WHOLE SYSTEM LEARNING

T.R.I.B.E. TURNING RESILIENCE INTO BRILLIANCE FOR ETERNITY

LOCAL EVALUATION REPORT

CALIFORNIA REDUCING DISPARITIES PROJECT CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF HEALTH EQUITY

IPP POPULATION: AFRICAN AMERICAN MALE YOUTH AND YOUNG ADULTS

TIMEFRAME: 2017- 2021

California Reducing Disparities Project (CRDP) Phase II

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EXECUTIVE SUMMARY

Synopsis of the CDEP Purpose/Description

Post-traumatic stress disorder (PTSD) and complex trauma are significant public health concerns with long-term health impacts and societal burdens). Studies estimate that about 80% of all foster youth are diagnosed with a mental health problem, compared to their counterparts (National Conference of State Legislatures, 2016). This diagnosis is particularly prevalent among African American (AA) youth. Community-based organizations are uniquely positioned to intervene and prevent the deleterious effect of mental illness through tailored, targeted, and asset-based structured extracurricular activities.

The Turning Resilience Into Brilliance For Eternity Program (TRIBE) CDEP takes a public health approach to prevent mental illness by promoting health for AA youth who have been in the foster system and youth on probation or parole. These are young people ages 16 – 29 who are still in the process of brain development. The primary mental health concern for AA youth and young adults is the system that institutionally discriminates against them, traumatizes them, misdiagnoses them with behavior disorders, and then criminally, socially, and individually punish them for that behavior. The mental health inflicted trauma includes the absence of assessments for trauma while abusing the youth by forcing them to take mind and body-altering substances and simultaneously depriving them of access to nutritionally sound diets and physical exercise. In addition, the mental health inflicted trauma is worsened by lack of access to sports, a major institution in AA culture that helps AA youth and young adults cultivate social relationships and normalized peer experiences.

The TRIBE Program is a prevention and early intervention program. TRIBE aims to prevent or intervene in the early onset of the effects of post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (C-PTSD) for foster and adjudicated AA male youth and young adults. The CDEP does this by increasing resiliency through skills building, identity development, peer support and mentoring, opening the aperture to higher education, and widening the access to mental health services.

In its original design, the CDEP focused exclusively on African American youth, ages 14 - 18. This was later expanded to include youth/young adults up to age 29. Throughout the discussion of the literature, the terms adolescent and youth are used because the brain development stage does not differ from ages 15 - 25, according to neuroscientific thought. Further, studies have shown than imprisonment further inhibits complete brain development until age 29. Hence, the term youth still applies to males who are older than 18. Again, this is per the definition of Transitional Age Youth that is currently in use within the literature. During the course of this evaluation, all of the ages were included. The first year was exclusively on ages 14 - 18, although the formal data collection process did not begin until year two, so there were some, but very few adolescents who were both pre and post-tested. Anecdotally, we found that the intervention had a greater impact on those who were older than 19, although those who were 18 and younger had even greater changes over time. In subsequent research, we will be able to add this to our research questions, as we can follow the participants longitudinally.

Utilizing an ecological approach and brain-based learning, the TRIBE CDEP addresses the California Reducing Disparities Project (CRDP) Phase 1 priority population strategy of building on community

strengths and demonstrably improving the quality of mental health services by providing culturally congruent, sensitive, and competent services. The program outcome measures help decrease the risks for skid row and homelessness, prison, drug addiction, educational failure, and mental illness, including Complex Post Traumatic Stress Disorder (C-PTSD), depression, suicide, and anxiety reactivity. Additionally, the CDEP helped increase adaptability, self-efficacy, social connectivity, purpose seeking, life goals, activity involvement, having positive or caring relationships or connections, positive identity, competence or character, or confidence or contribution to self, family or society.

- The CEDP program, TRIBE, is a holistic interventional program that had three educational components delivered through workshops over eight weeks. Initially, the CEDP program was offered over 16 weeks, with the workshops spread out. It is now delivered in a more compact form and results are equally impressive. Component #1 is College Prep/Employment Waiting List Tryouts, but has since been shortened to just College Prep/Employment. This component consists of services and readiness activities to prepare the participant for the commitment required to participate in the program and provide a basis for self-sufficiency and financial support. Here, TRIBE program addresses housing, transportation, workforce development needs and assists the participants in achieving needed life skills. A sub-component of College Prep/E
- **Component #2 is the KNOW THYSELF Resilience Workshops** KNOW THYSELF: Identity and Reality. Knowledge of self was always the root of a complete and thorough education in the ancient Kemetic education system. The trustworthy source of knowledge and education begins deep inside each person, recognizing a student's talents and interests, empowering them to excel at their strengths, and seeing weaknesses as strengths. Knowledge of Self is the true purpose of life.
- **Component #3 Somatic/HipHopHeals Approach to Relieving Trauma** This somatic approach is critical because the developing teenage brain changes profound brain structure. The maturing brain is shifting development to the prefrontal cortex, evolving executive functions that can override the amygdala-based reactivity characteristic of traumatized individuals.
- **Component #4 is** termed **Entrepreneurship and Wealth Building** and includes a deeper exploration of purpose through financial abundance.

Evaluation Questions

The TRIBE CDEP is organized as an educational and psychological intervention with a unique curriculum and pedagogical system. Because individual participants matriculate along a timeline where on they complete a sequence of learning experiences as a group that shapes their emerging psychosocial identities, the TRIBE program's structure appears developmental. This means that an evaluation that aims to assess the fidelity and effectiveness of TRIBE intervention must continuously and adequately address the passage of time and the learning events unfolding between and within the various TRIBE CDEP components.

The objective of TRIBE CDEP evaluation was to answer four questions:

- 1. According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2 activities being delivered?
- 2. To what extent are changes in SWE Core Outcome Measures attributable to the TRIBE CDEP activities?
- 3. To what extent does the strengths-based resiliency model mediate TRIBE CDEP outcomes?
- 4. To what extent is case management, purposeful plan development, and College is For Me related to variability in the quality of participants' living arrangements?

Evaluation Research Design

The study design employed in the CDEP program is a pre- and post-test design. The pre-intervention assessment was completed at baseline, at a set date of the start of a given cohort. The post-intervention was administered at the end of the intervention which various with each participant. The intervention, comprising of a series of workshops and addressing the psychosocial needs of each participant is self-paced.

Key Findings

The following are key findings derived from the data analyzed from the mixed approach to the evaluation process and presented in alignment with the four Evaluation Questions.

<u>Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2</u> <u>activities being delivered?</u>"

The TRIBE participants indicated that the program was a place of belonging and provided social and emotional support. They equate the program to "family," a "network," and a life-changing experience. TRIBE achieved program fidelity based on the qualitative data collected on the workshops' offerings. Additionally, the participants indicated that the program was accountable, addressed their psychosocial needs, created a safe environment, and was interactive, and promoted bi-directional engagement.

<u>Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the TRIBE</u> <u>CDEP activities?</u>" and <u>Evaluation Question #3 "To what extent does the strengths-based resiliency model</u> <u>mediate TRIBE CDEP outcomes?</u>"

The key findings related to questions 2 and 3 were as follows.

- The issue of culture is essential to TRIBE participants. It appears to play a significant role in their lives regarding feeling a connection to their spiritual/religious traditions. Additionally, the participants indicated that one's culture supports balance in mind, body, spirit, and soul.
- The program resulted in significant changes in depression, the likelihood of PTSD (p=0.0009), and low self-esteem (p < 0.0001) classification. The changes in depression (p=0.0498) and low self-esteem prevalence increased rather than decreased from Baseline to Post-test assessment. This finding warrants further investigation. However, there was a dramatic decrease (26.5 percentage point

drop) in the likelihood of PTSD from Baseline to Post-test assessment. The TRIBE program positively affects resilience since the total resilience score increased from 38.9 to 41.7 (p=0.0184). The qualitative data explained these mixed findings of no change, positive and negative changes. The qualitative provide context, that although the participants were undergoing positive transformations, the instruments might not be sensitive enough to capture that in eight weeks.

- Through the Key Informant Interviews and the focus group discussion, the qualitative data revealed some of the transformative changes occurring in the program are as follows. The program:
 - Uses a bi-directional engagement model.
 - Uses a support system promotes TRIBE as a family where people care and support each other.
 - Addresses the participants' physical, mental, and emotional needs.
 - Conducted workshops that build their self-image, provide the knowledge and tools to be a successful entrepreneur, and HipHopHeals very helpful.

<u>Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment</u> related to variability in the quality of participants' living arrangements?"

The participants find workshops that build their self-image, provide the knowledge and tools to be a successful entrepreneur, and the HipHopHeals workshop very helpful. The participants identified the Know Thyself workshop as extremely beneficial might explain the increase in resilience from pretest to posttest (p=0.0184). African history sessions significantly impacted their way of thinking and restored their pride and the understanding of their culture. This participants' feedback might explain some positive shifts in social and emotional lives. Several of the participants indicated that the program assisted them in gaining additional skills in line with their career goals. They learned different ways to generate multiple income streams, such as website development, monetizing or podcasting, another income generator.

Conclusions and Recommendations

The TRIBE is successful and effective, particularly for actively engaged and matriculated participants through the program. However, despite its effectiveness, we recommend the following:

- 1. Use the evaluation data and information to inform the restructuring of the program to optimize the effectiveness of the two classes of participants should be considered.
- 2. Implement long-term tracking of participants irrespective of whether they matriculated to benefit ongoing quality improvement of the program.
- 3. Finally, the program team should devise processes of identifying and testing appropriate tools to measure the program's desired outcomes.
- 4. Develop an analytic model to determine which of the future participants will successfully matriculate through the program.

TRIBE, the CDEP program, provides a balanced intervention for AA youth and young adults by highlighting the strengths and protective competencies ensconced in AA cultures and communities, which mainstream American society largely ignores. Breaking new ground in community-based care and concern for AA males, the TRIBE CDEP promises the next generation of researchers, policymakers, and programmers a helpful lens to view AA youth and young adult culture.

Introduction/Literature Review

Post-traumatic stress disorder (PTSD) and complex trauma are major public health concerns with longterm health impacts and societal burdens (Peyton, 2014; International Society for Traumatic Stress Studies, 2015; National Child Traumatic Stress Network, 2003; Solomon, 2005; Goodman, 2002). Studies estimate that about 80% of all foster youth are diagnosed with a mental health problem compared to their counterparts (National Conference of State Legislatures, 2016). This diagnosis is particularly prevalent among African American (AA) youth. Community-based organizations are uniquely positioned to intervene and prevent the deleterious effect of mental illness through tailored, targeted, and assetbased structured extracurricular activities.

African American (AA) individuals constitute 30% of all foster youth; 40% of out-of-home placements; 60% of dual supervision youth; 30% of all suspensions and expulsions; 50% of the homeless; and eventually 30% of the prison population. More than 60% of Black males in LA schools do not graduate from high school. Only 6% become employed. AAs make up 6% of the California population and are the only significant over-represented population in Los Angeles County and the California state prison systems. Time in prison is generally a shared experience among foster youth: 70% of ALL California inmates were former foster youth (Committee on Ways and Means, U.S. House of Representatives, 2007; South LA Homeless TAY and Foster Care Collaborative, n.d.)

Factors such as poverty, the foster system, single-parent households, and neighborhood violence are linked to internalizing behaviors, including depression and anxiety, preventing AA youth from developing positive self-esteem or coping with emotions effectively. Given the importance of monitoring, the extended networks of caregivers are an under-examined resource within AA communities. Networks of kin who provide emotional and instrumental support related to healthy youth development (Jarrett & Burton, 1999; and R. D. Taylor & Casten, 1993) may offset the risks associated with single parenting and foster youth (Astone & McLanahan, 1991; Turner, Irwin, & Millstein, 1991; and Vaden-Kierman, Ialongo, Pearson, & Kellam, 1995). The TRIBE CDEP is profoundly important in this connection, taking a holistic approach to the problem of AA youth access to appropriate and effective mental health support from a social-ecological perspective. In addition, TRIBE serves as a social network for the program participants, AA male youths, which we define as between the ages of 14 – 29.

Foster and adjudicated youth are at higher risk of experiencing stressful events and trauma because of their environmental situation and experience. In addition, these youths tend to experience higher social displacements and constant flux (Dorsey et al., 2011; Kramer, Sigel, Connors-Burrow, Savary, & Tempel, 2013). Thus, foster and adjudicated youth face major risk factors. The impact of the stressful events and environmental trauma carries over from the adolescent years into young adulthood, and there is a continuing pattern of social displacement and subsequent incarceration.

Past research demonstrates that foster and adjudicated youth are less engaged in school activities, siblings, and overall relationships (Conn et al., 2014; Fong et al., 2006; Harder, Knorth, & Kalverboer, 2013; Herrick & Piccus, 2005; Wojciak, McWey, & Helfrich, 2013). They are also engaged in behaviors

that pose severe physical health risks, including drug abuse and sexual risk-taking (Coleman-Cowger, Green, & Clark, 2011; Pilowsky & Wu, 2007; Vaughn, Ollie, McMillen, Scott, & Munson, 2006), and report higher levels of mental distress than non-foster care peers (Baker et al., 2007; Coleman-Cowger, Green, & Clark, 2011; dosReis, Zito, Safer, & Soeken, 2001; Stevens, Brice, Ale & Morris, 2011). Sixty-one percent of adolescents in the foster care system meet diagnostic criteria for at least one psychiatric disorder during their lifetime, including major depression, separation anxiety disorder, and oppositional defiant disorder (McMillen et al., 2005). The same holds true for youth on probation, who then carry this forward as young adults who are incarcerated and subsequently placed on probation or parole.

The almost inevitable march towards prison is institutionalized in the child welfare and mental health systems: In a recent study, 92% of dual supervision youth had a DSM-IV-TR diagnosis, and 80% had disruptive behavior and mood disorders (Baker et al., 2007; Coleman-Cowger, Green, & Clark, 2011; dosReis, Zito, Safer, & Soeken, 2001; Stevens, Brice, Ale & Morris, 2011). A significant mental health risk that is particularly relevant to youth in foster care is post-traumatic stress disorder (i.e., PTSD; Dorsey et al. 2012). According to the DSM-V, PTSD is an anxiety disorder triggered by one or more traumatic events throughout a lifetime (American Psychological Association, 2013). Dorsey and colleagues (2012) found that when this specific population is exposed to trauma before foster care, they have a higher risk of PTSD. The types of trauma that predicted lifetime symptoms of PTSD include rape, molestation, and acts of terrorism (Salazar et al., 2012). Although sexual violation is the most generic form of trauma, community violence was also related to PTSD (Dubner & Motta, 1999; Garrido et al., 2011; Salazar et al., 2012). The extent of PTSD in the young adult African American male population is borne out in the initial assessments, which indicate high levels of PTSD symptoms among those who have been incarcerated.

Understanding resilience and strength among AA youth and young adults requires acknowledging their experience in America and recognizing the continuing legacy of oppression and discrimination that affects their daily lives.

The many risks that AA youth face, unlike other communities, are derived from proximal concerns due to intentional under-resourced, family disruption, and a lack of social support and network, exacerbated by pervasive racism that informs racial profiling, low expectations, and institutional barriers (Spencer et al., 2006; Weinstein, 2002). For their health and wellbeing, AA youth need to draw from protective factors within themselves (e.g., emotion regulation and problem-solving skills) and within families and communities (e.g., adult advocates) when subject to excessive institutional reactivity to their behavior derived from negative encounters with teachers, principals, or police officers (e.g., see Eberhardt in Markus & Moya, Eds., 2010).

