Program code PP - 02
Traditionally the Girl's Circle support group is an in-person training, in FY 20-21 PEI was not able to continue to provide this support group due to COVID-19 restriction and because the curriculum was not available virtually. The data below reflects a group that came to an end toward FY: 20-21.

Girls' Circle is a high school or middle school girls' support group that runs in eight, ten, or twelve-week sessions, meeting once per week for 40-60 minutes. Each session has a theme, and each week includes activities and/or discussion related to topics within that theme. PEI staff facilitate and support the activities and/or discussions, but participants are encouraged to direct the discussions and to support each other. Participants are referred by school staff or can self-refer. Girls' Circle is offered at several schools in Sutter and Yuba Counties, including: Albert Powel High School, Camp Singer Youth, Juvenile Hall, Live Oak High School, Live Oak Middle School, Marysville Charter Academy for the Arts, Marysville Community Day School, Marysville High School, Riverside Meadows Intermediate School, Robbins Elementary School, Twin Rivers Charter School and Yuba Gardens Intermediate School.

Girls Circle is the first gender-responsive program in the country to demonstrate effectiveness in reducing delinquency for girls. Girls Circle is now listed on the Office of Justice Programs National Criminal Justice Reference Service and the previously available SAMHSA National Registry of Evidence-based Programs

Unduplicated Number of People Served

FY 20-21: 13 participants

Indicators for program *(how determine participants, target population)*
School/site data indicated a need for support groups as an intervention method for girls with various concerns, including developing trusted relationships with adults/women role models, improving peer interactions, making friends, improving self-esteem, developing communication skills, goal setting, developing self-awareness, exploring roles in relationships, and exploring the impact of mental illness and substance use in their lives.

Approach used to select indicators
Counselors, teachers, and administrators recommend participants, and many participants are self-referred because they recognize one or more of the above needs for themselves.
Outcomes Per Program
Desired Outcomes
Increase social-emotional development;
Increase connection, strengths, & competence in girls;
Foster self-awareness & self-confidence;
Maintain authentic connection with peers & adult women in their community;
Counter trends toward self-doubt;
Allow for genuine self-expression through verbal sharing & creative activity;
Increase sense of belonging;
Improve perception & acceptance of their own bodies;
Increase belief in ability to accomplish meaningful actions & goals in their lives;
Determine the impact of mental illness & substance use in their lives.
Approach Used to Select Outcome
School/site data
How Collected Data
Staff and participant feedback

Prevention Program requirements for annual FY 2020 – FY2021 reports

Frequency of Data Collection
Beginning of each group participants fill out a feedback form collected at the end of the group upon completion
Evaluation Results
No formal evaluation tool was used locally. PEI staff are incorporating processes for FY 20/21 to collect and evaluate the program using the Girls Circle Program Toolkit and Administrative Model.
Evaluation Methods
Type of Evaluation Method Likert Scale
evidence based
Girls on probation who participated in a national study were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. Recidivism rates after 12 months post-program completion was significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

This national evaluation also revealed that girls who participated in the Girls Circle program showed significant increases on pre- and post- program surveys in:
Use of Condoms
Educational Aspirations
Educational Expectations
The Study Supports Policy Implications, Including:
The use of the Girls Circle® model as a means for reducing recidivism
Relational-Cultural Theory- recognizing girls' connections with others as central to their healthy identities and development
Motivational Interviewing to facilitate meaningful change
Proper Implementation and fidelity to the model

**The evaluation was funded by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) and conducted in the Juvenile Probation and Court Services Department in Cook County, Illinois by Development Services Group (DSG). Evaluation Report Forthcoming.*

Previous studies in 2005, 2007, and 2010 revealed statistically significant improvement for girls in Girls Circle programs:
Increase in self-efficacy
Decrease in self-harming behavior
Decrease in rates of alcohol use
Increase in attachment to school
Increases in positive body image
Increases in social support

Measurements for Type of Program:
Prevention Programs
Program Name Girls' Circle
Describe method used to collect and measure the following:
Decrease in risk factors, indicators
Increase in protective factors

Prevention Program requirements for annual FY 2020 – FY2021 reports

Information on Design of Evaluations:
culturally competent
The program is intended for girls/women from all backgrounds, races, ethnicities, sexual orientations, ages (within the appropriate age range for the groups), geographical locations, religions, etc. Some of the curriculum is available in Spanish,
include perspective of diverse people with lived experience of mental illness
including family members as applicable
Many participants share their lived experiences with mental illness & substance use, and the group gets the opportunity to learn from each other. Family members do not participate as the groups are closed. Parents/guardians sign permission forms prior to minors participating. Included in those permission forms is a statement about the confidentiality of the group, with the explicit exception that anything stated by a participant that indicates possible harm to or by a participant will not be kept confidential. The information is shared with school counselors, school administration and parents to determine additional services that might be needed for the participant. Facilitators explain that they are mandated reporters to every participant.

Program description requirements, including evaluation methodologies
Program Name Girls' Circle
Target population, including How risk is defined and determined

Program is advertised at participating schools so that girls can self-refer, as well as being referred by staff. Information tables & presentations have also been used to introduce the program at new schools or at sites where we are attempting to get information about the program out to a larger audience. School sites request for our staff to provide Girl's circle by the school counselors determining of students that will be referred to the group.

Demographics relevant to the target population, including: Note that not all participants completed the demographic form due to hesitancy of many participating schools. Demographic information for FY: 20 - 21

Demographics for FY 20-21

Age	**#**	**Gender**	**#**
0-15	4	Male	0
16-25	1	Female	6
26-49	0	Decline	7
Decline	8		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	1	Central America	0
Black	0	Mexican	1
Pacific Islander	0	Puerto Rican	0
White	5	South American	0
Other	0	Hispanic Other	0
More than one	0	Non-Hispanic Other	1

Prevention Program requirements for annual FY 2020 – FY2021 reports

Decline	7	Decline	11
Language	**#**	**Sexual Orientation**	**#**
English	4	Gay	
Spanish	0	Hetero	4
More than one	2	Bisexual	1
Decline	7	Questioning	
		Queer	
Disability	**#**	Other	1
Hearing	0	Decline	7
Seeing	0		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	NA
Chronic	0	No	NA
More than one	0	Decline	NA
Communication	0		
Other	0		
No	5		
Decline	8		
Demographic Information Not Collected/Refused*			0

Identification of the types of problems and needs the program addresses
Activities included to improve mental health and related functional outcomes
Discussions & activities with the following being a girl with the focus on life skill development through training protective factors and understanding various topics and issues faced in school, such as Body Image & Goals for Healthy Living, Relationships, Growth & Self-Care, Body Talk, Body Messages and so in a group setting.

Include Reduction of Negative Outcomes
Negative outcomes of untreated mental illness program will affect, including:
Girls Circle aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Having a social structure through connecting the students with the school counselor builds a safety net and a path to connecting to services.
Reduction of prolonged suffering
List of mental health indicators used to measure reduction of prolonged suffering
Explain evaluation
Girls Circle measure outcomes in conjunction with any combination of the Girls Circle Activity Guides. This comprehensive Toolkit and Administrative Manual provides the Girls Circle Survey, a measurement instrument designed specifically for use within organizations using the Girls Circle model and integrates a validated self-efficacy instrument. Additional contents include step-by-step instructions for program evaluation, consent forms, and information sheets. Spanish language Survey and forms also included. Reproducible within purchasing organizations.
Measures the following:

Prevention Program requirements for annual FY 2020 – FY2021 reports

School Attachment
Avoiding Self-Harm
Positive Body Image
Avoiding Alcohol
Avoiding Tobacco
Communicating Needs to Adults
Making Healthy Choices regarding Nutrition, Self-Care and Activities
Using Protection if choosing sexual activity
Self-Efficacy [Schwarzer's Self-Efficacy Scale]

How County will ensure fidelity to practice model and program design
Staff use the provided facilitator guides for each curriculum. School contacts commit to supporting the program, participants' ability to attend, and providing the space & time for the groups to take place.

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
Describe specific strategies employed
The model is utilized in all service delivery models in prevention and intervention - including education, juvenile justice, child services, behavioral, mental health treatment, and community programming. The training builds on participants' skills on how to promote girls' strengths and critical thinking in regard to their behavior and choices. Girls Circle offers an approach that increases positive connections as they pertain to girls' healthy relationships with adults, peers, and community for the purpose of helping girls to take full advantage of their talents, academic interests, career pursuits, and potential for healthy relationships.

Reasons why the county believes they will be successful and meet intended outcomes
This initial training provides a comprehensive course on the Girls Circle model for participants of all experience levels and solidly sets the foundation for implementing dynamic female responsive programming via Girls Circle support groups. Workshop facilitators use an experiential model of learning to include lecture, demonstration, group discussion, case studies, simulation, small group interaction, and brainstorming to stimulate participants' learning. The subject matter relates to the scope of practice in all youth serving sectors in its attention to girls' developmental stages and needs. Girls on probation who participated in the study were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. Recidivism rates after 12 months post-program completion significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

Participants' Comments:

- "I Learned that you must calm yourself before you go & do something you regret"
- "I learned to set goals for myself to achieve"
- "I learned that some people have gone through the same things"
- "I learned that I have to take care of myself"
- "I've learned not to do drugs"
- "That I should respect myself more"

Prevention Program requirements for annual FY 2020 – FY2021 reports

Program Type – Nurtured Heart Approach (NHA)

The Nurtured Heart Approach® (NHA) is applicable across many disciplines and successfully used by psychologists, social workers, counselors, other treatment professionals, educators, and parents alike. The NHA is also successfully used with most symptoms related to behavior: opposition, defiance, ADHD, ADD, anxiety, depression, and children on the Autism Spectrum. Traditionally the program is an in-person training, in FY 20-21 PEI was able to provide this training due to COVID-19 restriction and the inability to contact agencies/individuals that were interested in completing the program. Since some of the COVID-19 restrictions have been lifted, we are starting to have more agencies asking for training, however; we think that the data will be late coming in to report in FY 20-21. The data will be reported on FY 21-22.

Most approaches designed to improve communication, manage behavior or teach social skills target specific realms of problematic actions that children are manifesting. The NHA approach shifts the target away from problems and into greatness. It inspires challenging children to use their intensity in great ways, while awakening all children to the greatness of who they are, helping them to take charge in leading passionate and purposeful lives.

Unduplicated Number of People Served: FY 20-21 = 46

Indicators for Program *(how determine participants, target population)*

School referrals
CPS / County Court Referrals
Probation department referrals
Community Referrals

Nurtured Heart Approach is being used in our schools and homes, we receive referrals from Sutter & Yuba County Child Protection Services, Schools, Probation from various surrounding counties, Behavioral Health, local non-profits and churches.

Approach Used to Select Indicators

Community Outreach Events
Advertisement through email, departments and community
NHA evaluation

Outcomes Per Program

Improve family relationships
Promote positive Behavioral Changes in Children
Improve the child-parent relationship

Approach Used to Select Outcome

Nurtured Heart Approach evaluation

Frequency of Data Collection

Data is collected through the completion of evaluations at the end of the 6-week training, an activity sheet is completed and filed monthly.

Evaluation Results

No evaluations were collected in FY 20-21

Prevention Program requirements for annual FY 2020 – FY2021 reports

Impact Statements Were as Follows: None were collected.

How Determined the Evaluation Results
Evaluation Methods
Type of evaluation method Likert Scale
Promising practice: NHA is considered an evidence informed practice based on existing research and anecdotal evidence. Currently, the Children's Success Foundation is working with outside organizations to compile the necessary research to establish NHA as an evidence-based practice. Anecdotal data is being compiled in a variety of treatment, community and educational situations. The effectiveness of NHA comes from several of the thousands of homes, classrooms and treatment agencies that use NHA world-wide. The Nurtured Heart Approach is a relationship focused methodology founded strategically in 3 Stands "Absolutely no, Absolutely Yes and Absolutely Clear".
Measurements for Type of Program:
Nurtured Heart Approach
Participants attend a 5-session nurtured heart approach once a week.
Each week participants shared their success in applying the NHA concept at home.
There is a different discussion each week and participants shared how they are improving and minimizing their challenges.
Behavioral Changes in children with ADHD, Oppositional Defiant Disorder, Reactive Attachment Disorder and academically emotional and anxiety related symptoms.

Stigma and Discrimination Reduction Program
Changes in attitude, knowledge and behaviors related to mental illness.
Cultural Competence:
NHA is available in Spanish and English. The Latino parents participating in the NHA discuss the social and cultural barriers to the approach of parenting helping overcoming barriers to the development of parent child relationship.

include perspective of diverse people with lived experience of mental illness
The Nurtured Heart Approach has been shown to create transformative changes in children diagnosed with ADD, ADHD, Oppositional Defiant Disorder (ODD), Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms, almost always without the need for long-term mental health treatment.

Program description requirements, including evaluation methodologies
Program Name: The nurtured Heart Approach
Target population, including:
Children identified with ADD, ADHD, ODD
Children with behavioral problems
Parents identified by CPS and/or the courts with a need for parenting classes
How Risk is Defined and Determined:
School referrals
CPS/ County Court Referrals
Probation department referrals
Community Referrals

Prevention Program requirements for annual FY 2020 – FY2021 reports

Demographics Relevant to the Target Population, Including Demographics for FY 20-21

Nurtured Heart Approach

Age	**#**	**Gender**	**#**
0-15	0	Male	5
16-25	2	Female	17
26-59	20	Decline	24
60+	1		
Decline	23		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	1	Central America	0
Black	0	Mexican	1
Pacific Islander	0	Puerto Rican	0
White	14	South American	0
Other	2	Hispanic Other	0
More than one	2	Decline	33
Decline	27		
Language	**#**	**Ethnicity Non-Hispanic**	
English	20	**African**	0
Spanish	0	**Asian**	0
More than one	3	**Cambodian**	0
Decline	23	**Chinese**	0
		Eastern European	3
Disability	**#**	**European**	1
Hearing	3	**Filipino**	1
Seeing	0	**Japanese**	0
Mental Self-Reported	0	**korean**	0
Physical	0	**middle eastern**	0
Chronic	0	**Vietnamese**	0
More than one	0	**Non-Hispanic other**	7
Communication	0	**Non-Hispanic Hmong**	0
Autistic Child	0	**more than one**	0
Schizophrenia	0		
Depression	0	**Sexual Orientation**	**#**
COPD	0	Gay	0

Bi-polar	0	Hetero	17
Autism	0	Bisexual	0
Asthma	0	Questioning	0
Other	0	Queer	0
No	21	Another	0
Decline	22	more than one	0
		Decline	29
Veteran Status	**#**		
Yes	0		
No	24		
Decline	22		
Demographic Information Not Collected/Refused*			

Identification of the types of problems and needs the program addresses:
Improved parent child relationships
Build on protective factors
Improved family communication

The nurtured Heart Program has been implemented at different locations in both counties in English and Spanish. NHA has been presented in the following locations throughout the county:
School classroom setting
County Library
County offices
Pre-school parents' meetings
Probation department

Intended setting for each program
Why setting enhances access for specific, designated underserved populations
Alleviates transportation problems
Convenient to participants who drop off their children in school and stay for the program.
Evening hours are more convenient for people that work during the regular workschedule.

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
The nurtured heart approach is open to everyone regardless of their parenting skills.
It is non-discriminatory
It is culturally appropriate PEI staff were the first to offer this training in Spanish

Reasons why the county believes they will be successful and meet intended outcomes.
The county prevention early Intervention program staff will continue to reach out to underserved communities that are geographic, social economic and cultural barriers to improve on parenting skills, by advertising our program, community outreach and creating partnership with school representatives. Prevention & Early Intervention team has established great relationships with Sutter County Superintendent of Schools, Yuba

Prevention Program requirements for annual FY 2020 – FY2021 reports

County Office of Education in all district that has been developed over time. We coordinate services to the schools together in the planning and scheduling process for each school year.

PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

Program Information:

1. **Program Name Prevent Adverse Childhood Experiences (ACES)**

ACES are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACES cause much of our burden of chronic disease, most mental illness, and are at the root of most violence.

2. **Program type – Prevention Program**

3. **Unduplicated number of people served: FY 20-21 = 92**

4. **Indicators for program** *(how determine participants, target population)*

The science of ACES refers to the research about the stunning effects of adverse childhood experiences (ACES) and how they work together to affect our lives, as well as our organizations, systems and communities. It comprises:

1. **The CDC-Kaiser Permanente ACE Study** and subsequent surveys that show that most people in the U.S. have at least one ACE, and that people with four ACES— including living with an alcoholic parent, racism, bullying, witnessing violence outside the home, physical abuse, and losing a parent to divorce — have a huge risk of adult onset of chronic health problems such as heart disease, cancer, diabetes, suicide, and alcoholism.
2. **Brain science** (neurobiology of toxic stress) — how toxic stress caused by ACES damages the function and structure of kids' developing brains.
3. **Health consequences** — how toxic stress caused by ACES affects short- and long-term health, and can impact every part of the body, leading to autoimmune diseases, such as arthritis, as well as heart disease, breast cancer, lung cancer, etc.
4. **Historical and generational trauma** (epigenetic consequences of toxic stress) — how toxic stress caused by ACES can alter how our DNA functions, and how that can be passed on from generation to generation.
5. **Positive Childhood Experiences and resilience research and practice** — Building on the knowledge that the brain is plastic and the body wants to heal, this part of PACES science includes evidence-based practice, as well as practice-based evidence by people, organizations and communities that are integrating trauma-informed and resilience-building practices. This ranges from looking at how the brain of a teen with a high ACES score can be healed with cognitive behavior therapy, to how schools can integrate trauma-informed and resilience-building practices that result in an increase in students' scores, test grades and graduation rates.

PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

5. **Approach used to select indicators**

"ACES" comes from the CDC-Kaiser Adverse Childhood Experiences Study, a groundbreaking public health study that discovered that childhood trauma leads to the adult onset of chronic diseases, depression and other mental illness, violence and being a victim of violence, as well as financial and social problems. The ACE Study has published about 70 research papers since 1998. Hundreds of additional research papers based on the ACE Study have also been published.

The 10 ACES the researchers measured:

-- Physical, sexual and verbal abuse.

-- Physical and emotional neglect.

-- A family member who is:

- depressed or diagnosed with other mental illness;
- addicted to alcohol or another substance;
- in prison.

6. **Outcomes per program**

a. Desired outcomes

ACES don't have a single cause, and they can take several different forms. Many factors contribute to ACES, including personal traits and experiences, parents, the family environment, and the community itself. To prevent ACES and protect children from neglect, abuse, and violence, it's essential to address each of these factors.

Page last reviewed: January 5, 2021
Content source: National Center for Injury Prevention and Control, Division of Violence Prevention

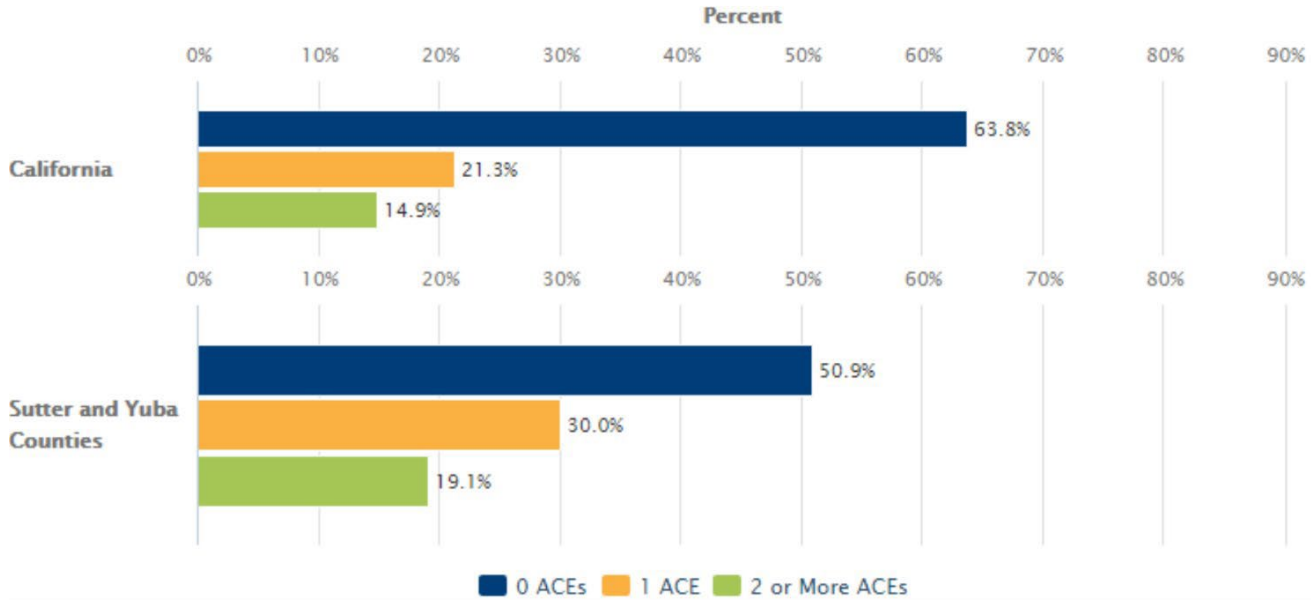
b. Approach used to select outcome Feedback from our Surveys and Kids Data

c. How collected data: Data is collected through our website as well as other data sources inthis report. Community Surveys and Kids Data

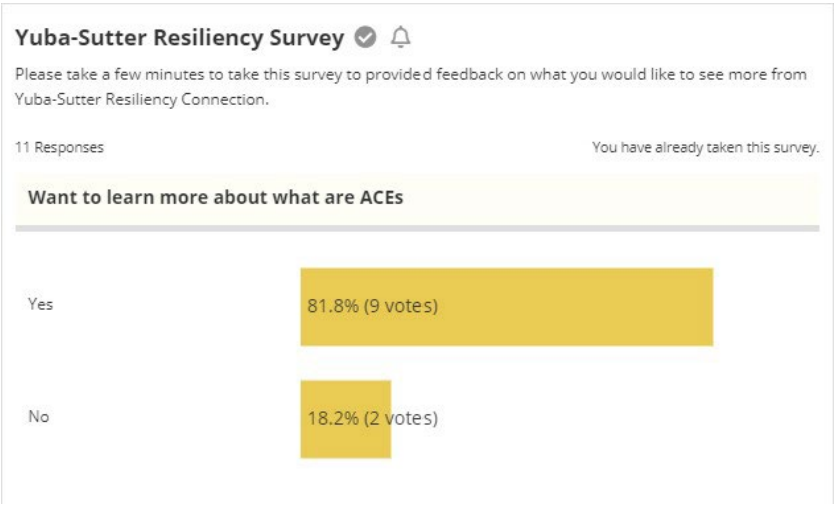
d. Frequency of data collection: Quarterly, Annually

e. **Evaluation results** Children with Adverse Experiences (Parent Reported), by Number: 2016-2019