Strategies that focus on resiliency and capacity have been linked to improving overall outcomes among AA youth and young adults. In addition, traditional African systems provide a cultural model for growth and development and optimal health consistent with the physical and spiritual realms of Black people.

Additionally, for the AA population, any prevention and early intervention (PEI) program must provide for the cultural inoculation against the damaging and diminishing ideas and beliefs about Black people and Blackness. The PEI should simultaneously encourage and support culturally congruent opinions, beliefs and behaviors that lead to and reflect the sense of confidence, competence and the sense of real possibility and unlimited potential." CRDP Population Report, "I Ain't Crazy, Just Trying to Make it in a Crazy World"

African people have high levels of resilience and communal culture. Enhancing resilience is consistent with rites of initiation common to African culture. Beyond that, the enhancement process is also fundamentally African: written on the pyramids are the hieroglyphics that command **know thyself**. We institutionalize the power of the ancients in TRIBE, where the process of knowing is about seeing the "gifts in the wound," an exploration of the potential to learn and grow from the past (Sankofa): the path of destiny where experiences are "teachers," and we must become willing students.

The Turning Resilience Into Brilliance For Eternity Program (TRIBE) CDEP takes a public health approach to prevent mental illness by promoting health for AA foster and adjudicated youth and young adults. The primary mental health concern for AA youth (<19) is the system that institutionally discriminates against them, traumatizes them, misdiagnoses them with behavior disorders, and then criminally, socially, and individually punish them for that behavior. The mental health inflicted trauma includes the absence of assessments for trauma while abusing the youth by forcing them to take mind and body-altering substances and simultaneously depriving them of access to nutritionally sound diets and physical exercise. In addition, the mental health inflicted trauma worsens by lack of access to sports, a significant institution in AA culture that helps AA youth cultivate social relationships and normalized peer experiences. The primary mental health concern for AA youth over 18 is the continuing injury inflicted when part of either the foster or juvenile probation systems, but also their incarceration in prisons and jails after they turn 18. The reason for the focus on Complex-PTSD within the TRIBE CDEP is because the trauma experienced by these African American male youth and young adults begins as a child and continues in a never ending progression throughout adulthood, unless there is an intervention such as this, and one that can be received during the period when the brain is undergoing its greatest process of pruning of neural networks since infancy. Without the correct intervention at the correct time, the trauma becomes part of a genetic memory and imprints on the brain in a more permanent fashion.

In the face of this infliction of mental distress, the TRIBE CDEP recognizes the inherent resilience in these youth and young adults who undoubtedly suffer the worst of complex trauma and cultivates their resilience further by developing psychological, social, biological, and environmental protective factors. These protective factors prevent risk factors from being predictive for skid row and homelessness, prison, drug addiction, educational failure, and mental illness, including Complex Post Traumatic Stress Disorder (C-PTSD), depression, suicide, and other psychiatric conditions. Instead, TRIBE utilizes the underpinning of a social-ecological framework in developing these protective factors and builds resilience to empower youth to achieve despite racism, poverty, and adverse childhood experiences, and will result in college, financial self-sufficiency, and lives full of dreams and meaning.

There is a wealth of supporting evidence from the literature for these unmet needs, which often include barriers to access, for example, services that are not relevant to their lived and perceived experiences in conjunction with a lack of access to culturally tailored mental health services (Mascaro, Arnette, Santana, & Kaslow, 2007). Other barriers to mental health care among AA foster probation and parole youth and young adults include stress, violence, and trauma in their daily lives. AA youth experience an elevated level of daily trauma, especially those who live in an urban setting and the foster care system, and the effect of this trauma becomes compounded as they become older and may have increasing contact with law enforcement. Lack of educational success and attainment is another risk factor for these youth. However, college enrollment and completion elevate their socioeconomic status and generate positive life events that are elemental in building resilience. Positive identity promotes stability and strength in many ways; AA youth and young adults must develop a positive sense of self in a society that devalues them through negative stereotypes, assumptions, and expectations (Cross, 1995). For AAs, negative racial identity is linked to low self-esteem, problems with psychological adjustment, low school achievement, school dropout, teenage pregnancy, gang involvement, eating disorders, drug abuse, and participation in crime (Cross, 1991; Poussaint, 1990).

AA youth and young adults face unique challenges in accomplishing developmental-emotional tasks. First, emotional expression differs according to culture (Lambert et al., 2005). Many AAs value expressive individualism—the ability to freely and spontaneously express the self, feelings, or beliefs (Boykin & Toms, 1985). Expressive individualism often extends to comfort with the expression of various emotions—from happiness to anger—and with varying intensity of emotional expression. Based on European standards, American society values restraint in the emotional phase. Often, AA youth are perceived by European-American adults as loud, boisterous, overly emotional, vulgar, or excessively dramatic (Ward, 2000). AA adolescents and young adults may also face peer pressure regarding emotional expression. Intense emotional expression, particularly in boys, may serve as a protective mechanism for dealing with violence, aggression, or other risk factors (Stevenson, 1997).

Many AA youth undergoing abuse, neglect, or other trauma at the hands of adult authorities adopt oppositional identities to protect against further abuse and trauma (Baxter, 2016; Ogbu,1978). Although the oppositional identities initially serve a protective function, eventually, as the youth moves into the middle stages of adolescence and into young adulthood, then oppositional identity becomes maladaptive, undermining the adolescent's need to fit better and master the social environment. To grow a more adaptive identity, youths and young adults with oppositional identities must transform and transcend them, adopting a more positive way of seeing and being in the world (Baxter, 2016). This undertaking is not easy and requires addressing the mostly unconscious source of the trauma; youth need support to accomplish this transformation.

Finally, poverty, the foster system, single-parent households, and neighborhood violence are linked to internalizing behaviors, including depression and anxiety, preventing AA youth and young adults from developing positive self-esteem or coping with emotions effectively. Given the importance of

monitoring, the extended networks of caregivers are an under-examined resource within AA communities. The networks of kin providing emotional and instrumental support related to healthy youth development (Jarrett & Burton, 1999; R. D. Taylor & Casten, 1993) may offset the risks associated with single parenting and foster youth (Astone & McLanahan, 1991; Turner, Irwin, & Millstein, 1991; Vaden Kierman, Ialongo, Pearson, & Kellam, 1995). The TRIBE CDEP is profoundly important in this connection, taking a holistic approach to the problem of AA youth and young adults' access to appropriate and effective mental health support from a social-ecological perspective. In addition, TRIBE will serve as a social network for the AA male youth program participants.

CDEP PURPOSE, DESCRIPTION AND IMPLEMENTATION

The TRIBE CDEP Purpose

Turning Resilience into Brilliance for Eternity (TRIBE) is a CDEP program for foster and adjudicated African American male youth and young adults ages 14 – 29 that aims to prevent or intervene in how their life chances are restricted by the early onset of post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (C-PTSD). The TRIBE CDEP meets this challenge by recognizing a need to support the mental health of African American males by using an ecologically grounded somatic approach to skills building, identity development, peer support and mentoring, with an eye to increasing resiliency by opening the aperture to higher education and widening access to mental health services. The services include therapeutic approaches to developing and reframing identity, trauma therapy and healing, cognitive behavioral intervention, emotional intelligence training, leadership, communication, and financial planning skills, and the development of personal, educational, career, and financial plans.

What makes TRIBE resonate so well with the population it serves is that it provides participants with the skills and competencies required to achieve the same outcomes they would be seeking in the gang culture, such as Money, Power, and Girls.

Young African American males disproportionately exposed to urban community violence are at increased risk for mental health problems as compared to other youth (Pierre, Burnside, & Gaylord-Harden, 2020). An ecological model recognizes how the African American experience of violence is heightened by individual, relational and societal risk factors stemming from the structural inequalities that typify historical trauma (West, 2018). Utilizing an ecological approach that also incorporates the somatic techniques of brain-based learning (Laye, 2021; Pilcher, 2012), TRIBE is designed to address the California Reducing Disparities Project (CRDP) Phase 1 Priority Population Strategy of building on community strengths and demonstrably improving the quality of mental health services by providing services tailored to be culturally congruent, sensitive, and competent (CRDP Strategic Plan to Reduce Mental Health Disparities ;<u>https://cpehn.org/assets/uploads/archive/crdp_strategic_plan.pdf</u>).

The program's outcome measures demonstrate TRIBE's capacity to serve the target population in this way and accomplishes its goal by decreasing the participants' risk of homelessness on skid row, prison, drug addiction, educational failure, and mental illness, including Complex Post Traumatic Stress Disorder

(C-PTSD), depression, suicide, anxiety, and reactivity. Additionally, the TRIBE CDEP has demonstrated increases in the participants' adaptability, self-efficacy, and social connectivity.

CDEP Description and Implementation Process

COMPONENT #1: College/Employment Prep

This component begins with the application of brain-based learning technology designed to change the neuronal networks relating to basic identity. This component offers the College/Employment Prep Initiation process (Fontaine 2018) referred to in an inviting and encouraging way as, "College Is for Me." This section called College Prep/Employment consists of a set of services and readiness activities. They are designed to prepare the participant for the commitment required to participate in the program, by providing a basis for self-sufficiency and financial support. This section of the Know Thyself component is for participants ages 14-18 who either are still in high school or should be in high school, and it is particularly geared for foster youth, for whom an introduction to the concept of going to college is key. For participants ages 18 – 29 who are not in high school, and who have a diploma or GED, the emphasis is on them preparing for college to get the training they need, but the focus is more on the careers they wish to pursue.

The philosophy behind introducing participants to college life in a way disciplined by the rigors of the TRIBE Program can be summed up in the words of the TRIBE director: "It's one thing to tell someone they can go to college; it's quite another for them to see the possibilities of college with their own eyes." Hence, each participant begins to consider themselves as being college-bound. To get there, they develop a Personal Purpose Plan which includes listing their goals in the program, their personal development goals, their educational goals, their financial goals, and any other goals. They are taught to set goals and to pursue them day by day.

The TRIBE CDEP innovation is unique in that it is deeply rooted in African culture. Historically, African American culture views education as the pathway by which to rise to higher echelons of the social class structure. African American people created the Civil Rights Movement during their struggle to gain equal educational opportunity for generations of African American youths. In 1965, President Johnson signed the Elementary and Secondary Education Act (ESEA) largely in response to African American organizing and President Obama updated that law in 2015 when he signed its contemporary iteration entitled the Every Student Succeeds Act (ESSA). When the NAACP and other civil rights organizations won the 1954 Supreme Court case, Brown v. Board of Education, it transformed higher education, especially in the South where, according to Peter Wallenstein (2009), Black students had not been allowed to matriculate. So "College Is for Me" is prevention and early intervention mental health programming culturally grounded in the historic African American struggle for education.

In the 'College is for Me' workshops and activities, participants are provided with an opportunity to "Jump in" and make a commitment to join the TRIBE. Participants get an opportunity to make a decision that shapes their lives and are inspired to make a commitment to developing their lives through

education and diligent work. Providing an opportunity for participants to decide and commit addresses the fact that in their daily lives most youth typically do not get an opportunity to be their own agent (Rodríguez & Brown). The educational activity, "College is for Me," and the employment activity provides the participants with an opportunity to make their own decision. They can decide to learn about college given their interest in an academic experience, or for their preference for a career development experience. Supporting their ability to take this decisive leap starts with building community and establishing the TRIBE's communal norms.

"College is for Me" introduces participants (age 14-20) to the feel of college, to its comfortable environment and to people heading to college or attending college who are discussing stimulating ideas. Participants are inspired to complete readiness requirements necessary to attend school: they obtain a social security card, birth certificate, California I.D. They register for the local youth employment program through the American Jobs Center of California that assists them in securing income during program participation. They are educationally assessed and may apply for admission to the community college. They are assisted to secure stable housing, a vehicle, employment, and the financial resources that come with the experience of one who is headed to college. Participants may select a college of choice, learn how to meet the college's entrance requirements, meet the directors for African American and Former Foster Youth programs on campus, visit colleges, and meet with college mentors. They can meet former foster or adjudicated youth who are attending college, tour the campus, and meet with instructors and coaches they select. For those participants who are attending continuation high schools, this program section introduces them to a new definition of learning and broadens their vistas by exposing them to the challenges and excitement of campus life.

Participant Demographic Features: College is for Me

1. AA male youth ages 14-20: foster, former foster, active probation, or parole (adult or juvenile).

2. Dual supervision preferred for participants who are ages 16-18. Participants ages 18-29 must formerly have been in foster care, or currently must have been in foster care for more than three years and are expected to emancipate or might be either on active parole or on probation.

3. First preference to youth who have received no service referrals or ILP information.

4. Second preference: with a history of suspensions/expulsion and/or mental health diagnosis of behavior disorder Third preference to those failing in school, IEP,

5. No referrals are accepted, only recruitment with partners who provide objective query identification. Recruitment of participants will come from affiliated group homes, camps, probation, and LACOE.

Number of Participants in College/Employment Prep

We reached out to 250 potential participants in 3 years. A total of 264 AA male youth and adults have been recruited over a 4 year period. The average number of youth participating in a

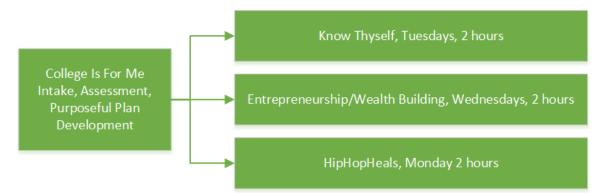
workshop at a time are 20, which is the size of a cohort, although cohorts have been as small as 10, and as large as 30.

Length and Duration

All workshops last 8 weeks and are held once a week for two hours. In the original design the workshops were 16 weeks, but have been changed to 8 weeks in the last cohort. There have been 2 to 4 cohorts per year, depending on recruitment. To sign up for them participants must obtain their work documents (Social Security Card and ID). It can take up to 30 days for them to collect these documents and complete the registration process. In some cases when these documents are not readily available, time is needed for those who want to participate to gather their documents. During the registration period, they may miss the start of a cohort and must wait for the next cohort to begin. Registration, therefore, is an ongoing process offered on a continuing basis. No developmental opportunity is lost for this process includes coaching and work on developing and implementing their Purposeful Plan.

The Timing and Relationship of Components

Offered in cohorts that start every 10 weeks. Offered prior to other components.



Location Of Workshops

The original design of the CDEP was to provide it at juvenile probation camps and at a community location. We were never able to implement it in the camps, but now have an opportunity to offer it at high schools. This did not occur during the intervention period, and the intervention was completely implemented in a community setting. Because the intent is to serve individuals who are considered "throw aways" by the institutionalized systems, the desire was to be in the probation camps. However, the "throw aways" are now identified primarily through referrals and efforts to work directly with gang involved youth. One cohort was also offered at a public housing project which is the center of extensive gang activity.

Facilitators

Know Thyself Program Manager, Project Director, Project Manager (business/finance modules)

Workshop Sequence

- A. Session #1: Registration and Personal Interview: What are your interests, gifts, goals?
- B. Session #2: Educational and Talent Assessments
- C. Session #3: Employment: Registration with the American Job Centers Youth Programs including skills building in three job preparation sessions.
- D. Session #4: What is TRIBE and Why Is It for Me? Program orientation. Introduction to the staff, the requirements, and to the four components. Concept of the TRIBE family.
- E. Session #5: Introduction to College and Purposeful Plan Development. Identify career interests, areas of genius, uniqueness. Identify employment or entrepreneurship interests.
- F. Session #6: Am I ready? What do I need to be ready? Personal commitment. Obtain housing, develop a plan of action, acquire a vehicle, including a driver's license; or make alternate transportation plans. Expungement of records.
- G. Session #7 College admission, registration, FAFSA, scholarships, class selection, orientation, placement registration

Component #2 KNOW THYSELF, the resilience workshops.

Section #2 of the Know Thyself component consists of the Resilience Workshops. The resilience section helps the participant to work through any obstacles that block their forward motion in the College/Employment Prep component. A focus on resilience is essential because many service programs that require performance can fail when participants become frustrated and feel unable to rebound from setbacks. The innovation of Know Thyself resides in the fact that African people historically have enjoyed high levels of resilience generated by the commitment to self-development and to building a communal culture. We develop leadership by building on this cultural resilience in the workshop program using methods that cultivate the resilience of each participant. They become resilient leaders by regarding the TRIBE as family and by reflecting on how their own personal and collective resilience is a product of the African command written on the pyramids: KNOW THYSELF.

Knowledge of self was regarded as the root of a complete and thorough education in the ancient Kemetic education system. The true source of knowledge and basis for education begins deep inside each person. TRIBE's adoption of the Know Thyself recognizes the participants' talents and interests, empowering them to excel at their strengths, like their ancestors once did, and gives them practice at seeing their weaknesses as resources from which they can learn. The Know Thyself theme also is reparative – in that it helps participants to recognize and correct their subjection to what Pascah Mungwini (2017) calls the "epistemic injustice" that restricts the capacity of many African descent peoples to make a critically conscious assessment of their situation. Participants will come to understand that self-knowledge (not gangbanging) is the true purpose of life as they heal from the harm African Americans daily endure to their capacity for knowledge and self-knowledge under the conditions of epistemic injustice that can render anyone treated this way to become what Kid, Medina, and Pohlhaus (2017, p. 311) describe as being "less credible as witnesses" to their own lives.

TRIBE institutionalizes the Know Thyself command of the ancients, where the process of knowing self is construed as participants becoming more resilient as they learn who their people were before enslavement and in seeing the "gifts in the wound" they suffered in the post-emancipation era and continue to suffer in post-civil rights society. For example, instead of feeling alienated by learners and by learning, increasingly resilient participants will come to understand their ancestors created the first libraries and institutions of higher learning in the world (Zulu, 1993). Participants will embark on an exploration of their potential to learn from their past (*Sankofa*) and grow beyond their past. Participants enrolling and participating in TRIBE will come to see they have chosen the path of destiny whereby their experiences are "teachers," and wherein they quickly become the willing students of their experiences.

The resilience section of the Know Thyself component introduces African America young men to tools that help to protect them against the challenges of racism, trauma, and the impedance of opportunity resulting from institutional bias. The participants come to see the program handing them the following tools to support their journey: self-knowledge; networking; college and job prep; goal setting; follow-through. These tools empower the individual/group to look deep inside for the power to enact resilience as they act to move beyond the forces they face. These tools provide the participants with a path to a different world view, new mental models, and enriched life narratives that allow the resilient wisdom from past experiences to come forth in the light of treasured resources.

Participants discover that the biological, psychological (intrapsychic, cognitive, emotional, posttraumatic growth), social, and spiritual protective factors that already exist will further be developed given the time they dedicate to cultivating resilience in this section of the Know Thyself component. It is designed to enhance resilience and unleash it into the bright future of the participant. A central theme is to demonstrate that resilience already lies within the participant. TRIBE helps with the identification of the participants' gifts and talents in ways that contribute to their growing understanding that the source of financial abundance lies not in a labor market but in the development of their gifts.

The Resilience Workshops begin once the "College is for ME" component has been completed. The workshops are offered once a week for 8 weeks for two hours and therefore comprise a most important section of the Know Thyself component. They are organized at three levels and content from all three levels is combined in each one of the workshop sessions:

1. On the cosmic level, the participant develops an awareness of what it means to ontologically understand the eternal, immortal aspects of beingness. The most familiar earthly, physical, and terrestrial aspects of beingness is revealed to be only a counterpart of the whole electromagnetic spectrum that encompasses creation and life. An understanding develops that all humans share in the power of ALL CONSCIOUSNESS. This understanding is essential to participants acquiring and using the knowledge, spirituality, and culture of African beingness essential to tracing the cosmological and ontological roots of their identity. At this level, the participants draft a Purposeful Plan derived from contemplating: What vortex of spiritual consciousness am I and what was I born to do? They will draw their inspiration from ancient writings such as the Mdw

Neter as found in the Pyramid Texts or as in the Husia, by Maulana Karenga (1984), and from writings on African cosmology and epistemology such as that of John Mbiti (2015).

- 2. This on the ground level explores ancestral/historical features of the Know Thyself theme. It entails both the contemplative, spiritual work of connecting with the ancestors and the intellectual work of knowing the ancestors. Some ancestors to consider are key historical figures like: Huey P. Newton, Kwame Touré, Malcolm X, and the Ashanti Kings. This ancestral/historical level involves knowing that history repeats itself. The participant cultivates an understanding of past gains and setbacks. This knowledge allows the participant to better understand how to solve the problems of today by learning which solutions of the past worked or failed. Level 2 also runs on two tracks. One track is concerned with the foundations of cultural identity evident in the content areas of the Classical African Civilizations, Historical Kings and Queens, and the Ethnology and Ethnography of Africans enslaved on the continent and in the diaspora and struggles that decolonized the African continent including the involvement of Africans in the historic anti-racist, anti-colonial, and anti-sexist movements.
- 3. The Know Thyself component also considers the level of the participant who is on his way to performing in the world as a Sovereign Planetary Citizen. As sovereign planetary citizens, the participants come to 'know thyself' in successive shells of existence that naturally comprise the expanding structure of their own social/cultural/economic/political context. Each layer from family, to community, to neighborhood, to county, to state, to nation, to the world, and to the universe challenges participants to identify how their gifts, talents, flaws, and weaknesses bring the power of self into focus in each of the contextual layers in which their lives are unfolding. Where there is strength to be acknowledged and celebrated, participants identify it and likewise, they recognize where deficiencies blocking the evolution of their sovereign citizen identities. Working on themselves in this way those deficiencies can be acknowledged and tackled as areas of growth and development.

This level of the Sovereign Planetary Citizens is all about responsibility and initiative. It requires the participant to begin contemplating what it means to walk the path towards financial selfsufficiency without violence, to construct a plan of action, and to develop the commitment to see it through. The sovereign planetary citizen is a new form of the self; it emerges able to lay out a path toward self-sufficiency by undertaking education and employment, and by cultivating the ability to navigate the socioeconomic and political systems that too often operate in opposition to the African descendant's communal and personal self. Coming to know themselves as sovereign planetary citizens provides them with a motivating place in the world, one that encourages them to expand their initiative and sense of responsibility beyond themselves into and beyond their communities. It enhances their ability to be responsible by facilitating development in them precisely where the participants learn to excavate and explore the number one issue of internalized self-hatred that distorts their sense of responsibility in ways predicated on a lack of self-knowledge.

The goal of participants seeing themselves as sovereign planetary citizens is to cultivate their leadership potential by converting negatively directed energy back into the positively directed energy it once was. This energy normally is subverted by racism and other forms of anti-black oppression and this feature of the Know Thyself component liberates their potential. Participants find balance and become able to operate more gracefully and proficiently at that nebulous nexus where the downward and upward vortex meets. Taking on the new identity as sovereign planetary citizen builds resiliency as participants scrutinize, rectify, and edify their current identity in accordance with the workshops that help them to contemplate and apply the following six principles or affirmations.

- **A. I AM TRUTH:** I am here for a purpose. My life experiences are preparing me for greatness, and this is only the beginning. My actions may have hurt others and myself, but every experience has served a good and right purpose. I am not a mistake. I am worthy.
- **B. I AM RESPECT:** I am tapping into my own genius. I am respecting my brilliance, dreams, and emotions. I am respecting my culture, history, and ancestors.
- **C.** I AM SEEING: I appreciate the gifts in my wounds. My rage leads me no longer to selfdestruction, but rather to transform my practices constructively so I can claim my destiny. I understand people are who they are and are not who I may want them to be. I reframe my mental models and worldviews as I ask about the wound: What's good about it?
- **D.** I AM COMMITMENT. I commit to my potential; to who I really am. I am where I should be. I stand to face my fears and run towards the roar. I no longer run away in fear. Where I am going is into the unknown, which is fearful. I will face that fear and not shy away.
- E. IAM POWER. What Is It? How To Get It? Who/what is stopping me from getting what I want?. I understand that 100% responsibility = 100% empowerment. I look past ALL obstacles and take ALL responsibility to change in any ways necessary to get where I want my life to take me. I look past ALL obstacles. I see multiple solutions. I will not give up my power to others by blaming or following.
- F. I AM RICH. Money is not out there to be scratched out of the ground or taken; Abundance is within me. My experiences and purpose already contain the seeds of my financial resources. I need not fight others in trying to be rich. Wealth and abundance reside in the creative ideas that pour out of me every second. I already have invested in myself through suffering and struggle; now, I will invest in myself through sacrificing now to achieve my dreams. I am investing in my dreams and in my own idea of success.

Number Of Resilience Workshop Participants

60-80 AA male youths and adults over 3 years, at 2 cohorts of 10-20 per year. 56 completed with posttesting

Length and Duration

1. 8 weeks, offered 4x year

2. The eight Resilience Workshops cover the principles

The Timing and Relationship of Components

1. Conducted concurrently with Component #3 on alternate days.

2. Community; see previous explanation

Location of Workshops

Again, the original design of the CDEP was to provide it at juvenile probation camps and at a community location. We were never able to implement it in the camps, but now have an opportunity to offer it at high schools. This did not occur during the intervention period, and the intervention was completely implemented in a community setting. Because the intent is to serve individuals who are considered "throw aways" by the institutionalized systems, the desire was to be in the probation camps. However, the "throw aways" are now identified primarily through referrals and efforts to work directly with gang involved youth. One cohort was also offered at a public housing project which is the center of extensive gang activity.

Facilitator

Project Director

Component #3 Somatic/HipHopHeals Approach to Relieving Trauma

HipHopHeals is a second TRIBE component relying on the somatic approach to healing trauma. Hip Hop is a powerful and innovative contemporary cultural formation. It is another brain-based learning technology designed to change the neuronal networks relating to basic identity.

According to Kuhfuß et al, (2021, pp. 2-3), exposure to long-term trauma can have "a permanent overreaction of the innate stress system due to the overwhelming character of the traumatic event. In the traumatic situation, people are unable to complete the initiated psychological and physiological defensive reaction...[which]... leads to a persistent somatic and emotional dysregulation of the nervous system and results in the chronically increased stress reaction." Instead of subjecting TRIBE participants to cognitive-behavioral therapy (which requires them to think when thinking already is burdened by trauma), the participant's "attention is directed to internal sensations, both visceral (interoception) and musculoskeletal (proprioception and kinaesthesis)." The goal of the somatic approach as Kuhfuß et al, (2021, p. 3) explain is "to gradually reduce the arousal associated with the trauma by increasingly tolerating and accepting the inner physical sensations and related emotions and by activating internal and external resources, such as identifying parts of the body or memories that are associated with a positive and reassuring feeling. The resulting increase in interoceptive and proprioceptive awareness leads to a 'discharge process' after which the trauma-related activation is resolved."

A somatic approach to identity formation via Hip Hop is critical to forming understandings of living conditions (Blanchard, 1999). Exposure to trauma when the teenage brain is developing is shaping identity during a period when profound brain structure changes occur. Into the late twenties, the maturing brain is shifting development to the prefrontal cortex, evolving executive functions that can override the amygdala-based reactivity characteristic of traumatized individuals.

Trauma caused by the institutionalizing western cultural practices result in disproportionality and lessens learning. Western thought separates bodies of knowledge: physics from metaphysics; song from dance; writing from speech; geometric theorems from sacred geometry and architecture; art from the manifestation of thought. Yet, African thought, action, philosophy, cosmology, science, are integrated in Hip Hop on multiple levels: physical, spiritual, emotional, mental, simultaneously. As Turner, Hayes and Way (Turner, Hayes, & Way, 2013) argue, multimodal integration is typical of Hip Hop's production methods and key to the African experience. With the implementation of somatic work through the physical training that is possible through application of the music component, trauma is processed and released from the body under the guidance of a physical trainer specializing in trauma release. As Mose (2013) sees it, Hip Hop music, performance, and ingenuity engages the Black urban male in "creating personal identities based on symbolic capital, and thereafter using that capital to define and re-define themselves in relation to a city that is continually being re-shaped by globalization and capitalism, and in locating themselves within the urban space that they seek to define."

African-centered philosophies that include the theories of revolutionary movements like the Black Panthers and other Black Power movements are the answer and consistently are implemented in African American collective/group contexts. Hip Hop technologies, in turn, have played a historically derived role. For example, the drummer, Yaya Diallo, explains in an opening passage of his autobiography that he heals others using the cultural technology of his meticulously practiced drumming. It is not just a question of Diallo's personal skill, but also is a question of his intention and the expectation others have of him. "The musicians were expected to maintain high moral standards because of their power to influence people through music. They were people of knowledge who were listened to carefully at village councils" (Diallo & Hall, 1989, p. 3). Here, Diallo's claim about the healing power of his African musicianship reflects the traditional African ideas of somatic psychotherapy that is relevant and adapted to the contemporary African experience through rhythms, beats, and natural body movements that include dance, song, martial arts, bodywork, entrepreneurship, film/performance, community action: in sum, all elements that today comprise Hip Hop.

Features of the current Hip Hop mode of cultural expression can be recognized in classical African traditions (Codrington, 2021; Blake, 2016). From the Pharaoh as warrior/priest/scientist to the gang culture warrior/spiritual leader/economist, we see the consistent Hip Hop cultural thread. Cultural connections are recognized and honored from the ancient traditions of the griot who was a carrier of history through storytelling, a mode of communication that aligns with Hip Hop's use of speech and learning in the production of song and story. Hip Hop practitioners develop the coherent narrative and transmit it through the cultural lens of community performance and social media. Sharing the new narrative through the music helps one to actualize it. The group somatic therapy Hip Hop provides is critical because the focus must shift towards processing the collective assault rather than viewing therapeutic intervention only as a response to individual deficiency. Thus, the healing power of Hip Hop helps young African Americans to shift the focus to resilience, strength to survive, and perseverance,

accomplishing their own resurrection from the ashes of the powerlessness that lies at the center of complex trauma and into the natural state of power. The African connection through music and related cultural activity is undeniable and participants get to see that Hip Hop is the CULTURAL UNDERPINNING: The beat, the word, the dance, the fashion, and entrepreneurship.

For these reasons, the internationally defined treatment protocols for complex trauma therapy are incorporated into HipHopHeals: 1) safety and stabilization, 2) developing a coherent narrative, and 3) reintegration into the community. While safety and stabilization is a hallmark of the Know Thyself workshops, the embodied, somatic aspect of Hip Hop Heals goes much deeper into these levels, particularly developing a coherent narrative and addressing the effects of hyperarousal, intrusion, constriction, and disconnection. These effects manifest in alterations in affect regulation, consciousness, perception of perpetrator, relations with others, and systems of meaning.