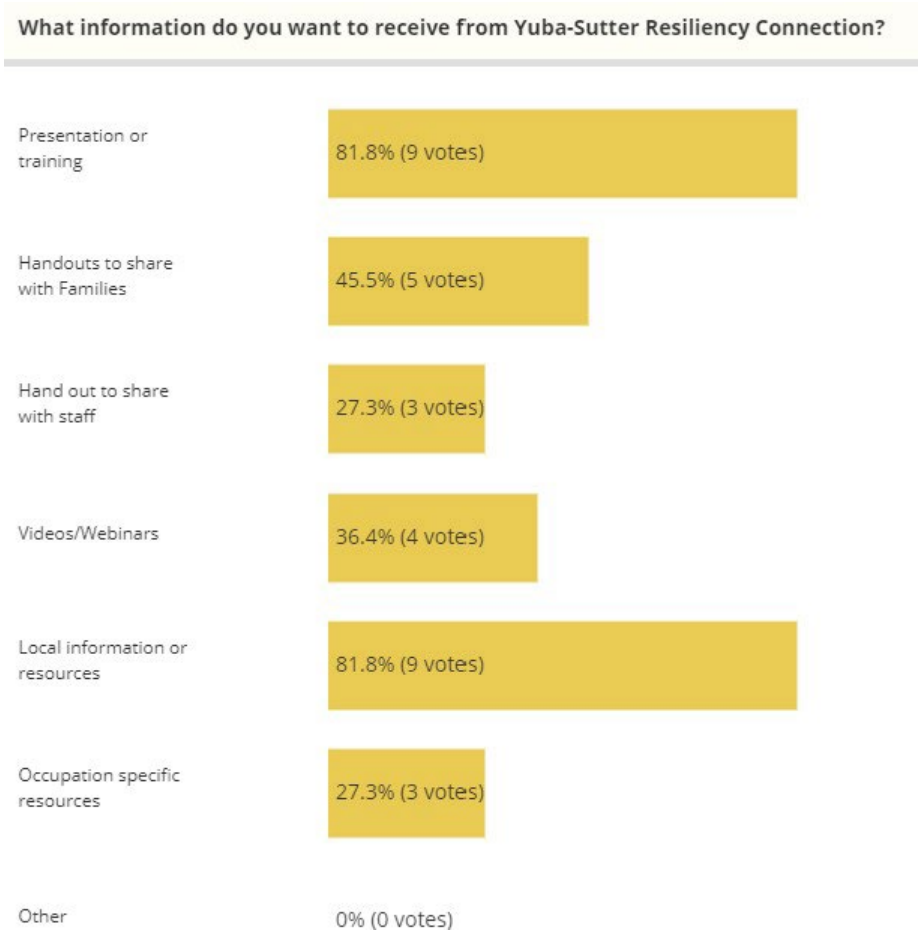
PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

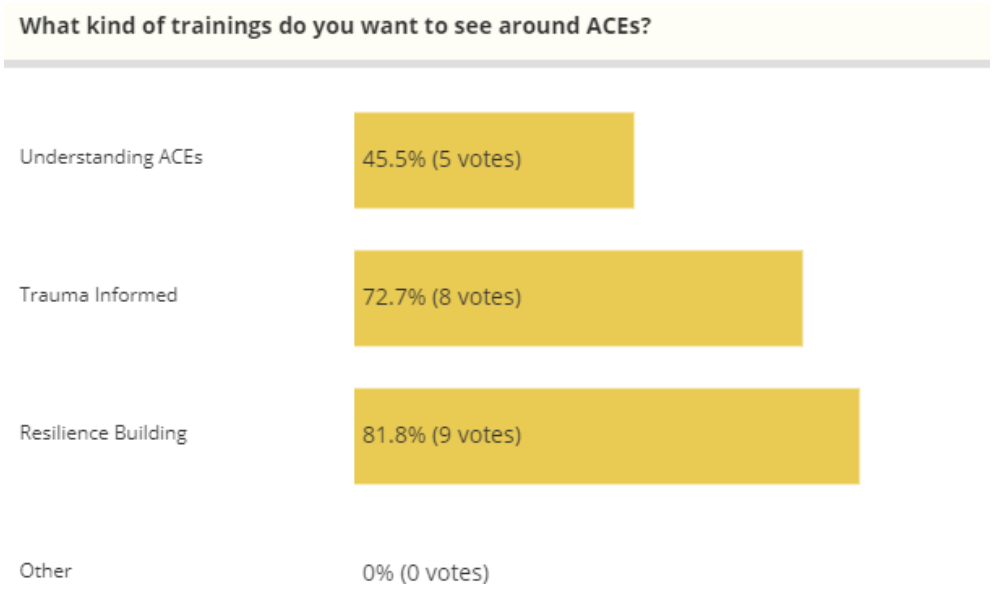


Data Source:As cited on kidsdata.org,Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Jan. 2021).

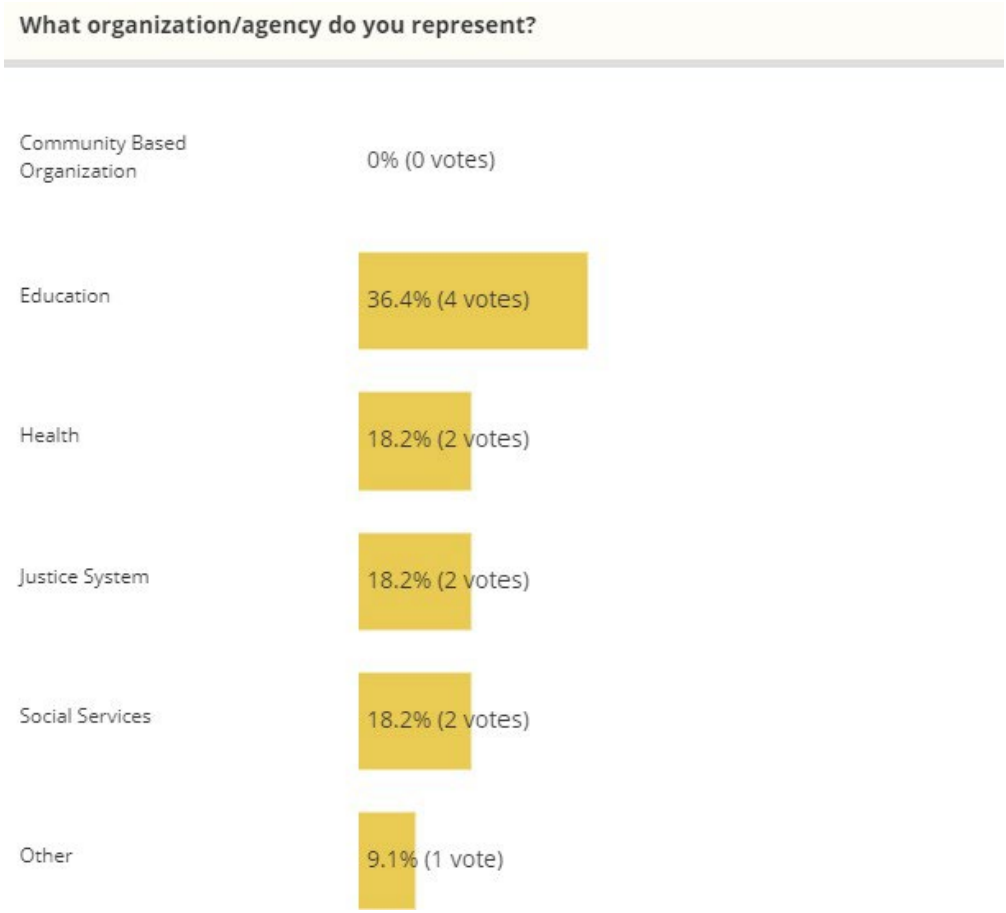


PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021





PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021



https://www.ACESconnection.com/g/yuba-sutter-resiliency-connection/surveys/yuba-sutter-resiliency-survey

Evaluation Methods

1. Type of evaluation method
    a. evidence based - Adverse Childhood Experiences (ACES) (cdc.gov)
2. Measurements for type of program:
    a. *Prevention programs*
        i. Program name

Positive Adverse Childhood Experiences (PACES) Health Program Specialist will work to empower communities to promote an ever-growing social network, connects those who are implementing trauma-informed and resilience-building practices based on ACES science. Will work on developing a network of resources and share their best practices, Will build on existing community structures to support and link people to services. Encouraging healthy behaviors in children, their families, and other adults through education and awareness. Adverse Childhood Experiences (ACES) are potentially traumatic events that

occur in childhood. ACES can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACES can change brain development and affect how the body responds to stress. ACES are linked to chronic health problems, mental illness, and substance misuse in adulthood. This position will help with addressing those issues through building upon our PACES Connection website.

Describe method used to collect and measure the following:

Decrease in risk factors, indicators, and/or

Individual and Family Protective Factors

- Families who create safe, stable, and nurturing relationships, meaning, children have a consistent family life where they are safe, taken care of, and supported
- Children who have positive friendships and peer networks
- Children who do well in school
- Children who have caring adults outside the family who serve as mentors/role models
- Families where caregivers can meet basic needs of food, shelter, and health services for children
- Families where caregivers have college degrees or higher
- Families where caregivers have steady employment
- Families with strong social support networks and positive relationships with the people around them
- Families where caregivers engage in parental monitoring, supervision, and consistent enforcement of rules
- Families where caregivers/adults work through conflicts peacefully
- Families where caregivers help children work through problems
- Families that engage in fun, positive activities together
- Families that encourage the importance of school for children

Community Protective Factors

- Communities where families have access to economic and financial help
- Communities where families have access to medical care and mental health services
- Communities with access to safe, stable housing
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to high-quality preschool
- Communities where families have access to safe, engaging after school programs and activities
- Communities where adults have work opportunities with family-friendly policies
- Communities with strong partnerships between the community and business, health care, government, and other sectors
- Communities where residents feel connected to each other and are involved in the community
- Communities where violence is not tolerated or accepted

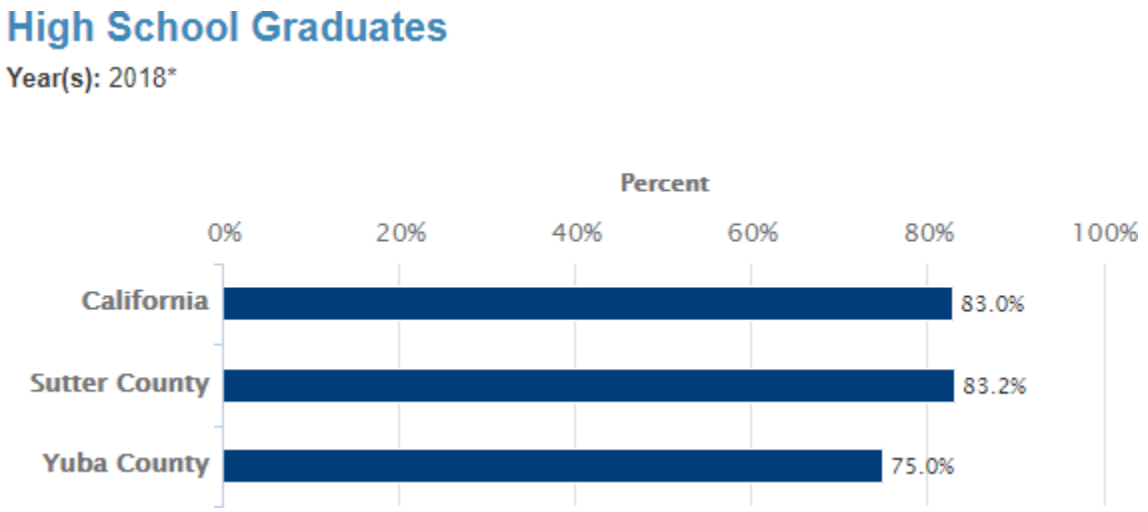
b. culturally competent: Yes, through our annual trainings provided to all our Prevention and Early Intervention of our staff.