In Hip Hop Heals, these adverse effects are addressed, processed, and healed within the cultural context of the African history of Hip Hop aligning with and speaking out against the concurrent ways in which the African American community has been traumatized (Alridge, 2005; Rabaka, 2013). The central therapeutic focus of both the brain-based approach and the complex trauma approach is on the issue of IDENTITY. By validating the participants' identity experience of social media and gang culture, the new narrative expressions in Hip Hop provide a new option (Karenga, 2014). The participants can now choose between an ad hoc oppositional identity (gangsta) and Muntu Warrior, an identity grounded in 7,000 years of a historical continuum.

The Muntu warrior is a self-disciplined learner and man of action who evolves into his own version of the sovereign planetary citizen. He emerges transformed having left nothing of himself behind. This identity transition allows young African American males opportunities for expressing an inner knowing of how the spiritual dimension is concretized in their physical manifestation. Dignity and respect come from within rather than from without. They start to sing a new song. Using social media to promote their new self-narrative raises one's status or external identity and allows one's internal identity to emerge and visibly inhabit the exterior.

Emotional centers of the brain are directly targeted using Hip Hop in this component to reduce the reactivity of trigger responses while culturally building new neuronal networks to replace traumatic thought patterns (Crooke & Travis, 2021). Understanding how to support the release of dopamine in the emotional centers of the brain through the somatic activities of Hip Hop and through the reflection on identity as presented in the TRIBE material allows the participants to reframe their habitual ways of understanding and being. The externalized gang cultures' principles of money, power, and respect can be reframed into internalized principles of abundance obtainable through the embodiment of creative ideas, and power the participants can achieve through activating their sense of purpose, and respect for self and others through connections with ancestors. Using Hip Hop as a medium of musical, somatic expression the isolated self no longer is alone or dependent only on a gang for identity; the participant no longer suffers a historical loss of identity but now affirms connection to an African American sense of collective divinity, a power bigger than the self with a gun.

HIP HOP HEALING CURRICULUM

Week 1

1: Introduction.

- Name
- age
- favorite musician artist and most connected to
- Ice Breaker
- Who we are?
- 2: What is trauma. Looking at trauma symptoms, self- assessment of trauma.
 - What Happened To You?
 - Where do feel pain when your body sad/feeling low
 - TedTalk video on Adverse Childhood Trauma
 - Discussion
 - Homework/Song Assignment

Week 2

3: Check-in, homework, review last week discussion

How do we heal from trauma? Psychoeducation.

- What is complex trauma?
- The process of healing (Key Elements) Forgiveness, patience, Therapeutic Web, Community

4: Anger/Rage.

- Internal Anger/Rage
- Manifestation External Anger/Rage
- Blackout Anger/Rage
- Calming Exercise
- Homework/ Song Assignment

Week 3

5: Check-in, homework, review last week discussion

Use of somatic program to release anger/rage;

- What is regulation?
- Proactive and preventative measures?
- What can I do? Communicate!
- Communication Exercise/Being able to express feelings
- Homework/ Song Assignment

6: Numbing/Dissociation

- What is dissociation?
- What does it mean to Numb yourself?
- Strategic methods to battle dissociation?
- Homework/ Song Assignment

Week 4

7: Check-in, homework, review last week discussion

Lack of trust

- Your Circle.
- Exercise: Create 8 rings on a sheet of paper, starting with a small circle, each circle surrounding the next one and getting bigger and bigger. Start listing people in the circles, starting from the inside; with this person being closest to you, so on and so forth. It can be pets, people, or someone who has passed away.
- Discussion
- Video on Trust
- Homework/ Song Assignment

Week 5

8. Check-in, homework, review last week discussion

Boundaries

- How do we set boundaries?
- When is it ok to say "No"
- Knowing your limits.
- Homework/ Song Assignment

Week 6

9. Check-in, homework, review last week discussion

Self-Destruction

- The self-destructing mindset
- Reframing
- What does it mean to care for your self?
- TedTalk Conversation

Week 7

10. Check-in, homework, review last week discussion Shame

- Brief Discussion on Shame/ Video
- Shame behind: Gang brainwashing
- Breaking through brainwashing
- What is taught within the gang?
- Breaking the cycle of Shame

Week 8

11. Check-in, homework, review last week discussion **Attachment** When does it start?

• Emotional needs being met

- Sense of belonging.
- Transitional Objects of Progression
- Discussion of the healing circles class

Number of Participants

40-50 AA male youths over 3 years, at 2 cohorts of 10 per year.

Length and Duration

1. 8 weeks, offered four times a year

2. Two-hour modules

The Timing and Relationship of Components

Offered simultaneously with other components

Location of Workshops

Again, the original design of the CDEP was to provide it at juvenile probation camps and at a community location. We were never able to implement it in the camps, but now have an opportunity to offer it at high schools. This did not occur during the intervention period, and the intervention was completely implemented in a community setting. Because the intent is to serve individuals who are considered "throw aways" by the institutionalized systems, the desire was to be in the probation camps. However, the "throw aways" are now identified primarily through referrals and efforts to work directly with gang involved youth. One cohort was also offered at a public housing project which is the center of extensive gang activity.

Facilitators

Trauma Therapist, music producer.

COMPONENT #4 ENTREPRENEURSHIP AND WEALTH BUILDING

The Abundance component of TRIBE consists of eight workshops that are designed to cultivate the spirit and skills of entrepreneurship. These workshops help participants to satisfy their desire to be rich by helping them move methodically in that direction within the licit economy. The workshops are held once a week in 2-hour sessions. Each workshop session combines two parts, one that focuses on entrepreneurship and a second that focuses on wealth building.

Participants strategize and set goals for how they aim to experience abundance in their lives – "people first, then money, then things" as Suze Orman says (<u>https://www.brainyquote.com/quotes/suze orman 173484</u>). A part of this workshop series confronts participants with the fact that they live in one of the most abundant nations, and yet, their lives seem filled with and constrained by scarcity. Yet the western model of rugged individualism may or may not

work best for them because they come from a cultural heritage in which status historically has been based more on generosity than on stinginess.

This cultural model presents them with a new way of thinking about the power that comes with being rich and what to do with it. For instance, in many African societies, like southern Ghana, the primary purpose of political authority is to redistribute wealth. Elites are granted power based "on their capacity to operate in accordance with ideals of mutuality and "abundance" that inform their relations with non-elite constituencies" (Pellechia, n.d.). This model is presented as another option to help participants think out of the box. Participants consider what priorities are most important to them and come to understand that all wealth is intended to support their vision. They will plan how to earn income, save, invest, and be responsible for their own fiscal welfare as well as that of their communities.

The major goal of these workshops is to train participants to recognize abundance as an inner state that outwardly manifests through their vision, planning, and diligence. Participants who previously may have survived only by acquiring through the illicit economy now will learn to strive for financial self-reliance within the framework of the licit economy. Participants who complete TRIBE's Abundance component come to understand that "my potential to earn is within me, not outside me." They begin to think that their experiences and purpose already contain the seeds of their abundance. Like miners, they assess their worthiness in a new light and tap into their own richness: "I already have invested in myself through suffering and struggle; now I chose to invest in myself through well-executed personal sacrifice."

Entrepreneurship.

Week 1. Who is an entrepreneur?

- What it means to be an entrepreneur
 - Understanding the entrepreneurial journey
 - The importance of your 9-5 job in your entrepreneurial journey
 - How to get started properly as an entrepreneur

Week 2.Entrepreneurial Finance-

- Your financial responsibilities and business structure
- -Slimming down the fat
- Avoiding the entrepreneur debt trap
- Avoiding a financial gumbo

Week 3Finding Your Side Business

- How to run your personal skills audit
- Identifying your money skills
- Week 4Developing A Profitable Idea
 - How to validate your ideas
 - How to identify your target avatar
- Week 5.Niching Down
 - How to niche down to target market
 - How to define target market
 - Quick innovative ways to bring profitable idea to market

Week 6.Building A Business: The Practical

- Discover the current business ideas
- Build an open game plan and MVP
- Create a base business plan

Week 7. Marketing Message

- Crafting your story
- Developing a one-sentence headline
- Understanding your customer journey

Week 8.Sales Strategies

- Developing your value offer
- How to not compete on pricing
- Understanding your value ladder and average cart value

Wealth Building

- Week 1.Personal/Household Budgeting
- Week 2.Consumer Credit Building
- Week 3. Consumer Debt Reduction
- Week 4. Emergency and Short-term Savings
- Week 5.Spending Behaviors and Consumer Attitudes
- Week 6. Financial Goal setting
- Week 7. Financial Crisis Management
 - dealing with collections
 - creating additional
 - income streams

Week 8. Basics of Stock Market Investing

Number of Participants

40-50 AA male youths over 3 years, at 2 cohorts of 10 per year.

Length and Duration

1. 8 weeks, offered four times a year

2. Two-hour modules

The Timing and Relationship of Components

Offered simultaneously with other components

Location of Workshops

Again, the original design of the CDEP was to provide it at juvenile probation camps and at a community location. We were never able to implement it in the camps, but now have an opportunity to offer it at high schools. This did not occur during the intervention period, and the intervention was completely implemented in a community setting. Because the intent is to serve individuals who are considered "throw aways" by the institutionalized systems, the desire was to be in the probation camps. However, the "throw aways" are now identified primarily through referrals and efforts to work directly with gang involved youth. One cohort was also offered at a public housing project which is the center of extensive gang activity.

Facilitators

Business Consultant and Entrepreneurial Coach

CHANGES TO THE CEDP COMPONENTS OVER TIME:

Over the last three years there has been some changes to the CEDP components. The changes were primarily driven by recruitment changes and enhancement in the delivery of the contents of the workshops. The substantive changes have been as follows.

- <u>*Target Population*</u>: Initially, the eligible participants included African American youth ages 13-18 who is in one of the following categories
 - 1. in foster care (more than 36 months),
 - 2. with multiple entries into foster care and likely to emancipate from foster care., or
 - 3. currently on probation as Ward of the Court expected to emancipate.

In addition, priority was given to youth in dual supervision (WIC 241.1); for adjudicated youth in lock-down placements, particularly those whose social workers/probation officers are NOT recommending transitional housing. A second priority or eligibility criteria were given to youth in special education, failing in school, behind in credits, and with a history of suspensions/expulsions. Since 2018, the eligible participants have expanded to African American (AA) male youth and adults ages 14-29 foster, former foster, active or former parole, probation (adult or juvenile). The age of the target population changed because recruitment of the teenagers younger than 18, who were in the custody of social services and probation, proved to be close to impossible. Whenever participants were enrolled, they changed so quickly that they were released from probation custody and returned home at which point their participation ceased. This meant that post-testing was not going to happen. The decision was made to expand to age 25 because It is generally accepted fact that brain plasticity is equally maintained from

ages 14 to 25, during which period the brain undergoes the great pruning of neuronal networks than at any time other than early childhood. Findings also indicated that incarceration further delays the adolescent brain development, and that it was appropriate to extend the youth age group to age 29, given that the participants had almost universally been incarcerated for a number of years in their 20's.

• Workshop and Data Collections Changes Due to COVID-19: During the early months of COVID-19 (March 2020 – June 2021), the in-person workshops were all delivered virtually. The content of the workshops was retained, but the delivery was different. Additionally, participants seem to have lost the social support experienced by the physically present participants. Also, most of the data collection, particularly the "One-Minute Anonymous Self-Assessment," were all collected via an online version of the instrument. Despite the challenges offered by COVID-19 in terms of in-person workshops, the program experience in attendance of the workshops. A likely rationale for the increase in attendance could be that the participants, like all Californians, were homebound. Additionally, the participants did not lose time commuting from home to the site for a couple to a few hours a day. When the program was online, and participants were homebound, it was easier to maintain participation throughout the 12-week period. However, when it was again possible to hold the intervention in person, the decision was made to change the CDEP from 12 weeks to 8 weeks because it was difficult to maintain attendance for the longer period of time and it was found that the results were equally effective as demonstrated by participant surveys.

Local Evaluation Questions

Evaluation Questions, Indicators, and Measures

The TRIBE CDEP is an educational and psychological intervention with a unique curriculum and pedagogical system. Because individual participants matriculate when they complete a sequence of learning experiences that shapes their emerging psychosocial identities, the TRIBE program's structure appears developmental. The developmental design of the TRIBE program means that an evaluation that aims to assess the fidelity and effectiveness of TRIBE intervention must continuously and adequately address the passage of time and the learning events unfolding between and within the various TRIBE CDEP components.

The objective of TRIBE CDEP evaluation is to answer four questions:

- 1. To what extent are changes in Statewide Evaluation (SWE) Core Outcome Measures attributable to the TRIBE CDEP activities?
- 2. To what extent does the strengths-based resiliency model mediate TRIBE CDEP outcomes?
- 3. Which psychosocial factors does the program significantly impact (change)?
- 4. To what extent is the Life Skills instruction entrepreneurship, and employment related to variability in the quality of participants' living arrangements?

EVALUATION DESIGN & METHODS

A. DESIGN

The CEDP study design employs a pre-and post-test design. The pre-intervention assessment was at baseline, which was not fixed but varied for each cohort recruited into the program (TRIBE). At the end of the intervention for each cohort, the post-intervention assessments were administered, which varies with each participant. The intervention, comprising of a series of workshops and addressing each participant's psychosocial needs, is self-paced.

B. SAMPLING METHODS AND SIZE

<u>Sampling Method</u>: A combination of purposive sampling and respondent-driven sampling methods was employed to recruit program participants. Outreach and relationship building established with probation and parole officers and agencies created a referral system for recruitment. Additionally, other program participants were recruited based on referrals by previous recruited participants. However, for evaluation, the sample was TRIBE participants enrolled in the program and completed the baseline assessment, with a subset completing the post-test assessments.

<u>Power Analysis</u>: Power analysis was performed to calculate the sample size needed to detect significant findings if they genuinely exist adequately. That is having a high probability of rejecting a false hypothesis.

For example, suppose the CDEP strengths-based measure of resilience instruction correlates positively with the scores on the resilience outcome measure. In that case, the evaluation wants to reject the null hypothesis that states there is no correlation (a false hypothesis). With an estimated sample size of 30-40 participants, this sample size will be adequate in assessing program effectiveness based on Case and Fields methods (see Isaac & Michael, 1995, pp.52-53). Case studies are used to supplement the quantitative tests since, in some cases, the quantitative aspect of the study lacks power due to an inadequate sample size.

The evaluation can detect the actual value of the correlation between the TRIBE CDEP strengths-based resilience instruction and the resilience outcome measure at a p < .05 level of probability and with more than 80% accuracy (power). Cohen (1988) argued that studies ought to have at least an 80% probability of rejecting a false hypothesis.

Recruitment was slow at the start due to initially arranged referral systems, the extension of six months of data collection aided in increasing the recruitment. Additionally, the TRIBE program leadership revised age eligibility from 14-18 years to 15-29 years. Hence, the estimated resulting match paired sample of 70 participants.

Final Sample Size: Although we projected a minimum of 70 participants with marched pre-and postassessments, the resulting sample size for pre-assessment was 201 participants (189 adults and 12 youths). The sample size for post-assessments was 52 adults. These individuals the battery of questionnaire slatted for post-test assessments, which includes the post-test statewide evaluation (SWE) measures. None of the participants enrolled withdrew their consent or officially withdrew from the study. However, given the completed marched paired pre-and post-assessment SWE measures, we estimate the attrition to be 74%. However, from the projected 70 matched paired sample, the shortfall from the target was 25.7% (18 short of the target 70). There was no formal assessment as to the high level of attrition.