3. Program description requirements, including evaluation methodologies
    1. Program Name PACES

PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

2. Demographics relevant to the target population, including: The PACES Dashboards posts the following demographics:

[Yuba and Sutter County Combined Data Dashboard: Child Adversity and Well-Being | Yuba-Sutter Resiliency Connection (CA) | ACES Connection]



[Kidsdata: Data and Resources about the Health of Children]

PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

School Supports (Student Reported), by Grade Level

Year(s): 2015-2017

California	Percent		
Grade Level	High	Medium	Low
7th Grade	38.4%	50.1%	11.5%
9th Grade	26.4%	54.7%	19.0%
11th Grade	29.6%	52.2%	18.2%

Sutter County	Percent		
Grade Level	High	Medium	Low
7th Grade	34.9%	52.6%	12.5%
9th Grade	25.2%	52.9%	21.9%
11th Grade	27.8%	52.0%	20.2%

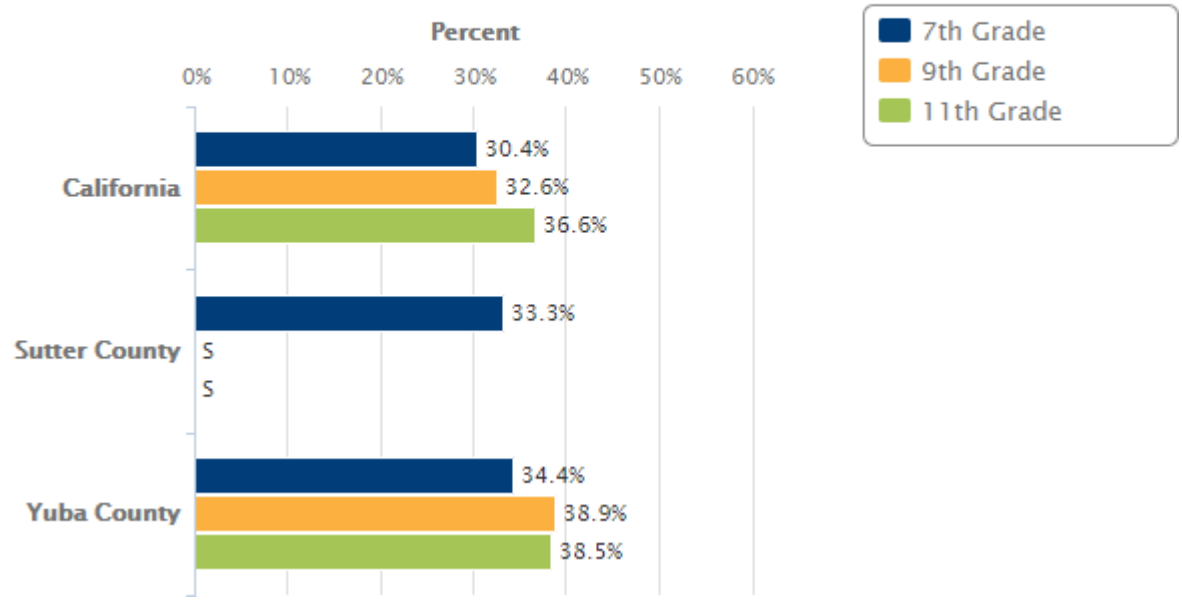
Yuba County	Percent		
Grade Level	High	Medium	Low
7th Grade	33.8%	53.1%	13.1%
9th Grade	24.9%	57.8%	17.3%
11th Grade	31.4%	50.8%	17.8%

Kidsdata: Data and Resources about the Health of Children

PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

Depression-Related Feelings, by Grade Level

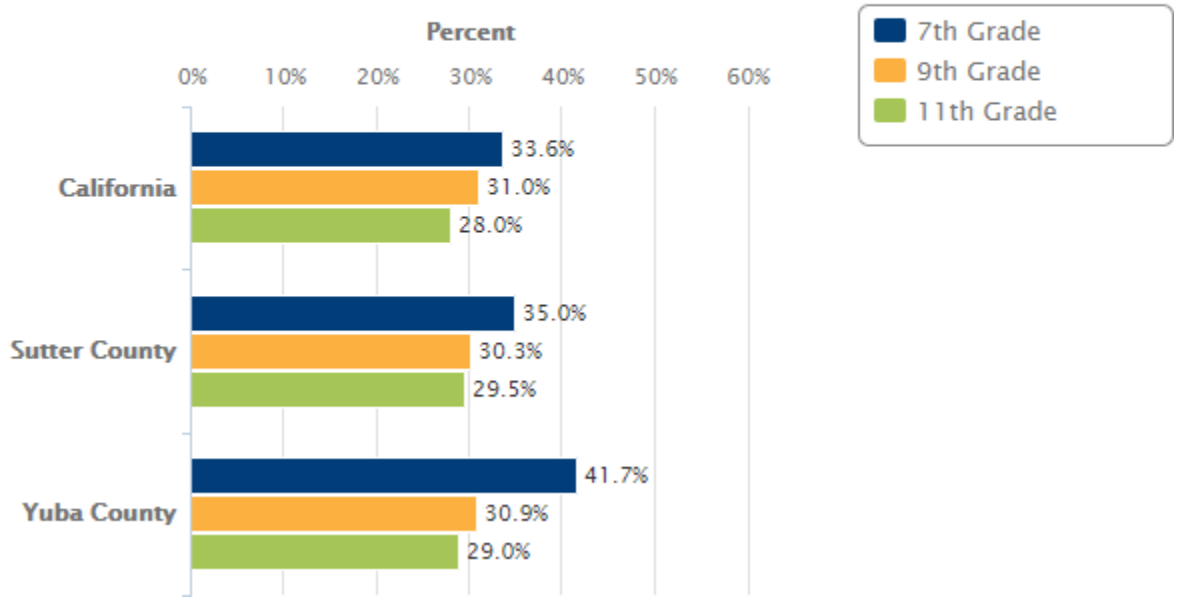
Year(s): 2017-2019 **Student Response:** Yes



Kidsdata: Data and Resources about the Health of Children

Students Who Were Bullied/Harassed in the Previous Year

Year(s): 2015-2017 **Student Response:** Some



Kidsdata: Data and Resources about the Health of Children

PEI regulations outline: Prevention Program requirements for annual report for 2020 - 2021

3. Negative outcomes of untreated mental illness program will affect, including:

   The Sutter County Data Dashboard contains select indicators of child adversity and well-being. The dashboard is a product of the Shared Data and Outcomes Workgroup of the California Essentials for Childhood (EfC) Initiative, a CDC-funded child maltreatment prevention project hosted by the California Departments of Public Health and Social Services. These twenty-three indicators reflect the vision and mission of the EfC initiative to create safe, stable nurturing relationships and environments, and to serve as a set of shared metrics for this collective impact project. The Workgroup identified multiple criteria for indicator selection using a life course framework and a social determinants perspective.

   The dashboard uses indicators from Kidsdata.org, a program of the Lucile Packard Foundation for Children's Health. It contains wellness and health measures, including three measures of child adversity and resilience, based on a data topic that was created in a collaboration between EfC and Kids data. The child adversity measures incorporate a broader social determinants of health framework for Adverse Childhood Experiences (ACES) beyond traditional measures of household and family dysfunction.

   The purpose of this dashboard is to provide metrics that can inform diverse partners working across sectors to address child adversity and well-being and promote resiliency and positive community solutions. For additional information on the health and well-being of California's children, including data at the county-level and with demographic breakdowns, please visit www.Kidsdata.org.

4. How Prevention Program is likely to reduce negative outcomes

   a. If used evidence based standard or promising practice:

      i. Briefly describe relevant evidence for each intended outcome, Increase the knowledge in our community about PACES

         1. Yuba Sutter PACES Connection website has current resources and information available to the community with a long-term plan for maintaining the website.
         2. Process for information sharing is created with our community partners.
         3. Processes added to the media resource guide with instructions on how to update the website.
         4. Share the Sutter County Children & Families Commission ACES Aware resource directory and using ACES Aware educational marketing campaign.
         5. Assess the level of engagement in ACE screening and trauma informed practices, identify gaps where additional resources are needed and guide the community's planning.

      ii. Explain how effectiveness demonstrated for intended population, Review with survey questions.

      Trauma informed approaches and interventions build healthier students and a positive, supportive school climate. Research shows that trauma informed schools and

communities are safer, more successful, and can positively impact all individuals. In addition to student support, Prevention & Early Intervention Team strives to create a support system by reaching out to the people who also have an impact student wellness. Providing training, outreach, services, and other means of intervention to those who are in contact with students will help the student feel supported and valued.

iii. How County will ensure fidelity to practice model and program design

Our Prevention & Early Intervention staff will continue working with our Technical Assistance from PACES Connections to review our processes.

1. How program will be implemented to help improve access to services for underserved populations
    a. Intended setting for each program
        i. Why setting enhances access for specific, designated underserved populations
            1. If program located in mental health setting, explain how it enhances access to quality services and outcomes for specific underserved population
    b. Explain how program will use strategies that are non-stigmatizing and non-discriminatory

Trauma-informed and evidence-based practices will be implemented as a foundation of the Prevention and Early Intervention Programs. Given the widespread prevalence of Adverse Childhood Experiences (ACES) and reported stress, taking this approach is determined to be best practice. The pandemic has brought on significant challenges and needs that call for interventions that are non-stigmatizing, non-discriminatory, and trauma sensitive. Our strategies will focus on mitigating trauma and use evidence-based techniques to build resiliency.

Research shows that trauma informed schools and communities are safer, more successful, and can positively impact all individuals. In addition to student support, PEI strives to create a support system by reaching out to the people who also have an impact overall community wellness. Providing training, outreach, services, and other means of intervention to those who are in contact with students will help the student feel supported and valued.

1. ESTIMATES FOR EACH PROGRAM – for fiscal year after plan is submitted
    a. Estimated number of children, adults and seniors to be served for each prevention program

Increasing to 200 total members

Prevention Program requirements for annual 20-21 reports

Program Information
Program Name: The Council
Traditionally the Council support group is an in-person training. In FY 20-21 our prevention program was not able to provide this support group due to COVID-19 restriction. PEI staff created a virtualized version of the Council. The data below reflects groups held during FY 20/21.

The Council is an inclusive, strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. The Council meets a core developmental need in boys for safe, secure and positive relationships.
Program type – Prevention Program-
Unduplicated number of people served: FY 20-21: 616

Indicators for program *(how determine participants, target population):* School attendance, grades, referrals for student participants
Approach used to select indicators: Schools identified these indicators as a measure of student success based on their Positive Behavioral Interventions and Supports (PBIS) policy.
Outcomes Per Program
Desired outcomes: Increase in school engagement, avoidance of tobacco, alcohol and drugs, caring and cooperating (vs. aggression), respecting other's boundaries, respecting differences and having pride in one's ethnicity, and creating healthy masculine identities.
Approach used to select outcome: Desired outcomes are identified by the One Circle Foundation and evaluated as evidence-based practices.
How collected data: School records, parent, teacher, and student feedback.
Frequency of data collection: Quarterly. Beginning and end of each school semester.
Evaluation results and how determined: Review of parent, teacher, and student feedback. School records analyzed to determine reduction in referrals and improvement of grades & attendance.
Evaluation Methods
Type of evaluation method Likert Scale
Evidence Based: All evaluation tools were determined by Sabo (1999), Park et al (2005), & Chu, Porche & Tolman (2005). The council is a strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build their capacities to find their innate value and create good lives individually and collectively.
The Council utilizes cultural competency in youth development. Facilitators encourage developing a positive cultural identity which is recognized as a key component to resilience. The Council provides an inclusive environment that honors cultural, family, and spiritual beliefs and incorporates aspects of cultural practices into the program. Also included is youths' sexual identity and gender identities, recognizing that for many youths who are marginalized from culture there is a need to belong and be authentic while remaining safe and connected within a group that accepts them. Marginalized youth often lack opportunities to voice their opinions and perspectives and the Council encourages these individuals to have a voice.
Intended setting for each program is school-based locations (classrooms, counseling rooms, etc.) & juvenile hall (conference room). School based locations allows for participation by culturally diverse populations. Including underserved Sikh and Hispanic populations in Sutter and Yuba Counties. Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.
Describe Specific Strategies Employed
Inclusive person-first language is utilized, as well as cultural competency inclusive of minority and underserved populations, and LGBTQI youth
Reasons why the county believes they will be successful and meet intended outcomes

Prevention Program requirements for annual 20-21 reports

Experience and outcome summaries/feedback show youth feel included and empowered while participating in the Council.

Describe Method Used to Collect and Measure the Following:
Decrease in risk factors and increase in protective factors measured using anecdotal evidence gathered through school records prior to and after council participation, along with parent, teacher, and student feedback.
Culturally Competent:
The council is open to all interested male youth. All participants need to have a commitment to attend meetings and agree to follow the council agreements. Youth are encouraged to recognize cultural differences and societal expectations of men.
May also define and measure impact of programs in mental health and related systems (see page 19 for examples):

9% of males 16-24 were high school dropouts (2009)
Males 30% more likely than girls to fail or drop out of school
Males 10-24 are 5X more likely to die by homicide than females
Black males 10-24 4x more likely to die by homicide than overall homicide rates.
7% of boys have a serious emotional or behavioral difficulty (2009)
11% of males diagnosed with ADHD
13.9% of 9^{th}-12^{th} grade youth considered attempting suicide (2009)
Male youth are at increased risk in Alaskan Native and American Indian youth have the highest risk for suicide (19.98/100,000).
More males than females age 10-24 report outpatient visits for mental health disorders (2005)
65-70% of youth in juvenile justice system have a diagnosable mental health disorder.
60% of youth meet criteria for 3 or more diagnosable disorders
61% of youth with diagnosable disorder has a substance abuse diagnosis.
25% of males had five or more drinks of alcohol in a row within a couple of hours on at least one day in the last 30 days
23.4% used marijuana one or more times in the last 30 days

How risk is defined and determined: Figures related to serious mental illness determined by various studies and outlined by facilitator's manual developed by The One Circle Foundation for The Council.

Prevention Program requirements for annual 20-21 reports

Demographics for FY 20/21 are Listed Below.

Signs of Suicide (SOS)

Age	**#**	**Gender**	**#**
0-15	0	Male	1
16-25	0	Female	2
26-59	3	Decline	613
60+	0		
Decline	613		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	1	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	2	South American	0
Other	0	Hispanic Other	0
More than one	0	Decline	614
Decline	613		
Language	**#**	**Ethnicity Non-Hispanic**	
English	3	**African**	0
Spanish	0	**Asian**	0
More than one	0	**Cambodian**	0
Decline	613	**Chinese**	0
		eastern European	0
Disability	**#**	**European**	2
Hearing	0	**Filipino**	0
Seeing	0	**Japanese**	0
Mental Self-Reported	0	**Korean**	0
Physical	0	**middle eastern**	0
Chronic	0	**Vietnamese**	0
More than one	0	**Non-Hispanic other**	0
Communication	0	**Non-Hispanic Hmong**	0
Autistic Child	0	**more than one**	0
Schizophrenia	0		
Depression	0	**Sexual Orientation**	**#**

COPD	0	Gay	0
Bi-polar	0	Hetero	3
Autism	0	Bisexual	0
Asthma	0	Questioning	0
Other	0	Queer	0
No	3	Another	0
Decline	613	more than one	0
		Decline	613
Veteran Status	**#**		
Yes	0		
No	3		
Decline	613		
Demographic Information Not Collected/Refused*			616

Identification of the Types of Problems and Needs the Program Addresses, Including the Reduction of Negative Outcomes

Motivational Interviewing utilized in the strength-based group for young men set for a 10 to 18-week period. Groups are kept between 6-12 youth. Groups utilize the experiential model to encourage active participation. The council is a trauma responsive model (The Council Facilitator Manual 2012) and seeks to reduce negative outcomes. In a study of the council by Gray, et a; (2012), the study concluded participants in the council increased their level of school engagement because of participation in the council.

The Council groups are well-suited in all settings where boys live and gather: schools, after school programs, community youth groups and projects, juvenile justice settings, recreational programs, foster care services, mentoring projects, faith organizations, outdoor and adventure learning, camps, mental health programs.

List of mental health indicators used to measure reduction of prolonged suffering

Adolescent males are almost three times as likely as same age females to have ADHD, and more likely to have a learning disability. Older teen males report higher levels of substance abuse, especially binge drinking, than their female peers. More than one in four young men ages 18 -25 report dependence or substance abuse. Bullying occurred most frequently in sixth through eighth grade, with little variation between urban, suburban, town, and rural areas; suburban youth were 2-3 percent less likely to bully others. Males were both more likely to bully others and more likely to be victims of bullying than were females.

How Prevention Program is Likely to Reduce Negative Outcomes

Explain How Effectiveness Demonstrated for Intended Population

To participate, boys need only have the interest, make a commitment to attend the meetings, and agree to follow the council agreements. These agreements are developed by the group itself and typically include: no put-downs or interruptions, offer experiences - not advice; keep the focus on yourself and your experience; and

keep what is said in the group confidential. Facilitators explain the legal and ethical limits to confidentiality to safeguard the boys' well-being. Boys are free to participate at their own pace. Participants can express a range of ideas and emotions with peers and can expect respect and high regard from one another.

How County will ensure fidelity to practice model and program design

The Council is a strengths-based group approach for boys and youth who identify with male development to promote their safe and healthy passage through the pre-teen and adolescent years. PEI staff use a team approach in preparing for each session and use the curriculum as designed. The Juvenile Hall setting enhances opportunities for underserved criminal populations, populations experiencing mental illness, and minority populations.

Participants' Comments:

- "Be more responsible"
- "I have more self-control"
- "I matured"
- "I learned a lot about myself"
- "Yes! I became a better person"
- "Yes! I'm more open with others
- "I liked the activities we do and the snacks"
- "It was all a good experience"

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY2021 reports

This program was offered in FY 20-21 due to COVID-19 restriction and because the program was not designed to be done virtually. There was no data to report in FY 20-21.

Program Name: Safe TALK (Suicide Alertness for Everyone: Tell Ask Listen Keep-Safe) Program Code: SP-03
Safe TALK is a four-hour training designed to teach participants four basic steps to recognize persons with thoughts of suicide and connect them with suicide helping resources. Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided—leaving people more alone and at greater risk. Safe TALK training prepares participants to help by using TALK (Tell, Ask, Listen and Keep Safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

Safe TALK is designed for any community member 15 years or older, with Safe TALK participants learning to:
Notice and respond to situations where suicide thoughts may be present,
Recognize that invitations for help are often overlooked,
Move beyond the common tendency to miss, dismiss, and avoid suicide,
Apply the TALK steps: Tell, Ask, Listen, Keep Safe, and
Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

Unduplicated Number of People Served

FY 20-21: 0

Specify how proposed method likely will bring about the selected suicide prevention outcomes:
Safe TALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. Safe TALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all trainings. The 'safe' of safe TALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and Keep Safe.

The safe TALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

Safe TALK was developed by Living Works Education to complement longer suicide intervention training. Developers in Australia and Canada designed, and field tested the program in 2004-05 based on stakeholder reports of a training gap between short suicide awareness sessions and longer suicide intervention skills training.

Explain how practice's effectiveness has been demonstrated

Over 15 peer-reviewed studies and government reports found:
Improves trainee skills and readiness,
Safe for trainees, with no adverse effects from training;
Effective for participants as young as 15 years old;
Helps break down suicide stigma in the community;
Better skill retention compared to other connector programs.

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY2021 reports

How county will ensure fidelity to the practice according to the practice model
Potential trainers are required to attend a two-day Training-for-Trainers where they attend a standard Safe TALK, then break it down and learn how to present it piece by piece, as well as the reasons the training is structured the way it is. Finally, they present to a group and are assessed by a coaching trainer. They are considered "provisional trainers" until they successfully complete three workshops within a year, facilitating all the sections of the training within those three workshops. They must complete a minimum of two workshops per year after the first year, as well as attend an ASIST workshop at least every four years in order to maintain their status as certified trainers. Feedback forms by participants, as well as trainer reports by each trainer for each workshop, are required by Living Works, and are read by Living Works staff to ensure fidelity and quality of the workshops.

Safe TALK trainings are held in venues throughout Sutter and Yuba Counties, including government buildings and community spaces. PEI staff collaborate with organizations and agencies in the community to offer the training in various settings including schools, government buildings, privately owned buildings, and behavioral health buildings. Offering the training in different locations facilitates the ability of community members from both counties we serve to participate. Program staff also employ several methods to reach out and engage potential training participants, including flyer distribution, social media postings, Eventbrite invites, emails and other community outreach activities.

Approach Used to Select Indicators
The core beliefs of Living Works, developer and copyright owner of Safe TALK,
include: Suicide is a community health problem.
Thoughts of suicide are understandable, complex and personal.
Suicide can be prevented.
Help seeking is encouraged by open, direct and honest talk about suicide.
Relationships are the context of suicide intervention.
Intervention should be the main prevention focus.
Cooperation is the essence of an intervention.
Intervention skills are known and can be learned.
Large numbers of people can be taught intervention skills.
Evidence of effectiveness should be broadly defined.

The desired outcomes for the Safe TALK program participants include:
Learn how to become suicide alert
Learn how to identify people who might be having thoughts of suicide
Learn how to connect people who might be having thoughts of suicide to persons trained in suicide intervention

Participants generally come with some interest in increasing their knowledge about suicide and their ability to help. Many participants leave the training eager to participate in the next level of training, ASIST, so that they can learn intervention skills. All are better prepared to help in some way to make their communities suicide-safer.

Data Collection and Evaluation
Participants complete a feedback form (self-reported using a Likert Scale) upon completion of the training where they respond to the question: "How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?" The responses received from participants are listed below. The evaluations are completed

anonymously. They are written, as are the rest of the materials, in a culturally competent way, using non-stigmatizing language.
Note that Spanish-language presentations did not include this question on their feedback form. These responses are from all participants who submitted feedback forms. Evaluation forms and processes are currently in development for FY 19/20 to collect the data necessary from both the English and Spanish trainings to determine program effectiveness in accomplishing the desired program outcomes.

Demographics for FY 20/21
No demographic information was collected starting in FY 20/21. Note that not all participants completed the demographic form due to hesitancy of some participating.