Some the plausible explanations were:

- 1. The target population is very mobile, and therefore some move away and were not in proximity to the program's location.
- 2. The Whole Systems Learning office relocated to Long Beach, which might have been the reason.
- 3. COVID-19 could also be a factor, although those who stayed with the program engaged with the virtual workshops.
- 4. After receiving some training, some empowered participants stayed in touch but did not complete all the workshops to take the post-test assessments then.

Given the high attrition, the program will need to conduct a formal assessment to determine the factors attributable to the program attrition.

C. MEASURES & DATA COLLECTION PROCEDURES

Process and Outcome Measures

Guided by SWE Core Process measures, the formative evaluation of the TRIBE CDEP was ongoing; the results were used to strengthen and recalibrate the program activities and curriculum. Table 1 provides a summary of the measures and data sources (See page 31). In addition, TRIBE participants help validate the cultural relevance and congruity of the various standardized test instruments, particularly in situations where there are questions about the inclusion of AA subjects in the standardization sample. The participants' involvement is vital because data collection must balance scientific rigor and cultural and linguistic appropriateness.

The fidelity of TRIBE intervention was conducted periodically even when the sample size was small. The assessment methods used the "One-Minute Anonymous Self-Assessment" instrument to define the instruction's fidelity, effectiveness, and quality. Additionally, the Director of Evaluation observed the delivery of some of the workshop sessions. During the locked down phase of the COVID-19 pandemic, the workshops were by zoom and were recorded. The Director of Evaluation reviewed a sample of the recorded workshop to assess the instruction's fidelity, effectiveness, and quality. The evaluation assesses TRIBE CDEP outcomes in two phases. Subsumed under the two phases, the details of the formative and summative assessments follow:

Formative Evaluation: Data Collection and Analysis

The first phase is the formative evaluation of the TRIBE Program's learning activities. This phase is a process evaluation that employs feedback from the "One-Minute Anonymous Self-Assessment" instrument to define the instruction's fidelity, effectiveness, and quality. These instruments designed for Know Thyself, Entrepreneurship and Wealth Building, and HipHopHeals, are designed to assess how each of the workshop sections positively impacts their goals in these three areas.

The TRIBE CDEP evaluation defines "degree of fidelity" as the fit between the content or skill objectives outlined in the TRIBE curriculum and the content or skill objectives the instructional process delivered. This evaluation interprets the extent to which TRIBE participants demonstrably learned the expected range or skill because of their exposure to the planned learning activities describes the fit between the curriculum and the instruction and subsequently the degree of fidelity with which the TRIBE program's curriculum is delivered.

The evaluation uses its "One-Minute Anonymous Self-Assessment" (OMASA) device to define the quality of instruction by assessing the extent to which TRIBE participants learned the expected knowledge or skill after their exposure to the learning activity. Asking three short answer questions, the OMASA provides participants with an opportunity to judge what they have learned from their exposure to the learning activity. The opportunity to evaluate their learning involves students in higher-order learning (e.g., see Bloom, 1976) associated with critical thinking and self-reflection. Allowing students to comment anonymously, the OMASA generates the necessary feedback to evaluate the effectiveness of both the learning and the teaching.

OMASA captures qualitative (i.e., unstructured) data by asking TRIBE participants four open-ended essay-type questions and allowing space for their spontaneous commentary:

- a. What did you learn that you did not know before you participated in this class?
- b. What did you learn that you would like to know more about?
- c. Would you recommend this lesson for other students like you? (If so, briefly explain why you would, and if not, briefly explain why you would not.
- d. Did this workshop help you increase your sense of positive identity or positive self-worth? Explain.
- e. On a scale of 1 to 10, how would you rate achieving a more positive identity or sense of selfworth?

The original "One-Minute Anonymous Self-Assessment" (OMASA) was generic, and in January 2020, the items OMASA instrument was modified, creating three versions for the following workshops: Know Thyself; Entrepreneurship and Wealth Building, and Somatic/HipHopHeals.

Ideally, a TRIBE staff would administer the OMASA instrument at the end of each class before the COVID-19 pandemic. However, the OMASA instrument was administered online during the locked-down phase of COVID-19. Therefore, participants who completed the assessment at the end of each workshop session used a link placed in the chat feature of zoom.

Schedule for and Duration of Data Collection Instruments:

 Table 1. Data Collection Schedule and Instruments

| | | Duration of Data | | |
|-----------|--|------------------|----------------|----------------|
| Data Type | Data Collection Instrument | Collection | T ₀ | T ₁ |
| | Qualitative Data | Vary | Х | |
| Dresses | One-Minute Assessment (for Know Thyself; Entrepreneurship; and | 20-minutes | Х | |
| Process | HipHopHeals) | | | |
| Measures | TRIBE Program Inter-Item Rating Scale | Vary | Х | |
| | Enrollment Forms | 15-20 minutes | Х | |
| | SWE Core Measures: Adolescent | 15-25 minutes | Х | Х |
| | Sense of Coherence Scale (SOC) | 15 minutes | Х | Х |
| | Students' Life Satisfaction Scale (SLSS) | 15-20 minutes | Х | Х |
| | Deveraux Resilience | | | |
| | Ethnic Identity | | | |
| Outcome | General Self Efficacy | 15-20 minutes | | |
| Measures | Rosenberg Self Esteem | | | |
| | Trauma symptoms | | | |
| | CES-D | 5 Minutes | Х | Х |
| | Adapted Positive Youth Development (PYD) Instrument | 10 Minutes | Х | Х |
| | Achievement of Personal Needs: Housing, Employment/Start | 15 Minutes | | |
| | Own Business; Transportation; GED; Primary Goals 1-3; etc. | 15 Minutes | | |
| | Document/File Review [†] | 20-30 minutes | Х | |
| | | per document | | |

Legend: +: Documents include Academic Records, Probation Records, and Life Skills Check List

D. FIDELITY AND FLEXIBILITY

The fidelity was based on completing a short questionnaire entitled "One-Minute Assessment" by each participant who attends a given workshop. Additionally, the evaluator periodically selects a random workshop to assess fidelity. During the "lock-down" phase of COVID-19, workshops were delivered remotely via zoom and recorded. Hence, the evaluator was able to observe and assess fidelity by reviewing the recorded workshop in addition to the completed "One-Minute Assessment."

Training

To ensure the reliability and validity of data collection, the evaluation staff will participate in comprehensive training that broaches the following topics:

- 1. The aims of the measurement instrument
- 2. The reliability and validity of the measurement instrument
- 3. The data collection protocols
- 4. Frequently asked participant questions that can arise during the test administration
- 5. The proper procedures for handling and storing copies of raw data once the tests have been scored

The Evaluation Director instructed staff on the importance of collecting accurate and complete data at each point of assessment. He also stressed the importance cultural competence and review the

standards for ensuring informed consent, confidentiality, voluntary participation, and benefits and harms. During the training, designated staff for data collection was trained for completeness participants completing the battery of survey instruments.

Program staff will remind participants of the purpose of the assessment and provide clear instructions for completion. The participants completed assessments at the start and end of each workshop for the "One-Minute Assessment." For pre-and post-assessment were at the beginning of each cohort (baseline) and when each participant matriculated through the program. Finally, the Evaluation Director held a workshop that reviews and surveys current best practices for administering several tests, including cognitive, psychological, psychomotor, and career inventories.

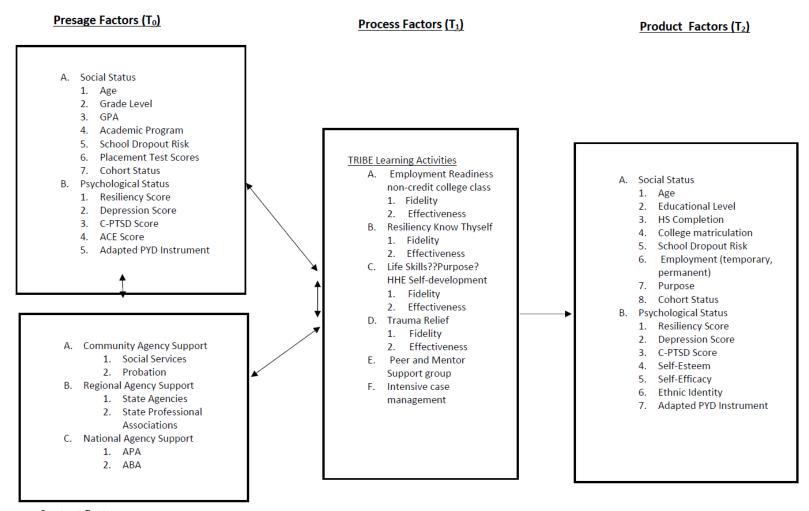
E. DATA ANALYSES PLAN IMPLEMENTED

Data Analytic Plan

<u>Data Analytic Plan and Reporting</u>: For this proposed program, the recruitment goal was 20 TRIBE participants per year – two cohorts, each with 10 participants per cohort. Hence, the total sample size was planned to be 80 participants by Year 5. But the data collection period for the entire California Reducing Disparities Project (CRDP) was reduced from four years to three years, the recruitment goal was reduced to 60. In the original design of having a control group (participants on the waiting list who had only completed College/Prep and Employment), we proposed analyzing the outcome measures (summative evaluation) using a Modified Nonrandom Control-Group Time-Series Design. However, we modified the design to a single group due to recruitment challenges. Therefore, we adopted a pre- post-test study design. Hence, summative assessments reported annually were based on the qualitative evaluation narrative (Case and Field method), and for quantitative measures using descriptive statistics, paired t-test for continuous measures, and McNemar tests (chi-square tests) for categorical data. Previously presented in Table 1 are the process and outcome measures to assess the program's effectiveness concerning the evaluation goals.

The evaluation developed information related to the context factors shown in the process-product framework (see Figure 1) by adopting the Case and Field approach. There are three reasons why the Case and Field method is the optimum approach to looking at various levels of institutional support for TRIBE intervention: First, looking at these institutions as social units, the Case and Field method helps the evaluation develop in-depth historical information about the environmental interactions of local, regional, and national agencies. Second, Case and Field studies are suitable for demonstration projects; they help identify issues, problems, and questions to answer before demonstration projects are scaled up. Third, they provide personal stories from third parties that help evaluators better understand the historical and social context of the quantitative data.

Figure 1: Process-Product Framework for Evaluating TRIBE Program Outcomes (After Gage, 1978)



Context Factors

Data Analytic Plan Specific to Evaluation Question:

<u>Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP</u> <u>Phase 2 activities being delivered?</u>"

The evaluation staff collected completed self-assessment forms from the instructors. Data from the "One-Minute Anonymous Self-Assessment" (OMASA), which asks four short answer questions, provides participants with an opportunity to judge what they have learned from their exposure to the learning activity. In addition, they are used to assess the effectiveness and fidelity of the workshop instructions. The OMASA was tailored for each of the following three workshops: Know Thyself; Entrepreneurship and Wealth-building, and Somatic/HipHopHeals. See the section, Formative Evaluation: Data Collection and Analysis, above for more details.

<u>Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the</u> <u>TRIBE CDEP activities?</u>"

Paired sample t-test or McNemar tests were performed will be used to determine the mean difference between pre and post-tests of SWE Core measures, Sense of Coherence, General Self Efficacy, Rosenberg Self Esteem, Ethnic Identity, Traumatic Stress Symptoms Scale, the Center for Epidemiological Studies – Depression (CES-D), PYD indicators, Life Satisfaction, and Devereux Adult Resilience Survey (DARS). Below is a brief description of each the listed data collection instruments.

The SWE Core measures are the statewide evaluation instrument administered at baseline at after completing the workshops (in 8 weeks). The Sense of Coherence instrument is a scale that assesses how people view life and a scale that seeks to identify how people might use their resources to overcome resistance and maintain and develop their health. The General Self Efficacy is a 10-item survey that assesses one's general belief in oneself to solve problems and reach goals. The Rosenberg Self-Esteem is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The Ethnic Identity Scale assesses three distinct components of ethnic-racial identity: (a) exploration, or the degree to which individuals have explored their ethnicity; (b) resolution, or the affect (positive or negative) that they associate with their ethnic group membership.

Traumatic Stress Symptoms Scale is a 27-item inventory of traumatic symptoms. The scoring is used to derive the likelihood of post-traumatic stress disorder (PTSD). The Center for Epidemiological Studies-Depression (CES-D) is a 20-item measure that asks caregivers to rate how often over the past week they experienced symptoms associated with depression, such as restless sleep, poor appetite, and feeling lonely. Scores range from 0 to 60, with high scores indicating greater depressive symptoms. The Life Satisfaction Survey is a 5-item scale designed to measure global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect). See Appendix for a copy of the instrument. The Devereux Adult Resilience Survey (DARS) is a 23-item

reflective checklist that provides adults with information about their personal strengths. The information can be used to help individuals build on these strengths, such as creativity and setting limits, so that they can better cope with adversity and the stresses of daily life. (See Appendix for a copy of the instruments).

These analyses assess change between the participants who receive the entire. Given that we evaluated the outcomes at two-time points, baseline and post-intervention, we performed paired ttests for continuous measures and McNemar tests (chi-square tests) for categorical measures. The outcome measures analyzed are as follows: The SWE Core Measures, including Trauma Symptoms and Psychological Distress assessed; Mental Health measured by CES-D (Depression); General Self-efficacy scores; Rosenberg's Self-esteem score, Sense of Coherence, and DARS resiliency scores; and Life satisfaction scores.

Given feedback from the TRIBE participants, the Evaluation Director and the program leader reevaluated the assessment to determine a reduction in participant burden related to total data collection time. We evaluated three instruments: the Sense of Coherence, the Rosenberg Self-Esteem Scale, and the General Self-Efficacy Scale. For the Sense of Coherence, the question was whether we should switch from the 29-item (SOC 29) into 13-item (SOC 13) instrument was the Sense of Coherence (SOC). There was also discussion to drop either the Rosenberg Self-Esteem Scale or the General Self-Efficacy Scale. A compatibility study was conducted to determine if we switch from SOC 29 to SOC 13. Based on the findings from the compatibility study, we switched from SOC 29 to SOC 13. The correlation between the Rosenberg Self-Esteem and General Self-Efficacy Scale was also performed. Below are the results of the compatibility study and the correlation analysis. The compatibility study resulted in us switching to SOC 13. After switching to SOC 13, we saw an increase in the completion rate of the SOC. After performing the correlation analysis between the Rosenberg Self-Esteem and General Self-Efficacy Scale, we decided to keep both instruments.

<u>Compatibility of SOC 29 and SOC 13</u>: The TRIBE research team decided to administer the 13-item Sense of Coherence (SOC) questionnaire instead of the 29-item SOC to decrease participant burden in data collection. Hence a compatibility study was conducted, and the result is as follows:

- 1. The analyst mapped the items of the SOC-13 instrument to the SOC-29.
- 2. We perform a comparability analysis of the two versions of the SOC instrument. The total sample was 45.
- 3. The analyst tested the comparability of the two versions of the SOC instrument using the Pearson correlation and the Kendal tau-b statistics.

As a result, the Pearson correlation coefficient between SOC-29 and SOC-13 was 0.88 (p<0.0001) with a 95% CI of 0.80 - 0.94. Alternately, the Kendal tau-b statistic was 0.66 (p<0.0001). Therefore, based on the Pearson Correlation and the Kendal tau-b statistics results, one can infer a strong agreement between the SOC-13 and SOC-29 related to measuring the Sense of Coherence in this target population. It was therefore recommended a switch from SOC 29 to SOC 13.