Age	**#**	**Gender**	**#**
0-15	0	Male	0
16-25	0	Female	0
26-59	0	Decline	0
60 +	0		
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Other	0
More than one	0	Decline	0
Decline	0	Non-Hispanic other	0
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay/Lesbian	0
Spanish	0	Hetero	0
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	0
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		
Demographic Information Not Collected/Refused*			

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY2021 reports

Explain how program will use strategies that are non-stigmatizing and non-discriminatory
Safe-TALK is facilitated by trainers who have completed the two-day safe-TALK Training for Trainers (T4T) course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

Reasons why the county believes they will be successful and meet intended outcomes
Safe-Talk is open to anyone over 15 years of age, it uses interactive and video presentations to address signs of suicide and helps participants reduce stigma related to Mental Health. Students learn to understand that anyone can have thoughts and feelings of suicide. Participants trained can move beyond common tendencies to miss, dismiss or avoid suicide. The training helps learners to identify people who have thoughts of suicide and connecting those at risk to help. Students learn to apply the TALK steps (Tell, Ask, Listen and Keep-safe) to connect a person thinking about suicide to a suicide intervention resource by practicing with their peers.

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY2021 reports

Program Name Signs of Suicide (SOS) for Middle School Students
This program was not offered in early FY 20-21 due to COVID-19 restriction and because the program was not designed to be done virtually. However, towards the end of FY:20-21 PEI was able to present the SOS program.

Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through "gatekeeper" education, and 5) encourage schools to develop community-based partnerships to support student mental health.

Using an age-appropriate DVD and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to "Acknowledge, Care, and Tell" if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide. Presentations can be scheduled throughout the year at schools that serve 6-8 grade students. The training uses presentation, group discussion, and videos to engage participants with the material and increase their comfort with seeking and offering help. The video introduces, and we discuss ACT – Acknowledge (that something is going on or is different with oneself or with a friend), Care (by saying something about concerns and expressing the importance of not ignoring whatever is going on), and Tell (a trusted adult, even if the friend doesn't want to talk to anyone or denies that anything is happening).

The program includes an optional student screening that assesses for depression and suicide risk and identifies students to refer for professional help as indicated. The program also includes a video, Training Trusted Adults, to engage staff, parents, or community members in the program's objectives and prevention efforts. The program kit is available from Mind Wise Innovations (formerly Screening for Mental Health, Inc.) for a fee. Although training is not required to implement the SOS Program, many schools/districts prefer a structured training to help increase awareness and ensure fidelity to the program. Mind Wise Innovations offers in-person and online trainings for schools and youth-serving organizations on how to implement SOS, as well as a 2-day train-the-trainer course, the SOS Certified Training Institute (CTI) to help state agencies, hospitals, regional coalitions, etc. build local capacity for implementing youth suicide prevention efforts.

Unduplicated Number of People Served

FY 20-21: 616

Indicators for program *(how determine participants, target population)*

The program is intended for middle school students (defined by some schools as 7th & 8th grades, by others as 5th – 8th, by others as 6th – 8th), their families, and the staff at their schools. Participating Schools are determined by School District requests to our Prevention and Early Intervention Team.

Program Outcomes and Evaluation:

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY2021 reports

The program is offered as a universal, school-based approach to the selected grade levels. Ideally, and frequently, it is presented in classrooms, but occasionally, in larger, assembly-style presentations. To ensure fidelity to the practice model, trainers follow the guidelines provided by the program for implementation.

Desired outcomes of the program include:
Teach students how to identify the signs of depression and suicide in themselves and their peers
Reduce stigma around mental health and suicide
Encourage help-seeking behaviors through the ACT technique (Acknowledge, Care, Tell)
Engage parents and school staff as partners in prevention through "gatekeeper" education
Encourage schools to develop community-based partnerships to support student mental health

Data Collection:

At the beginning of the presentation, there is discussion about students' knowledge about suicide and depression, as well as group brainstorming about who trusted adults could be within and outside of school. There is an optional student screening that assesses for depression and suicide risk, and identifies students to refer or follow-up with for staff. Many schools also follow the presentations with in-class and/or smaller group discussions.

Informal data collection occurs at the beginning of the presentation, optional screening at the end of the presentation.

How determined the evaluation results

Findings were that students picked family members and school staff as trusted adults as their top picks of who they would go if they had problems themselves or a friend. The students learned how to be a link to save a life by using the Signs of Suicide cards and go to a trusted adult for help.

Self-reported by participants & reported by program developer

Describe method used to collect and measure the following:

Measure changes in attitudes, knowledge and/or behavior regarding suicide

Anecdotal evidence shared by students and staff at middle schools show an increase in the desired outcomes listed. By being a link to save a life, connecting a person with thoughts and feelings of suicide proves protractive factors throughout the school campus.

Demographics for FY 20/21
Note that not all participants completed the demographic form due to hesitancy of many participating schools. No Demographic information was collected starting in FY 20/21

Signs of Suicide (SOS)

Age	**#**	**Gender**	**#**
0-15	0	Male	1
16-25	0	Female	2
26-59	3	Decline	613
60+	0		
Decline	613		
Race	**#**	**Ethnicity**	**#**

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY2021 reports

American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	1	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	2	South American	0
Other	0	Hispanic Other	0
More than one	0	Decline	614
Decline	613		
Language	**#**	**Ethnicity Non-Hispanic**	
English	3	**african**	0
Spanish	0	**asian**	0
More than one	0	**cambodian**	0
Decline	613	**chinese**	0
		eastern european	0
Disability	**#**	**European**	2
Hearing	0	**filipino**	0
Seeing	0	**japanese**	0
Mental Self-Reported	0	**korean**	0
Physical	0	**middle eastern**	0
Chronic	0	**vietnamese**	0
More than one	0	**Non-hispanic other**	0
Communication	0	**Non-Hispanic Hmong**	0
Authistic Child	0	**more than one**	0
Schizophrenia	0		
Depression	0	**Sexual Orientation**	**#**
COPD	0	Gay	0
Bi-polar	0	Hetero	3
Autism	0	Bisexual	0
Asthma	0	Questioning	0
Other	0	Queer	0
No	3	Another	0
Decline	613	more than one	0
		Decline	613
Veteran Status	**#**		
Yes	0		

No	3		
Decline	613		
Demographic Information Not Collected/Refused*			616

Methods and activities used to change attitudes and behavior related to reducing mental illness related suicide

Informal data collection at the beginning of the presentation, optional screening at the end of the presentation. The screening tool shows possible risk factors for students to give an opportunity to ask for help indirectly.

Specify how proposed method likely will bring about the selected suicide prevention outcomes:

The Suicide Prevention Resource Center classifies the program as a "program with evidence of effectiveness" because it was included in the SAMHSA National Registry for Evidence-Based Programs and Practices. For the outcome of reducing suicidal thoughts and behaviors, the program is promising. The review of the program yielded sufficient evidence of a favorable effect based on three studies and six measures.

For the outcome of improving knowledge, attitudes, and beliefs about mental health, the program is promising. The review of the program yielded sufficient evidence of a favorable effect base on two studies and four measures. Aseltine et al. (2007) found that participating in the SOS Program resulted in statistically improvements in:

1). knowledge about depression and suicide

2). Attitudes about depression and suicide, which were statistically significant.

Schilling et al. (2016) found that participating in the SOS Program also resulted in greater knowledge and improved attitudes about depression and suicide; however, the group differences were only statistically significant for knowledge about depression and suicide.

EARLY INTERVENTION requirements for annual FY 2020 – FY 2021 reports

Program Information
Program Name: Strengthening Families Program (SFP) **Program Code: EIP-01**

Significant efforts were made to offer the program at two different school in Sutter and Yuba County, however as we got close to the training date, COVID-19 forced the shutdown and the program was stop. This program was not offered in FY 20-21 due to COVID-19 restriction and because the program was not designed to be done virtually. There was no data to report in FY 20-21.

Strengthening Families is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children, and to improve social competencies and school performance. The Strengthening Families Program is offered locally as a seven-week program for families with children 10-14 years old. The SFP is presented during evening hours at participating schools to increase parent participation. The program is advertised as a parent family curriculum that is not stigmatizing. The program is divided into three different sessions.

1st. Hour Family dinner

2nd. Parent group and youth group

3rd. Parents and youth together in family session

Families are provided with dinner, then parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion. Families reunite to work together in a family class. Childcare is provided for younger children. Each session is two and a half hours long, including the family dinner. There is no cost for participants.

Unduplicated Number of People served: 0
(Efforts were made to have SFP at two different schools in FY: 19/20 in both counties, but due to Covid-19 pandemic the scheduled training were canceled)

FY 20-21: 0 Adults 0 Youth

Indicators for Program *(how determine participants, target population)*
PEI staff conducted outreach events at different schools in both counties. Most referrals were made by school personnel.

The Approach used to select indicators: Strengthening Families parent and youth surveys completed at the beginning and at the end of 7 sessions. Prevention & Early Intervention staff offer a booster session 6 months after completing the program. Surveys are completed at the beginning and end of each booster session.

Outcomes Per Program
Desired Outcomes:
Increase protective factors and family interactions
Learn nurturing skills that support their children
Effectively discipline and guide their children during their teen years
Learn to appreciate parents efforts
Parents learn to appreciate and understand their children behaviors

EARLY INTERVENTION requirements for annual FY 2020 – FY 2021 reports

Parents and youth learn to set limits

Approach Used to Select Outcome

How collected data: Participants completed the pre and post surveys on orientation night and after the 7 weeks sessions. Participants were also asked to participate in a booster session 6 months after completing the first seven weeks sessions.

Frequency of data collection: Surveys were completed at orientation prior to the start of groups and at the end of all 7sessions. A follow-up booster session survey was also completed 6 months after completing the first 7 sessions.

Evaluation results: After completing the seven-session, participants felt the need to spend more time with their children and the need to praise them more often, as well as having consistent rules at home

How determined the evaluation results: Based on the Strengthening Families Program surveys and participants' comments and discussion during each session. PEI Staff also reviews and evaluates the completed survey results. See the last page for evaluation numbers.

Evaluation Methods Likert Scale

Type of Evaluation Method

Evidence-based: Strengthening Families program for youth 10 to 14 years old focuses on increasing protective factors, improving family relations, reducing family conflicts, and reducing levels of substance use and involvement with law enforcement.

Measurements for type of program: Increase protective factors and family interactions, helps parents learn to nurture skills that support their children, and how to effectively discipline and guide them. Youth learn to appreciate their parents and teach them how to deal with stress and peer pressure.

Describe the method used to collect and measure the following:
Pre and post-SFP surveys for youth and parents. Increase protective factors and family interactions, helps parents learn to nurture skills that support their children, and how to effectively discipline and guide them. Youth learn to appreciate their parents and teach them how to deal with stress and peer pressure. aggressive behavior or withdrawn behavior, negative peer influence, poor school performance, lack of pro-social goals, and poor relationships with parents.

Youth that completed the program had significantly lower rates of alcohol, tobacco, drug use, conduct problems in school. The skills learned reinforced a strong parent-youth relationship. Parents that completed the program gained parenting skills including setting appropriate limits and building a positive relationship with their youth. Parents showed an increase in positive feelings towards their youth.

EARLY INTERVENTION requirements for annual FY 2020 – FY 2021 reports

Demographics for each program broken down by categories
Demographics for FY 20-21
Note that not all participants completed the demographic form due to the hesitancy of many participating schools. No demographic information was collected in FY 19-20

Age	**#**	**Gender**	**#**
0-15	0	Male	0
16-25	0	Female	0
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Other	0
More than one	0	Decline	0
Decline	0		
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0
Spanish	0	Hetero	0
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	0
Seeing	0		
Mental	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		
Demographic Information Not Collected/Refused*			

EARLY INTERVENTION requirements for annual FY 2020 – FY 2021 reports

Information on Design of Evaluations:

Culturally Competent: Strengthening Families program is English and Spanish. Both pre and post surveys are also in Spanish.