<u>Correlation Analysis of Rosenberg Self-Esteem Scale & General Self-Efficacy Scale</u>: The matched sample was of size 45. The mean (SD) of the Total Score of the Rosenberg Self-Esteem Scale was 23.8 (7.9), with a range of (11, 30). Alternatively, the mean (SD) of the Total Score of the General Self-Efficacy Scale was 33.6 (5.5) with a range of (19, 40). Using the Rosenberg self-esteem scale, about 2.8% of the participants had a problem with self-esteem. To assess both scales' comparability in measuring self-esteem, we performed a correlation and obtained a Pearson Correlation coefficient (p-value) and Kendall's tau-b coefficient (p-value). Both the Pearson Correlation coefficient (r=0.483; p<0.0001) and a Kendall's tau-b coefficient (tb= 0.338; p<0.0001) were significantly different from zero. However, both coefficients were too low. Ideally, one would expect a much higher coefficient greater than 0.8. Hence, the decision was to keep both instruments.

<u>Evaluation Question #3 "To what extent does the strengths-based resiliency model mediate TRIBE</u> <u>CDEP outcomes?</u>"

Paired sample t-test or McNemar tests were performed to determine the mean difference between pre and post-tests of the following measures: selected SWE Core Measures Trauma Symptoms and Psychological Distress assessed; Self-efficacy scores; SOC and resiliency scores; and Life Satisfaction scores. These analyses determined the change between the participants who receive the entire program.

<u>Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment related to variability in the quality of participants' living arrangements?</u>"

The life skills inventory was obtained a TRIBE program staff at the intake/enrollment of each participant. A case manager was then assigned to each participant and saw to it that the participant's needs such as housing, employment, career training, transportation, driver's license were met. For the purposes of evaluation, a qualitative method of Key Informant Interview was used to assess how well the TRIBE program effectively addressed the needs of the participants. Hence, the fourth evaluation question "To what extent is the Life Skills instruction entrepreneurship, and employment related to variability in the quality of participants' living arrangements?" was answered using the content of the vignettes derived from the Key Informant Interviews (KIIs).

See Appendix for a copy of evaluation instruments.

EVALUATION RESULTS

In presenting the findings from the local evaluation of the TRIBE Program, we shall give some general findings that provide a description of the program participants and results that speaks to the general effectiveness of the TRIBE program. Then, we shall present findings that specifically address the four evaluation questions.

Characteristics of the Program Sample:

Table 2 provides the distribution of the sociodemographic factors of TRIBE participants. There were 12 youth participants at Baseline. The mean age of the youth was 17.7 years, with a standard deviation of 0.6 years. There were 189 adult participants at Baseline with a mean age of 25.1 and a standard deviation of 2.3 years. At baseline, the 189 adults and 12 youth had not participated in any of the program components. The majority of the adult participants were 18-29 years of age (85.2%) and self-identified as Black/African Americans (83.1%). Although the majority of the adult (79.4%) and youth (83.3%) participants preferred language was English, 19.6% adult and 16.7% youth participants did not indicate the preferred language. Only 2.6% of adults responded yes when asked about having health insurance, with 92.6% refusing to answer the question. However, the youth participants, 53.8%, indicated yes, and 33.4% declined to answer the question. Approximately 84% of adults and 92% of youth reported that their health relative to their peers was either very good or good.

| Characteristics | Adult | Youth |
|---|------------|------------|
| | (n=189) | (n =12) |
| Age mean ± SD | 25.1 ± 2.3 | 17.7 ± 0.6 |
| Age Groups, n (%) | | |
| 18-29 years | 161 (85.2) | |
| 30-39 years | 19 (10.1) | |
| 40-44 years | 2 (1.1) | |
| 45-49 years | 1 (0.5) | |
| 50-64 years | 1 (0.5) | |
| Unknown (missing) | 5 (2.6) | |
| Race/Ethnic Origin | | |
| Black or African American | 157 (83.1) | 7 (58.3) |
| Multi Race | 24 (12.7) | 3 (25.0) |
| Latino/Hispanic/Spanish | 3 (1.6) | 0 (0.0) |
| American Indian/Alaska Native | 1 (0.5) | 2 (16.7) |
| Other Race | 1 (0.5) | 0 (0.0) |
| Unknown (missing) | 3 (1.6) | 0 (0.0) |
| Preferred Language, n (%) | | |
| English | 150 (79.4) | 10 (83.3) |
| English/Spanish | 1 (0.5) | 0 (0.0) |
| French | 1 (0.5) | 0 (0.0) |
| Unknown (missing) | 37 (19.6) | 2 (16.7) |
| Place of Birth | | |
| Inside the USA | 177 (93.7) | 12 (100.0) |
| Outside USA | 3 (1.6) | 0 (0.0) |
| Unknown (Don't Know or Missing) | 9 (4.7) | 0 (0.0) |
| Having Health Insurance in the past 12 months | | |
| Yes | 5 (2.6) | 7 (58.3) |
| No | 9 (4.8) | 1 (8.3) |
| Unknown (missing) | 175 (92.6) | 4 (33.4) |
| Perceived Health | | |
| Very Good | 88 (46.6) | 1 (8.3) |
| Good | 70 (37.0) | 10 (83.3) |
| Fair | 16 (8.5) | 0 (0.0) |
| Poor | 2 (1.1) | 0 (0.0) |
| Unknown (missing) | 13 (6.9) | 1 (8.3) |

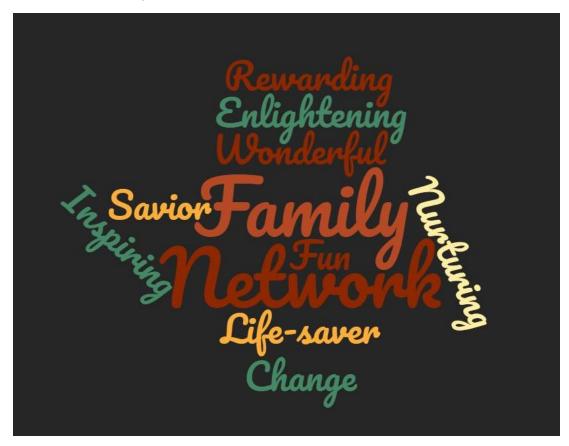
Table 2. Baseline Characteristics of the TRIBE Sample

Findings that Address Evaluation Question #1:

Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2 activities being delivered?"

Below are qualitative summaries of the results derived from the "One-Minute Anonymous Self-Assessment" (OMASA), and key informant interviews conducted over the course of the 3.5 years of data collection. Overall, the average completion rate of the sessions based on the completed OMASA was approximately 85-90% of the enrollees.

<u>The One Word Descriptor of TRIBE</u>: Below is a pictorial representation of words use by participants to describe how their experiences have been with TRIBE.



<u>The One Sentence Descriptor of TRIBE</u>: Below are sample quotes by TRIBE participants in terms off the impact of TRIBE in their lives.

- "TRIBE gave me a platform to help others."
- "TRIBE help me get out of my past of getting in and out of trouble."
- "TRIBE has been a transforming force in my finances and my thought processes."
- "TRIBE has taught my positive and alternative ways of money ... pursuing my dream of owning a business."
- "TRIBE is family brotherhood."
- "TRIBE got me off the streets to owning a business."
- "TRIBE keeps you predictable."
- "TRIBE led me to more opportunities."
- "TRIBE is the way to go."

- "TRIBE turns resiliency into brilliant energy."
- "TRIBE is a life changing community."
- "TRIBE

<u>Derived Themes from Key Informant Interviews</u>: Below a tabular summary of the themes and subthemes of the key informant interviews of selected TRIBE participants.

| Sub-Themes | Sample Quotations |
|--|--|
| | "This concept is taught routinely through the TRIBE |
| | Program." |
| Mitigating Needs | |
| Establish/Strengthen Self-Identity | "Identified being myself" |
| Be oneself | "Sense of identity is important" |
| Genuine and Caring Program Director | "Eba is genuine – wants to see people get better" |
| Sense of Family | "Treat each person as family" |
| Effective Workshop | "Classes teach you to how to have a great and positive mindset" |
| | "Classes teach you to be mature" |
| | "TRIBE helps one to set goals" |
| Program is Interactive and Bi-directional | "Every voice matters" |
| Engagement | "The program is build for you and no one forces you |
| | "The program is build for you and no one forces you to do anything. So it important to interest in the program." |
| Serve as Program Ambassador/Advocate | "I would like to go down history as one who changed lives" "I will give my testimony." |
| | Mitigating Needs Establish/Strengthen Self-Identity Be oneself Genuine and Caring Program Director Sense of Family Effective Workshop Program is Interactive and Bi-directional Engagement Serve as Program |

Findings from the One-Minute Assessments

The "One-Minute Anonymous Self-Assessment" conducted after every workshop session, serves a dual purpose. First, it provides data to the evaluation team to assess the fidelity of the conduct of the workshops. Second, it provides data to determine the incremental impact on the participants. Below is a summary of the major themes (in bold) and sample supporting descriptors.

When asked, "what did you learn that you did not know before the session began?" over time, these were the Key Themes that emerged.

Money: Some of the participants indicated their understanding of money improved. For example, the realized that money has a lot of different meanings; money management; wealth is rooted in health and wisdom; it is a resource to move through life.

Inner Energy: tapping into my inner voice; persistence is key.

Dreams: Never give up; investing in oneself.

Culture: Being part of a strong culture.

Relationships: You attract the people you want; our struggles are more similar than different; the importance of forgiveness; trust is hard to come by; are mutual.

Business and Entrepreneurship: There is no need for the middleman.

History and Ancestry: learn about self and build self-awareness in who I am through my Ancestry; understood my history better.

Problem-Solving: Finding different approaches to solving problems.

Power: Have the ability to change things.

When asked, "What did you learn that you would like to know more about?" over time, these were the Key Themes that emerged. These themes were similar to that of the first question stated above. However, the supporting descriptors varied some.

Self-Discipline: be more expressive on paper

Money: identifying monetizing ideas; buying a car with cash; learning creative strategies to make money; and financial stability.

Inner Energy: Best ways to channel one's energies.

Hustle (Legal vs. Illegal): Different was to make money or a living.

Power: How the past events affect one's mindset; self-development.

History and Ancestry: learning more about us being rulers; learning about the Washington Monument; blending African culture and graphic designs; learned more about the USA and also how to open up; learn more about my heritage and culture; learning more about African names; knowing my family tree and history; Kemet my Ancestry; and investing my money in my community.

Relationships: Trusting; not giving up our control to others; love is the only solution; and forgiveness.

Business and Entrepreneurship: learned about barbering; learned more about black companies and owning my own company; planning and budgeting for a project; learn more about the biography of successful

people

When asked, "Would you recommend this training for other units? If so, please explain why so, and if not, please explain why not? Again, the participants were overwhelmingly willing.

Willingness: It is a mind opener; recommended to the youth and peers; It will teach young people the acquisition of money; self-empowering; Respect for others; Opportunities; TRIBE is solidarity; teaches one how to cut the middle man in business ventures; Important information; builds leadership skills; good for the spirit; informative; gives a better outlook of life; inspiring to know one's history; beneficial information; increase knowledge of self and other vital aspects of life.

Findings that address Evaluation Questions # 2 and #3:

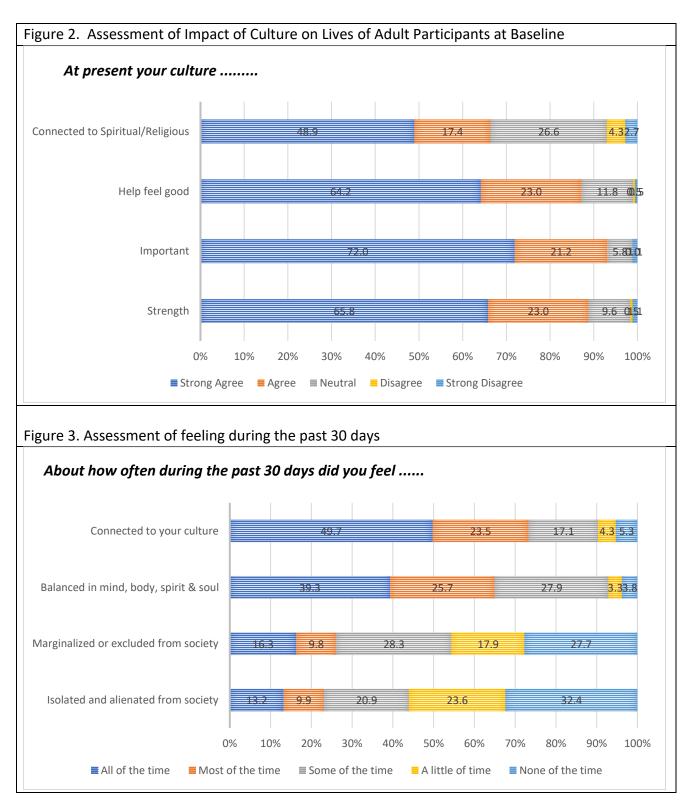
<u>Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the TRIBE</u> <u>CDEP activities?</u>" and <u>Evaluation Question #3 "To what extent does the strengths-based resiliency model</u> <u>mediate TRIBE CDEP outcomes?</u>"

Assessing the impact of the role of culture on the lives of the adult participants at Baseline, the data suggest that 66.3% of the participants agreed or strongly agreed that their culture was connected to the spiritual/religious beliefs at the time of assessment and values. Approximately 87% strongly agreed or agreed that their culture helped them feel good. The majority of the adult participants (93.2%) agreed or strongly agreed that culture was important. Similarly, 88.8% of the adults agreed or strongly agreed that their culture gave them strength. See Figure 2 for details of the distribution of the level of agreement as to the impact of culture on various beliefs, values, or attitudes on the lives of the adult TRIBE participants.

Figure 3 provides a graphic display of the frequency of the feelings of the adult TRIBE participants in the past 30 days of the Baseline assessment. For most to all the time, 73.2% of the participants felt connected to their culture, 64.6% felt balanced in mind, body, spirit, and soul, 26.1% felt marginalized or excluded from society, and 23.1% felt isolated and alienated from society.

The proportion of TRIBE participants at Baseline who felt they might need professional help for potential mental health, emotions, nerves, or alcohol or drug use problems was very low. They perceived the need for traditional helping professionals like a culturally-based healer, religious/spiritual leader, or advisor, community helping professionals such as a health worker, *promotor*, peer counselor, case manager, primary care physician or general practitioner, or Mental Health professionals such as a counselor, therapist, psychologist, psychiatrist or social worker range from 12.7% to 20.1%. The utility of these professionals for the problems stated above ranges from 6.3% to 12.2%. When asked how many had sought help for mental health, emotions, nerves, or alcohol or drug use problems in the past 30 days of the Baseline assessment, 69.1% responded "no." Approximately 23.4% responded "yes," and the

remaining 7.4% refused to answer or indicated they did not know. Of the 23.4% who responded yes, 14.8% stated that it was for mental/emotional health problems, 1.2% said it was for alcohol or drug use problems, and 7.4% indicated that it was for mental and alcohol or drug problem. See Table 3 for details.



| Table 3. Distribution of help sought from professionals to address mental health, emo | otions, alcohol |
|--|-----------------|
| or drug use needs | |
| Helping professional felt was needed | n (%) |
| Because of problems with your mental health, emotions, nerves or your use of alcohol or drugs, | |
| was there ever a time during the past 12 months when you <u>FELT LIKE YOU MIGHT NEED</u> to see a | |
| Traditional helping professional like a culturally-based healer, religious/spiritual leader or | 26 (13.8) |
| advisor, yes | |
| Community helping professional such as a health worker, promotor, peer counselor, or case | 28 (14.8) |
| manager, yes | |
| Primary care physician or general practitioner, yes | 24 (12.7) |
| Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social | 38 (20.1) |
| worker, yes | |
| Because of problems with your mental health, emotions or your use of alcohol or drugs, <u>HAVE</u> | |
| <u>YOU SEEN</u> (or met with) any of the following helping professionals in the past 12 months? | |
| Traditional helping professional like a culturally-based healer, religious/spiritual leader or | 15 (7.9) |
| advisor, yes | |
| Community helping professional such as a health worker, promotor, peer counselor, or case | 18 (9.5) |
| manager, yes | |
| Primary care physician or general practitioner, yes | 12 (6.3) |
| Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social | 23 (12.2) |
| worker, yes | |
| Did you seek help for your mental or emotional health or for an alcohol or drug problem? | |
| No | 56 (69.1) |
| Yes, Mental/Emotional Health Problem | 12 (14.8) |
| Yes, Alcohol-Drug Problem | 1 (1.2) |
| Yes, Mental and Alcohol-Drug Problems | 6 (7.4) |
| Don't Know/Refused | 6 (7.4) |

When asked about their agreement as to the reasons for why people do not seek help from the following help professionals: traditional helping professionals like a culturally-based healer, religious/spiritual leader, or advisor, community helping professionals such as a health worker, *promotor*, peer counselor, case manager, Primary care physician or general practitioner, or Mental health professionals such as a counselor, therapist, psychologist, psychiatrist or social worker, the proportion of the TRIBE participants who agreed ranges from 17.0% to 28.1%. The proportion refusal or don't know rate was between 12.8% and 26.8%. See Table 3 for details.

Also, Table 4 provides the participants' level of agreement on reasons why they did not feel safe or welcome by the above helping professionals. The majority, 85.1% - 89.9%, disagreed with the reasons provided, such as limited English, race/ethnicity, age, religious or spiritual practice, gender identity, and sexual orientation. For other reasons such as lack of transportation, not needing counseling, or concern about taking medication, there was more disagreement than agreement.

| Reasons for not seeking help from a mental health | | | Refused/Don't |
|--|------------|-------------|---------------|
| professional | Agree | Disagree | Know |
| You were planning to or already getting help from a | | | |
| Traditional helping professional such as a culturally-based | 48 (26.8) | 89 (49.7) | 42 (23.5) |
| healer, religious/spiritual leader or advisor | | | |
| Community helping professional such as a health worker, | 47 (28.1) | 81 (48.5) | 39 (23.4) |
| promotor, peer counselor, or case manager | | | |
| You didn't know these types of professionals existed. | 33 (19.6) | 90 (53.6) | 45 (26.8) |
| You didn't feel comfortable talking with them about your | 16 (17.0) | 66 (70.2) | 12 (12.8) |
| personal problems. | | | |
| You didn't think you would feel safe and welcome | | | |
| because of your | | | |
| limited English | 4 (4.3) | 80 (85.1) | 10 (10.6) |
| race/ethnicity | 3 (3.3) | 80 (87.9) | 8 (8.8) |
| age | 4 (4.4) | 79 (87.8) | 7 (7.8) |
| religious or spiritual practice | 2 (2.2) | 80 (89.9) | 7 (7.8) |
| gender identity | 3 (3.4) | 79 (88.8) | 7 (7.8) |
| sexual orientation | 3 (3.4) | 79 (88.8) | 7 (7.8) |
| You were concerned about the cost of treatment. | 17 (17.7) | 68 (70.8) | 11 (11.4) |
| You didn't have time (because of job, childcare, or other | 15 (15.6) | 72 (75.0) | 9 (9.4) |
| commitments). | | | |
| You had no transportation, or the program was too far away, or | 18 (18.4) | 71 (72.4) | 9 (9.2) |
| the hours were not convenient. | | | |
| You didn't think you needed mental health counseling or | 22 (22.4) | 66 (67.3) | 10 (10.2) |
| treatment at the time. | | | |
| You thought you could handle the problem on your own. | 36 (36.4) | 52 (52.5) | 11 (11.1) |
| You didn't think mental health counseling or treatment would | 29 (30.2) | 55 (57.3) | 12 (12.5) |
| help. | | | |
| You were concerned that getting mental health treatment or | 18 (18.2) | 70 (70.7) | 11 (11.1) |
| counseling might cause your neighbors or community to have a | | | |
| negative opinion of you. You were concerned that getting mental health treatment or | 9 (9.2) | 79 (80.6) | 10 (10.2) |
| counseling might have a negative effect on your job. | 5 (5.2) | (0.00) 27 | 10 (10.2) |
| You were concerned that the information you gave the | 14 (14.3) | 75 (76.5) | 9 (9.1) |
| counselor might not be kept confidential. | ± · (±+.5) | , 5 (, 0.5) | 5 (5.1) |
| You were concerned that you might be admitted to a psychiatric | 11 (11.2) | 77 (78.6) | 10 (10.2) |
| hospital. | () | | / |
| You were concerned that you might have to take medicine. | 14 (14.3) | 74 (75.5) | 10 (10.2) |

When asked how often during the past 30 days of the Baseline assessment, how often they experienced the following feelings, the pattern of the responses was as follows. For a frequency of most of the time

or all of the time, about 12% of the TRIBE participants indicated nervousness, 6.0% stated hopelessness, 14.0% said restless or fidgety, 6.0% stated so depressed that nothing could cheer you up, 21.9% indicated felt that everything was an effort, and 3.8% stated relationship with friends and family. It is unclear why 10.7% - 20.2% of the participants refused or indicated they did not know how their emotion interfered with: 1) performance at work or school, household chores, social life, or relationship with friends and family. However, it is plausible that they have not given that enough thought. See Table 5A for details.

| Table 5. Agreement of reasons why | y partio | cipant | might | not s | eek help | o fro | om a men | tal health |
|---|----------|--------|--------|-------|----------|-------|------------|---------------|
| professional | | | | | | | | |
| About how often during the past 30 | All o | f the | Most | of | Some | of | A little o | f None of the |
| days did you feel | tin | ne | the ti | me | the tim | ne | the time | e time |
| nervous? | 9 (5 | 5.0) | 13 (7 | .2) | 39 (21. | 7) | 33 (18.3 |) 86 (47.8) |
| hopeless? | 3 (1 | L.6) | 8 (4. | 4) | 29 (15. | 8) | 29 (15.8 |) 114 (62.3) |
| restless or fidgety? | 7 (3 | 3.9) | 18 (10 |).1) | 34 (19. | 0) | 25 (14.0 |) 95 (53.1) |
| so depressed that nothing could cheer you up? | 4 (2 | 2.2) | 7 (3. | 8) | 19 (10. | 4) | 26 (14.3 |) 126 (69.2) |
| feel that everything was an effort? | 21 (1 | L1.5) | 19 (10 |).4) | 34(18. | 7) | 22 (12.1 |) 86 (47.3) |
| worthless? | 3 (1 | L.6) | 4 (2. | 2) | 17 (9.2 | 2) | 19 (10.3 |) 141 (76.6) |
| | | | | | | | | |
| | | | | | | | | Refused Don't |
| Did your emotion interfere a lot, some, o | r not | Α | Lot | S | ome | Ν | ot At All | Know |
| at all with your | | n | (%) | 1 | า (%) | | n (%) | n (%) |
| performance at work or school? | | 21 (| 12.5) | 37 | (22.0) | 7 | 6 (45.2) | 34 (20.2) |
| household chores? | | 25 (| 14.3) | 31 | (17.7) | 9 | 7 (55.4) | 22 (12.6) |
| social life? | | 26 (| 14.7) | 49 | (27.7) | 8 | 2 (46.3) | 20 (11.3) |
| relationship with friends and family? | | 31 (| 17.5) | 47 | (26.6) | 8 | 0 (45.2) | 19 (10.7) |

Table 5. Agreement of reasons why participant might not sock help from a montal health

Assessment of change from Pre- to Post-Assessment: Although a total of 189 adult and 12 youth participants enrolled in the TRIBE program and were assessed at Baseline, 52 adult participants who matriculated through the program completed a post-test assessment with matching pretest assessment. This section presents changes from Baseline to post-test assessment based on both the Study-wide Evaluation (SWE) Core measures and the other instruments used for the purpose of the local evaluation. Table 5 provides the summary results of observed changes from pre- to posttest assessment of the SWE measures. The first four culture items assess "at present..." were measured on a 5-likert scale of 1-5 (strongly agreed (1) to strongly disagreed (5)). We note that of these four cultural items, we observed a significant change in the item – "You feel connected to the spiritual/religious traditions of the culture you were raised in." (p=0.0363). With a mean of 1.98 at Baseline implies that on average the participants felt that they agreed with the statement "You feel connected to the spiritual/religious traditions of the culture you were raised in." A negative difference of 0.36 implies that at posttest, the participants, on average, had their responses moved a little over a third towards agreeing that they felt connected to the spiritual/religious traditions of the culture they were raised in. See Table 6 for details.

For the next four items pertaining to "how often during the past 30 days did you feel …." connected to their culture, balanced in mind, body, spirit, and soul, marginalized or excluded from society, and isolated and alienated from society. The only significant change was observed in balanced in mind, body, spirit, and soul (p=0.0393). For these items the response categories were based on 5-likert scale of 1-5 (All the time (1) to none of the time (5)). With a mean of 2.10 at Baseline implies that on average the participants felt that they agreed with the statement "how often during the past 30 days did you feel, balanced in mind, body, spirit A negative difference of 0.36 implies that at posttest, the participants, on average, had their responses moved a little over a third towards strongly agree.

Among the six items that captures the mental state of the participants in the past 30 days of the assessment. With the response categories being 1=All the time, 2=Most of the time, 3=some of the time, 4=a little at the time, and 5= none of the time, only the item "About how often during the past 30 days did you feel that everything was an effort" was significant (p=0.0074). With a mean of 3.82 at Baseline implies that on average the participants indicated in the past 30 days of the pretest assessment, the TRIBE participants, on average, little of the time they felt everything was an effort. With a mean difference of -0.73 implies that at posttest, the participants, on average, had their responses moved a little of the time to some of the time.

The two additional significant changes observed were "*Did your emotions interfere a lot, some, a little, or not at all with your* social life?" (p=0.0395) and "*Did your emotions interfere a lot, some, a little, or not at all with your* relationship with friends and family?" (p=0.0171). With a mean of 2.55 at Baseline for "*Did your emotions interfere a lot, some, or not at all with your* social life?" and a mean difference of -0.27 from pretest to posttest, it implies, on average, the participants' responses has shifted from "not at all" to "some of the time." This suggest that the program is improving the social life of the TRIBE participants. Similarly, a mean of 1.68 at Baseline for "*Did your emotions interfere a lot, some, or not at all with your* relationship with friends and family?" implies that on average the participants indicated "some of the time". A mean difference of -0.38 from pretest to posttest, implies that, on average, the participants' responses has shifted from "some of the time". A mean difference of -0.38 from pretest to posttest, implies that, on average, the participants' responses has shifted from "some of the time". This suggest that the program is improving the TRIBE participants' responses has shifted from "some of the time" to "all of the time." This suggest that the program is improving the TRIBE participants' responses has shifted from "some of the time" to "all of the time." This suggest that the program is improving the TRIBE participants' relationship with family and friends.

| professional | | | |
|---|-----------------|--------------|---------|
| | Pre-Test | Δ (Pre-Post) | |
| At present | Mean ± SD | Mean ± SD | P-value |
| | (n=189) | (n=52) | |
| Your culture gives you strength. | 1.42 ± 0.68 | 0.08 ± 0.79 | 0.4710 |
| Your culture is important to you. | 1.41 ± 0.67 | -0.13 ± 0.57 | 0.1351 |
| Your culture helps you to feel good about who you are. | 1.57 ± 0.79 | -0.17 ± 0.78 | 0.1459 |
| You feel connected to the spiritual/religious traditions of the culture you were raised in. | 1.98 ±0.99 | -0.36 ± 1.15 | 0.0363 |
| About how often during the past 30 days did you feel | | | |
| connected to your culture? | 1.83 ± 1.07 | -0.12 ± 1.20 | 0.4790 |

Table 6. Agreement of reasons why participant might not seek help from a mental health professional

| balanced in mind, body, spirit and soul? | 2.10 ± 1.11 | -0.36 ± 1.17 | 0.0393 |
|--|-------------|-----------------|--------|
| marginalized or excluded from society? | 3.33 ± 1.26 | -0.29 ± 1.83 | 0.2759 |
| (In other words, made to feel unimportant, or like your thoughts, | | | |
| feelings, or opinions don't matter.) | | | |
| isolated and alienated from society? | 3.40 ± 1.35 | -0.15 ± 1.91 | 0.5999 |
| (In other words, feeling alone, separated from, cut off from the | | | |
| world beyond your family, school, and friends.) | | | |
| About how often during the past 30 days did you feel | | | |
| nervous? | 3.78 ± 1.28 | -0.07 ± 1.50 | 0.7668 |
| hopeless? | 4.26 ± 1.00 | -0.04 ± 1.24 | 0.8115 |
| restless or fidgety? | 3.98 ± 1.26 | -0.35 ± 1.29 | 0.0732 |
| so depressed that nothing could cheer you up? | 4.46 ± 0.94 | -0.11 ± 1.52 | 0.5212 |
| feel that everything was an effort? | 3.82 ± 1.37 | -0.73 ± 1.75 | 0.0074 |
| worthless? | 4.54 ± 0.81 | -0.13 ± 1.15 | 0.4446 |
| Did your emotions interfere a lot, some, or not at all with your | | | |
| household chores? | 2.41 ± 0.72 | 0.03 ± 0.74 | 0.8305 |
| social life? | 2.55 ± 0.67 | -0.27 ± 0.81 | 0.0395 |
| relationship with friends and family? | 1.68 ± 0.67 | -0.38 ± 0.95 | 0.0171 |
| In your day-to-day life how often have any of the following things | 4.22 ± 1.77 | 0.12 ± 1.69 | 0.6833 |
| happened to you? You are treated with less courtesy than other | | | |
| people. | | | |
| In your day-to-day life how often have any of the following things | 4.51 ± 1.67 | -0.03 ± 1.63 | 0.9156 |
| happened to you? You are treated with less respect than other | | | |
| people. | | | |
| In your day-to-day life how often have any of the following things | 4.70 ± 1.50 | 0.06 ± 1.86 | 0.8482 |
| happened to you? You receive poorer service than other people at | | | |
| restaurants or stores. | | | |
| In your day-to-day life how often have any of the following things | 4.33 ± 1.72 | 0.38 ± 1.81 | 0.2500 |
| happened to you? People act as if they think you are not smart. | | | |
| In your day-to-day life how often have any of the following things | 4.49 ± 1.56 | -0.16 ± 1.74 | 0.6157 |
| happened to you? People act as if they are afraid of you. | | | |
| In your day-to-day life how often have any of the following things | 4.52 ± 1.75 | 0.09 ± 1.57 | 0.7413 |
| happened to you? People act as if they think you are dishonest. | | | |
| In your day-to-day life how often have any of the following things | 4.45 ± 1.63 | 0.16 ± 1.90 | 0.6455 |
| happened to you? People act as if you are not as good as they are. | | | |
| In your day-to-day life how often have any of the following things | 4.69 ± 1.60 | 0.24 ± 1.37 | 0.3170 |
| happened to you? You are called names or insulted. | | | |
| In your day-to-day life how often have any of the following things | 5.20 ± 1.08 | 0.03 ± 1.26 | 0.8912 |
| happened to you? You are threatened or harassed. | | | |

For the local evaluation tools, there were significant changes from Baseline to Posttest assessment in the following.