Program description requirements, including evaluation methodologies
Identification of the target populations: Primarily English-speaking families and Spanish speaking families.
Mental illnesses for which there is early onset: SFP Surveys
Description of how a participant's early onset is determined: SFP surveys

Identification of the types of problems and needs the program addresses:
Prepares families for the transition to the teen years
Parents and youth learn together the need for parent-youth interactions
Strengthen parenting skills
Build family strengths
Prevent teen substance abuse and other behavioral problems

How Early Intervention Program is likely to reduce negative outcomes
If used evidence based standard or promising practice:
Parents and youth statements
Pre and post surveys
The program is presented through fidelity by staff who have completed the SFP training.

PEI regulations outline: Prevention Program requirements for annual reports summary

Program Information

Program Name: Promotores **Code #: AL-01**

Description: The Promotores Project was planned for and initiated during FY 18/19. But due to an unanticipated change in staffing, this activity could not move into full implementation. This activity was expected to be re-ignited during FY 19-20 and FY: 20-21. However: In FY 19-20, PEI could not hire new staff to manage the program, and then In FY 20-21, Covid-19 prevented this program from initiating. In FY 20-21, We hired four new staff and assigned two of our new team to manage the Promotores program, but the COVID-19 pandemic prevented PEI from implementing the program. Nevertheless, Promotores did community outreach regarding Mental Health Awareness and knowing the signs of suicide in FY 20-21.

Program type – Prevention Program

Unduplicated number of people served: 644

Indicators for the program *(how to determine participants, target population)*

Promotores is a group of community leaders that represent the Latino Community. This group of Promotores provides leadership, peer education, support, and resources to support community empowerment and community engagement. Promotores integrates health and behavioral health care into the community's culture, language, and values system, thus reducing many barriers to health services. Promotores produces results because they are: Culturally Competent, successfully addressing cultural differences that inhibit access to health care and information. Promotores are accessible. They lived and worked with the people they serve.
Target population: Latino, Punjabi.

The approach used to select indicators:

Faith-based communities, community leaders, community agencies that serve Latinos, community members, and Schools identify potential leaders.

Outcomes per program

a. Increase awareness of behavioral health services and resources in the community Development and dissemination of Promotores in Behavioral Health to promote various resources in the community.
b. Promotores to become a resource for behavioral health services.
c. Enhance the quality of life for families by promoting behavioral health and well-being using a strength-based approach to empower families when delivering services.
d. To eliminate cultural barriers such as language, stigma, and mistrust to increase access and awareness to community services, specifically behavioral health services.
e. Raise awareness of substance use amongst youth, families, and the community.
f. Disseminate information to the Latino Community on Substance Abuse in youth, families, and community.

2. The approach used to targeted outcomes
    a. Provide training to Promotores in the area of
        i. Substance Abuse
        ii. Behavioral Health
        iii. Suicide prevention (Rotafolio)
        iv. Community services and outreach

PEI regulations outline: Prevention Program requirements for annual reports summary

v. Participated in community events
    1. Peach festival
    2. Summer stroll
    3. Christmas Stroll
    4. Harvest festival

3. How collected data:
    a. Participant feedback
    b. Program Evaluations
4. Frequency of data collection
    a. At the beginning of each training, Promotores will provide feedback about each activity/training received.

Evaluation Methods

1. Type of evaluation method Community or Practice- Based Evidence Standard

Measurements for the type of program:

2. Prevention programs
    a. Program name: **Promotores**

3. Describe the method used to collect and measure the following:
    a. Connect community members to community services that provide training on Mental Health, Substance use, suicide prevention, and parenting classes. Such programs used tools that Decrease risk factors in youth and families.
    b. Promotores will be train in programs that can increase protective factors in youth and community.

Information on the design of evaluations:

4. culturally competent:
    a. The role of the Promotores is to provide adequate resources and prevention services in all areas of prevention to our diverse community in Sutter-Yuba Counties in their primary language. Promotores are community leaders that use their role to share information on resources and services available in the community. Promotores also serves as the link to services to the Latino community.

5. include the perspective of diverse people with lived experience of mental illness
    a. including family members as applicable: N/A
    b. May also define and measure the impact of programs in mental health and related systems N/A

Identification of the types of problems and needs the program addresses

a. The Promotores Project uses full-time staff and peer mentors to help improve access to behavioral health and related community services in the local Latino Community.
b. The Promotores project provides an opportunity for peer mentors to educate community members that may be experiencing behavioral health concerns.
c. Develop communication strategies when working in the community to engage community members and connect them to services.
d. The resource specialist and program coordinator will work on developing the tracking and monitoring of the referral process to behavioral health in FY 21/22
e. Develop a simple demographic form that can be utilized in massive community outreach.

PEI regulations outline: Prevention Program requirements for annual reports summary

Demographics for each program broken down into categories
Demographics for FY 20-21, No demographics were collected.

Age	**#**	**Gender**	**#**
0-15	0	Male	0
16-25	0	Female	0
26-59	0	Decline	0
60+	0		
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Hispanic Other	0
More than one	0	Non-Hispanic other	0
Decline	0	Decline	0
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0
Spanish	0	Hetero	0
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	0
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	0		
Decline	0		
Demographic Information Not Collected/Refused*			644

PEI regulations outline: Prevention Program requirements for annual reports summary

1. **Challenges to be addressed:**
    a. Begin to work to fully implement the promotores FY 21/22 after COVID-19 restrictions are lifted.
    b. Train promotores on how to track documentation and referrals to behavioral health for services.
    c. Train new staff on how to document data in the PPSDS.
    d. Find ways to collect demographics information while doing community outreach.
    e. PEI will need to work on a plan to collect data when doing massive community outreach.

FOR ALL PROGRAMS:
Program name: **Promotores**

a. How the program implementation can help improve access to services for underserved populations

    i. PEI staff will make a proper connection with community agencies that serve the Latinos.
    ii. PEI will offer training to agencies regarding services for Promotores and recruit potential Promotores from different community agencies.
    iii. In turn, Promotores will take the lead in providing training, support, and guidance to other community members

b. Indicate any additional outcomes the county will measure, if any, in addition to those required under, and if so:
    i. Specify what outcomes
        1. Services to the underserved will be more accessible by using promotores as a link to services.
        2. Promotores can improve the communication between the Latino Community and Behavioral health and other community services.
        3. Promotores can educate community members by doing community presentations on issues that affect youth, parenting, substance use, suicide awareness, and mental health.

    ii. How it will be measured
        1. Promotores can use surveys at the end of each presentation to monitor the progress and effectiveness of the materials presented.
        2. Surveys will be collected and put in an excel spreadsheet to track progress.
        3. Evaluate the promotores program quarterly for improvement and continue to offer training to staff and promotores.

c. Explain how the program will use strategies that are non-stigmatizing and non-discriminatory
    i. The use of community leaders as promotores
        1. Connect with the Latino community using their primary language
        2. Utilize when possible behavioral health consumers as promotores
        3. Community outreach during May on (mental health awareness, suicide prevention).
        4. Having staff that represent our diverse community as lead promotores
    ii. Reasons why the county believes they will be successful and meet intended outcomes
        1. Promotores are leaders in the community that are connected or have experienced difficulty relating to community services.
        2. Promotores are people that have a passion for providing services to members of diverse community where they live and work.

PEI regulations outline: Prevention Program requirements for annual reports summary

3. Promotores are advocates that represent their community

2. ESTIMATES FOR EACH PROGRAM – for the fiscal year after the plan is submitted
    a. Estimated number of children, adults, and seniors to be served for each prevention program
        i. Goal is 2,500

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

Program Information
Program Name Yellow Ribbon Suicide Prevention Program for High School Students
This program was not offered in FY 20-21 due to COVID-19 restriction and because the program was not designed to be done virtually. There was no data to report in FY 20-21

Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations can be scheduled throughout the year at high schools.

The presentations are provided to the entire school where the program is being implemented. This program is offered in English and Spanish. Trainings happen in the school classroom using trained students to participate presenting the materials to the students enhancing the setting creating learning environment.

Yellow Ribbon Ask 4 Help program that Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon. In addition to information about how to use the card, the curriculum includes information on:

Risk Factors and warning signs of suicide.
School and community referral points for those who may need help.
The National Suicide Prevention Lifeline phone number.

School teachers, staff, and administrators should be trained in basic suicide prevention prior to implementing the student curriculum (Yellow Ribbon's Be A Link! or similar training would be appropriate).

A school-based crisis management plan, such as that found in the Maine Youth Suicide Prevention, Intervention, and Positive intervention Guidelines should be adopted prior to implementing Ask 4 Help!

Instructional materials include the PowerPoint presentation (provided on a CD), a teacher's manual that includes talking points for each of the PowerPoint slides, a program overview and outline, an FAQ, a preparation worksheet, and links to additional resources.

Unduplicated Number of People Served: FY 20-21: 0

Indicators for program *(how determine participants, target population)*

The program is intended for high school students, their families, and the staff at their schools.

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

Approach Used to Select Indicators

The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). Prevention & Early Intervention Team presented to the following schools:

Live Oak Alternative School
Marysville High School
Camp Singer
Juvenile Hall

Outcomes Per Program & Desired Outcomes
Teaches students how to identify the signs of depression and suicide in themselves and their peers
Reduces stigma around mental health and suicide
Encourages help-seeking behaviors through the Ask 4 Help message
Engage parents and school staff as partners in prevention through "gatekeeper" education
Increases knowledge about community resources for getting help
Encourages schools to develop community-based partnerships to support student mental health

Approach Used to Select Outcome
The program is offered as a universal, school-based approach to the selected grade levels. It is provided in classroom presentations.

How Collected Data
PEI Staff collects the data at each school at the end of each training.

Frequency of Data Collection
PEI staff collect the data at the end of each training to track the number of trainings completed each year.

Evaluation Results

No formal results locally. According to the Light for Life Foundation, International, the Yellow Ribbon Suicide Prevention Program has distributed over 19,243,491 support cards and saved over 114,370 lives.

Number of Youth Suicides, by Age for 2017 identified in https://www.kidsdata.org/

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

Sutter County	Number
Ages 5-14	0
Ages 15-19	0
Ages 20-24	0
Total for Ages 5-24	0
Yuba County	**Number**
Ages 5-14	0
Ages 15-19	0
Ages 20-24	0
Total for Ages 5-24	0

How determined the evaluation results
Self-reported by participants & reported by program developer

Evaluation Methods

Type of Evaluation Method
National Best Practice included on the Suicide Prevention Resource Center website

Measurements for Suicide Prevention Program
Describe method used to collect and measure the following:

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

Measure changes in attitudes, knowledge and/or behavior regarding suicide

Anecdotal evidence shared by students and staff at high schools, locally and nationally, show an increase in the desired outcomes listed above.

Marysville Principle Wrote the following to her staff and teachers

This year alone at MHS, we have had at least five students who were referred to our counselors or administration for suicidal concerns. In most of these instances, other students reported their concerns about their friends to an adult on campus. To raise awareness and help support our students, Sutter Yuba Mental Health (SYMH) is bringing the Yellow Ribbon Program to MHS. Yellow Ribbon Suicide Prevention Program's mission is to "let teens and youth know that it's okay to ask for help and to provide them with that help; to raise awareness and prevent suicide." It has been several years since we have had the Yellow Ribbon training on-campus and it seems like a good time to bring the program back.

In response, the PEI staff developed a plan with the Marysville High School (MHS) to have a group of MHS students trained to present the Yellow Ribbon Program to their peers. They will go into English classes with a PEI staff person and a MHS counselor to present the Yellow Ribbon Program to their peers. PEI staff attended the Student Council meetings to speak to the group about becoming peer trainers, with 17 students signing up after the first discussion to become a student trainer by completing a two-hour training put on by PEI staff.

PEI staff also provided the Yellow Ribbon Program training to school staff and held a parent information meeting to educate parents about the Yellow Ribbon Program. In the subsequent week, the student trainers went into all English classes to give the presentation to the entire student body. PEI staff have continued this training plan at MHS each year since 2016.

Outreach for Increasing Recognition of Early Signs of Mental Illness

The Yellow Ribbon Suicide Prevention Program trains a variety of potential responders, including families, employers, health providers, nurses, school personnel, law enforcement, students, teachers and parents. In Sutter and Yuba Counties, the Yellow Ribbon Suicide Prevention Program trainings are taught in the school setting and target School Administrators, Teachers, Parents and Students to learn how to be a link and save a life understanding that anyone is at risk of suicide.

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

Demographics for each program broken down by categories: Note not all of the schools were willing to participate using the demographic survey.

Demographics for FY 19-20

Age	**#**	**Gender**	**#**
0-15	0	Male	0
16-25	0	Female	0
26-49	0	Decline	0
Decline	0		
Race	**#**	**Ethnicity**	**#**
American Indian	0	Caribbean	0
Asian	0	Central America	0
Black	0	Mexican	0
Pacific Islander	0	Puerto Rican	0
White	0	South American	0
Other	0	Hispanic-Other	0
More than one	0	Non-Hispanic Other	0
Decline	0	Decline	0
Language	**#**	**Sexual Orientation**	**#**
English	0	Gay	0
Spanish	0	Hetero	0
More than one	0	Bisexual	0
Decline	0	Questioning	0
		Queer	0
Disability	**#**	Other	0
Hearing	0	Decline	0
Seeing	0		
Mental Self-Reported	0	**Veteran Status**	**#**
Physical	0	Yes	NA
Chronic	0	No	NA
Other	0	Decline	NA
No	0		
Decline	0		
Demographic Information Not Collected/Refused*			

Program description requirements, including evaluation methodologies. Outreach for Increased Recognition of Early Signs of Mental Illness

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

Specify methods used to reach out and engage potential responders, and methods used to change attitudes and behavior related to reducing mental illness related suicide

The program implementation includes a PowerPoint presentation, a video, and discussion that are age-appropriate for the stated age group, as well as a separate presentation for adults (school staff and/or family). The program addresses crucial steps for providing help to a person who is having thoughts of suicide: stay with the person, listen to the person, and get help for the person. It also includes information on risk factors and warning signs for suicide, school and community referral organizations for help, and information on the National Suicide Prevention Lifeline.

Indicate how changes in attitude, knowledge and/or behavior related to reducing suicide will be measured

Include timeframes for measurement

Specify how proposed method likely will bring about the selected suicide prevention outcomes:

Explain how practice's effectiveness has been demonstrated,

The program has provided information and supports to community chapters/organizations for over 25 years. They have distributed over 19,243,491 support cards and saved over 114,370 lives nationally.

Sutter Yuba County PEI Staff have taught at a total of 14 school sites with 4,278 students trained since 2016.

How county will ensure fidelity to the practice according to the practice model

Trainers follow the guidelines and implementation provided by Yellow Ribbon Suicide Prevention Program that is used to facilitate the trainings in the methods required. Fidelity to the practice model and program design is also ensured by requiring schoolteachers, staff, and administrators to be trained in basic suicide prevention prior to implementing the student curriculum (Yellow Ribbon's be A Link! or similar training would be appropriate).

If county used community or practice-based standard to determine program effectiveness:

Developed by Yellow Ribbon, Ask 4 Help! Is a one-hour high school-based curriculum that provides students with knowledge that may increase help-seeking for themselves or on the behalf of others. A central feature of the curriculum is the Ask 4 Help! Wallet card. The card contains information on how to seek help, including a three-step action plan for helping others (stay with the person, listen to the person, and get help for the person). Training can be provided by teachers or representatives of Yellow Ribbon. In addition to information about how to use the card, the curriculum includes information on risk factors and warning signs of suicide. School and community referral points are provided for those who may need help, including the National Suicide Prevention Lifeline phone number.

Instructional materials include the PowerPoint presentation (provided on a CD), a teacher's manual that includes talking points for each of the PowerPoint slides, a program overview and outline, an FAQ, a preparation worksheet, and links to additional resources.

SUICIDE PREVENTION PROGRAM for annual FY 2020 – FY 2021 reports

After participating in the Ask 4 Help! Curriculum, students should have:

Increased knowledge of warning signs of suicide and depression in youth.

Increased knowledge of how to respond to those at risk.

Increased knowledge of local and community referral points and local resources.

Prevention Program PEI requirements for annual FY 2020 – FY 2021 report

SERVICE DESCRIPTION: Camptonville Community Partnership (CCP) will take a multi-pronged approach that encompasses many identified opportunities while also building the Yuba foothill community's capacity to sustain youth engagement. CCP will increase the foothill community capacity to provide prevention and early intervention opportunities for youth by offering a variety of mentoring and recreational (support) opportunities. This project will serve at least 50 youth in the foothill area.
All of CCP's Prevention Early Intervention Programs aimed at school age youth were disrupted in 2020-21 by the Covid-19 Pandemic. We shifted our focus to assist students and families with the distance-learning model adopted by Yuba County schools. As a result we did not fully expend our 2020 funds leaving just about half, ($15,377) of our allotment of $30,397, unclaimed.

A description of After School Program

The afterschool program is a fee based 2 hour a day/3 days a week program, open to students 2nd-8th grade. This program offers a variety of enrichment and educational after-school activities such as homework help, creative writing, dance, games, music, gardening, art, etc. The After School Program was severely disrupted by the pandemic as schools closed across the state. After school Youth engagement for the remainder of the 2020 school year dropped to 31 unduplicated youth and a total attendance of 119.

When school re-opened in April 2021 the full after school programed resumed with 20 unduplicated youth served and a total attendance of 80.

The total after school Program attendance was unduplicated 51 total attendance 199.

A description of Rally Point

Rally Point is a 2-hour event, held 2 evenings a month. Utilizing multi-school partnerships and focusing on 10-15 year old from Yuba foothill schools, CCP utilizes food, incentives, career and advocacy training to offer an innovative approach to address systems to improve health equity and quality of life for these isolated, at-risk youth. The project will give them direct access to civic engagement, empower them to develop action plans to make their neighborhoods happier healthier places and have fun doing it.

Rally Point augments CCP's PEI program by attracting students from multiple foothill schools, to engage each other in numerous opportunities for; positive peer-to-peer encounters, leadership development and acknowledge youth as producers of power. The project will act as a hub for youth advocacy training and teen inspired leadership projects.
Because of the Covid-19 pandemic, Rally Point held zero events in the 2020-2021 fiscal reporting year.

Chaperoned Internet assistance for school work
Since Camptonville and other area school were not able to re-open, we are not able to offer a school based after school program. Internet access and Homework help has become a key issue.

Prevention Program PEI requirements for annual FY 2020 – FY 2021 report

CCP worked with 2 foothill community centers (Camptonville and Alcouffe) to bring Chaperoned Internet access to foothill students aged 5-18. The Camptonville site began this youth engagement on September 21st. It was offered on Mondays and Wednesdays from 9am-noon.The Alcouffe engagements will begin in October. Still attendance was very low with only 5 unduplicated students attending with a total attendance of 31.

Youth Taking Action Group

CCP is also laying the groundwork the Yuba Watershed & Fire Safe Council (YW&FSC) Outreach team and YES Charter to develop a foothill Youth Taking Action Group. This group will offer a series of take-action workshops where a selected youth team (through an application process) will be trained in a variety of hands-on techniques around fire safety. Filmmaker Radu Sava will teach the first of the series. In 4 sessions, students aged 10-15 will learn how to design, develop and film short, residential defensible space "ads" to later be posted on social media and the YWP&FSC website. Stay tuned!

Mentorship opportunities

Additionally and separately from above, the Camptonville Community Partnership (CCP) PEI contract offers small stipends for mentorships and skill building projects/ giving adults opportunities to work with students, at their own schools.
Activities are outlined below.

Mentorship/ Skill Building	Number of youth served (unduplicated #'s)	Total attendance	Ages
Camptonville After School Program	51	199	5-14
Rally Point	0	0	10-16
Chaperoned Internet assistance for school work	5	31	
Mentorship opportunities	6	22	10-13
Total youth served	56	252	5-16

COV-19: CCP Yuba Foothill Non profit Covid-19 Relief Grant

In lieu of no school attendance Camptonville Community Partnership (CCP) leveraged our goodwill with Sierra Health Foundation to apply for Covid-19 relief funding. We are pleased to announce that $16,000 has been awarded though our Yuba Foothill Non-Profit Covid-19 Relief Funding. This funding opportunity was made available through a grant from Sierra Health Foundation that CCP applied for to turn around to our local community Non-Profits in their time of need. The awards went to Foothill Food Pantry, Dobbins; Yuba Feather Next Step, Brownsville; Dobbins/Oregon House Improvement Foundation; YES Charter Academy; Oregon House. They each received $4K.
Number of unduplicated youth served Unknown/ estimate upwards of 500 no demographics are available.

Prevention Program PEI requirements for annual FY 2020 – FY 2021 report

In 2020/2021 CCP staff participated and offered leadership in 31 county level meetings that support Yuba County youth.

Then using those descriptions answer the following questions below.

Describe specific strategies employed

Create and support opportunities in the community for youth from primary target populations. Participation in positive opportunities fights stigma, builds self-esteem, and enables individuals to "thrive not just survive". Development of these opportunities will provide community involvement/interaction in the creation of a "wellness" positive community.

Reasons why the county believes they will be successful and meet intended outcomes

WHY this is Important: *Long term results*

- Ensure regular opportunities for positive peer-to-peer engagement and socialization and also access to positive adult role models.
- Yuba County foothill youth will develop life-long leadership skills.
- Agencies value the youth voice and will align resources to support and sustain community-driven youth programs, enabling pilots like this one to become a model for rural youth engagement.
- Yuba foothill high school dropout rates will lower because local youth will have more knowledge, resources and opportunities.
- Teens will grow to be civically engaged community leaders. As adults, they will be aware of the value of community-driven processes and initiate other movements to build healthier, happier communities. In turn, rural foothill communities will have strong civic involvement, developing more strategies to foster community-based leadership making their frontier-rural communities happy, healthy places to live. Young families will view their hometowns as salubrious places and stay to raise their thriving children and the cycle will continue.
- **Demographics relevant to the target population, including:**
- Note that not all participants completed the demographic form due to hesitancy of many participating schools to collect the information. Demographic information was collected starting in FY 20/21.

Demographics for FY 20/21

Age	#56	Gender	56
0 - 12	53	Male	10
13-25	3	Female	12
26-49	0	Decline	34
Decline	0		

Prevention Program PEI requirements for annual FY 2020 – FY 2021 report

Race	**56**	**Ethnicity**	**56**
American Indian	3	Caribbean	0
Asian	0	Central America	0
Black	2	Mexican	0
Pacific Islander	1	Puerto Rican	0
White	8	South American	0
Other	0	Other	17
More than one	2	Decline	39
Decline	40		
Language	**#56**	**Sexual Orientation**	**56**
English	13	Gay	0
Spanish	0	Hetero	1
More than one	0	Bisexual	0
Decline	43	Questioning	0
		Queer	0
Disability	#	Other	0
Hearing	0	Decline	55
Seeing	0		
Mental	0	**Veteran Status**	#
Physical	0	Yes	0
Chronic	0	No	0
Other	0	Decline	0
No	18	N/A	56
Decline	38		
Demographic Information Not Collected/Refused*			

*Can explain in a paragraph here why some participants refused to complete the demographic form