There was a significant increase, 52.0% to 65.9%, of the participants classified as depressed based on the CES-D instrument (p=0.0498). The increase in the prevalence of depression at post-test

assessment could be due to the fact that potential masking of how the participants were feeling at baseline has been removed by being in the program and now accepting that they have a problem that needs to be addressed. There was a significant increase in the total resilience score, 38.9 to 41.7 (p=0.0184). The proportion of participants classified as having the likelihood of PTSD based on the traumatic symptoms Scale decreased from 38.3% to 11.8% (p=0.0009). Lastly, the proportion of participants with low self-esteem increased from 33.6% to 75.5% (p < 0.0001). See Table 7 for details.

| Table 7. Comparative Analysis of Pre- and Post-Test of Local Evaluation Measures | | | | |
|--|-------------|-------------|---------|--|
| Measures | Pretest | Posttest | P-Value | |
| CES-D Total Score, mean ± SD | 18.1 ± 10.6 | 15.7 ± 11.3 | 0.222 | |
| Prevalent Depression, % | 52.0 | 65.9 | 0.0498 | |
| Trauma Stress Symptom, mean ± SD | 11.9 ± 10.2 | 8.6 ± 10.1 | 0.0657 | |
| Prevalence of Likelihood of PTSD, % | 38.3 | 11.8 | 0.0009 | |
| DARS (Resilience) Total Score, mean ± SD | 38.9 ±6.2 | 41.7 ± 6.8 | 0.0184 | |
| Student satisfaction Survey Total Score | 29.0 ± 5.5 | 29.9 ± 6.0 | 0.3782 | |
| General Self-Efficacy Total Score, mean ± SD | 33.2 ± 5.5 | 34.6 ± 6.3 | 0.2786 | |
| Rosenberg Self-Esteem Total Score, mean ± SD | 16.5 ± 3.1 | 16.4 ± 1.8 | 0.8388 | |
| Proportion of Participants with Low Self-Esteem (%) | 33.6 | 75.5 | <0.0001 | |

Positive Youth Development (PYD) Measures: The following domains of the instrument: Purpose seeking (3-items), Life Goals (7-items), Activity Involvement (5-items), Having positive/caring relationships/connection (4-items), Positive Identity (4-items), Competence/Character (5-items), and Confidence/Contribution (6-items) were adopted from the original PYD instrument. However, the wording of the items was constructed with input from eight TRIBE participants who had matriculated from the program. Their input was sought through three series of focus group sessions. Summaries of the domains were obtained by means of descriptive statistics. Each item ranked using a 10-runged ladder, with 1 being the "starting point" and 10 meaning "goal achievement." This instrument was developed using community-based participatory research principles and methods to adopt the items from the existing tool. The eight focus group participants completed the pre-and post-test assessments provided input to identify effective and sensitive measures to capture changes that they had or were experiencing being part of TRIBE. There were three sessions, each about 1.5 hours, to achieve this task.

The pre-test total score of purpose seeking had a mean (SD) of 22.1 (6.9) with a range of (7, 40). The total score average suggests that, on average, a participant was at a 7 for each of the three items. The total score for Life Goal had a mean (SD) of 51.5 (15.0) with a range of (10, 70). The mean total score value suggests that a participant, on average, is at a 7 for each of the seven items of Life Goals. For Activity Involvement, the mean (SD) of the total score was 36.4 (11.9) with a range of (5, 50). Hence, on average, a participant is at a 7 for each of the five items relative to activity involvement. For Positive, caring relationships and connections, the mean (SD) of the total score was 30.9 (8.4) with a range of (12, 40).

The mean (SD) of the Total Score of Positivity was 29.5 (8.9) with a range of (7, 47). Hence, for each of the four subscale items, a participant is at a 7, on average. The Total Score of the Competence/Character subscale, the mean (SD) was 38.6 (10.3) with a range of (14, 50). The mean total score value implies that a participant is at about an 8 for each of the five subscale items on average. Lastly, for the Confidence/Contribution subscale, the Total Score had a mean (SD) of 46.0 (13.1) with a range of (18, 60). The mean total score' implies that a participant was at about an 8 for each of the six subscale items.

| Domains: Total Score | Mean | Standard Deviation | Range |
|--|------|--------------------|----------|
| Purpose Seeking | 21.8 | 6.6 | (7, 30) |
| Life Goals | 54.0 | 14.4 | (7, 70) |
| Activity Involvement | 38.8 | 10.3 | (5, 50) |
| Having Positive/Caring Relationship/Connection | 31.4 | 7.8 | (10, 40) |
| Positive Identity | 30.7 | 7.6 | (10, 40) |
| Competence/Character | 40.1 | 8.9 | (17, 50) |
| Confidence/Contribution | 48.7 | 10.9 | (18, 60) |

Table 8. Summary Statistics on the Domains of the PYD

At the time preparing this report the number of completed posttest assessment was not adequate in performing a pre- and post-test comparative analysis.

The findings That Address Evaluation Question #4:

<u>Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment</u> <u>related to variability in the quality of participants' living arrangements?</u>"

Vignettes of Case Studies of Four Participants

This section shall present how the TRIBE program has impacted four TRIBE participants. About 72% of the Key Informant Interview (KII) participants were from a cohort of 20 participants who were the last of the cohorts in the program, whose data were the last batch of data permissible for the use of the local evaluation report. The remaining 28% of the KII participants were part of the earlier cohorts. The cohort of 20 participants was not different from the previous 169 adult participants in the program. We randomly chose four out of 11 KII participants presented in the vignettes. The cohort of 20, referred to as the "Peer Cohort." was the last cohort selected to receive additional training to serve as peer mentors to future TRIBE High School recruits. The 11 Key Informant Interview questions asked of the participants is in the Appendix. For confidentiality, we refer to the four participants as Mr. T01 to Mr. T04. Below are the four case studies in vignettes

| Manusching d |
|-----------------------|
| . Vignette 1 |
| |
| Case Study of Mr. T01 |
| |

Mr. T01, a 23-year-old, enrolled in TRIBE in 2018. As part of the enrollment, Mr. T01 completed a battery of surveys. His baseline assessment suggested he was depressed and likely experiencing post-traumatic stress disorder (PTSD) based on the Traumatic Stress Symptom score. His Race-Based Trauma Stress Symptom Burden was moderate to high in that he indicated 32 possible race-based trauma stress symptoms out of a maximum of 52. His sense of coherence was average (114 out of a possible range of 29, 203). One would infer that he was resilient. His goal was to get training and make a career in the music and film industry. Although he had basic needs like transportation, he saw himself as a man, successful, and an entrepreneur, and thought had physical and mental power that he could tap into. He also had the goal of letting go of the streets entirely.

Mr. T01, after almost three years in the program and foundational member, recalls being on the ground level at the start of the studio and feeling that he was going gain significantly from the program and those to come after him. Mr. T01 attributes the following to be the factors that significantly and positively transformed his life after becoming part of the TRIBE Program. The Know Thyself Workshop was the most impactful workshop, particularly the sessions that covered the history of Black people. He also pointed to the discussions on the "Million Man March." The discussions gave him the insight that t the "Million Man March" was for his generation and the generations after his. That march taught him that many people had made **many** sacrifices for his generation, of which most of his peers were unaware. That realization and understanding positively changed his outlook on life. Mr. T01 also thought that the workshop focused on music was impactful given that his career goal was to become a successful musician. The website development was also beneficial, but he could not participate fully due to a conflicting work schedule.

In addition to the Know Thyself Workshop, he cites three examples of life-changing experiences due to the TRIBE program. First, Mr. T01 started with he was not aware that people were regular citizens going about the daily activities in this world. He always viewed the world as "Predator and Prey;" it was TRIBE that opened his eyes to the citizenship view of the world. TRIBE taught him to look at life differently, and through the workshop on multiple streams of income, he thought that there were proper ways of making money and via multiple streams. Achieving financial stability via numerous income streams was a shift in this view of economic survival and approach to making money. He refers to this awakening as "Awesome." On the subject of "goal setting," he felt he was a goal setter. He set goals and credited Ms. Eba as a catalyst in him and other peers achieving their set goals. He noted one career that he was able to achieve, and it has opened several doors for him, and he is doing well financially. His 5-year goal is to avoid trouble with the law and being incarcerated since that past was a life-alternating experience.

As an ambassador or advocate for the TRIBE program, he plans to do the following: 1. He will share his experience and lessons learned with the youth.

- 2. He would advise them to evaluate whom they hang around because "they only become who around them."
- 3. He would stress the younger people to network and expand their positive circle of influence.

He will also let them know that they can legitimately make multiple income streams. Additionally, he would get with younger people or peers with similar life experiences to understand who they are and develop pride in who they are. Please encourage them to research more about the culture and history as a people. Once they receive that selfdevelopment, then the needed transformation will occur. He pointed out that the TRIBE program engaged him in positive, life-changing activities that are responsible for his life until he experienced self-transformation. Additionally, he will communicate to the younger people, or his peers that he could not benefit from the help received until he changed himself and felt self-pride. Finally, he will stress that the generation after him must understand that making sacrifices is apparent since they know fast cars and jobs.

After matriculating through the TRIBE program in a few months, Mr. T01 was still considered depressed and likely was experiencing PTSD. However, there was shift in the right direction based on his assessment based on the CES-D total score and Traumatic Stress Symptom score. However, his sense of coherence increased from 114 to 122, and his Race-Based Trauma Stress Symptom Burden decreased significantly from 32 to 15. His Race-Based Trauma Stress Symptom Burden had decreased from moderate to low. Although his quantitative assessments did not suggest dramatic changes across the measures mentioned above except for Race-Based Trauma Stress Symptom Stress Symptom Burden and sense of coherence. However, Mr. T01 summed the impact of TRIBE on his life as "TRIBE being a savior."

. <u>Vignette 2</u> Case Study of Mr. T02

Mr. T02, a 28-year-old, enrolled in TRIBE in 2020. At enrollment, Mr. T02 was assessed to be depressed and was likely experiencing post-traumatic stress disorder (PTSD). He had an average sense of coherence (a score of 108 out of a maximum of 203). A higher score implies a better sense of coherence. He was considered resilient based on the Deveraux Resilience Scale. Race-Based Trauma Stress Symptom Burden was average (29 out of a maximum of 52). His goal at enrollment was to get training and a career goal of being a self-employed person and having multiple sources of income. Additionally, he wanted to entirely let go of the streets and mentor young folks coming after him.

As of May 2021, Mr. T02 had been with TRIBE for about 5-6 months. He considered his experiences with the program as good and of good energy. He believes that the program has saved his life. Before joining the program, he felt he was by himself. However, now he feels he has a support system that looks out for him and helps him achieve his better self.

Also, TRIBE has taught him things about himself that he was unaware of. Mr. T02 had completed all the workshops and found every one of them beneficial. During an interview, the following are his thoughts on how the workshops have impacted his life. He found the workshop most impactful was the one that exposed him to computers and building his website. Additionally, the entrepreneurship workshop that focused on investments and developing multiple income streams was excellent. The Peer Mentor Class was also fantastic. He stated that he has a great interest in becoming a peer mentor in TRIBE. Also, the podcasting workshop was excellent because it helped us see how we can tell our own stories and even monetarize them. Mr. T02 has found much utility in the workshops that he has begun applying their knowledge.

On the subject of goal setting, the program helped him set goals. One goal was to register a food service business, which he has, and now waiting to receive all the required licenses to start a legal business. Although he could begin operating the business, he decided against that because he does not want to operate without the required permits, as he has done with other ventures in the past. Mr. TO2 indicated that his 5-year goal is to work for Whole Systems Learning Inc as a peer mentor and alongside his foodservice business. Also, he wants to own himself and work on self-improvement to become an effective peer mentor.

As a TRIBE Ambassador and a peer mentor, he plans to encourage new TRIBE enrollees to take the program seriously and make the best of it. Additionally, he will share his own lifetransforming experiences due to TRIBE. The experiences are as follows. The first experience is how TRIBE helped combat his fear and doubt. Tackling fear and doubt has been a significant challenge, and he plans to share how TRIBE has assisted him in achieving that goal. Second, he will share with others with similar past backgrounds or experiences the tools he acquired from TRIBE that has helped him overcome his fears and develop the "I Can Do" attitude. Finally, as a peer mentor, he plans to share with his mentees in the future the rich experiences that the TRIBE has afforded him.

After matriculating through the TRIBE program in a few months, Mr. T02 initial assessment of depression and the likelihood of experiencing PTSD did not show significant, although marginal positive changes were observed. However, his sense of coherence was slightly above average (the score increased from 109 to 129). Also, he mitigated some of the Race-Based Trauma Stress Symptoms he was experiencing at the time of enrollment. Based on his assessment, Mr. T02 proclaims that he appreciates what the program has done for him and referred to Ms. Eba as the Queen. He stated that the program is about helping people. Since joining TRIE, the motto that he has developed is "God does everything for a reason." He wanted young people to understand that achievement of goals comes with work and effort. He also would like to encourage the youth who join TRIBE to commit to change and do their part as the program live up to its purpose.

. <u>Vignette 3</u> Case Study of Mr. T03

Mr. T03, a 27-year-old, enrolled in TRIBE in 2020. At the time of enrollment, Mr. T03 was depressed but experiencing post-traumatic stress disorder (PTSD). His sense of coherence was slightly above average (a score of 125 out of a maximum of 203). He was highly resilient with a 44 out of a maximum of 46. Additionally, he had a low Race-Based Trauma Stress Symptom Burden (a score of 19 out of a maximum of 52). His short-term and long-term goals were to train and operate his own transportation business, respectively. Mr. T03 stated that during the one year he has been with TRIBE, his experience has been amazing and that he has not had such experience before joining the program. He indicated that the program helped him get in the right direction to start his life over positively. He completed all the workshops, but the one most beneficial to him was entrepreneurship because he had always wanted to start his own business.

Mr. T03 recalls a few examples of how the TRIBE program has transformed his life significantly. First, he indicated that although he has not started his own business, he could use the knowledge gained from the Entrepreneurship Workshop to assist his wife in her newly established business. The second was that the program helped in getting his career-related license. He stressed the program's proactiveness in getting him to regain the career license. Additionally, he had a great support system from the program. Case in point, when he slacked off in his follow-throughs, he received calls and "push" to follow through, and for that, he is grateful. Finally, he stated that he had done very well in achieving his written goals. He got a job-related license back, got a new job, and is doing very well.

Mr. T03 stated that if he were selected to serve as a TRIBE Ambassador, his message to his peers would be as follows. First, he will encourage them to join TRIBE because it will transform their lives positively and give them a sense of purpose. Second, for those who join TRIBE, he will stress the need to take the program seriously if they want to benefit from it. His reasons why the enrollees should take the program seriously are as follows. One, the program cares about the participants. He elaborated that point by saying, "They got your back." You call the staff for help, and they will come to your aid. Two, he will caution the new enrollees not to go into the program with a lukewarm attitude because they will not get the full benefit of the program or delay the achievement of their goals or aspiration for joining the program. He also stressed that for those who have experienced trauma, the TRIBE curriculum adequately addresses trauma, particularly for incarcerated people.

After matriculating through the TRIBE program in a few months, T03 was still depressed and likely was experiencing PTSD. However, he had developed a high sense of coherence (the score increased from 125 to 140). Additionally, the program assisted him in mitigating 7 of the 19 Race-Based Trauma Stress Symptom Burden he was experiencing. Although, his quantitative post-intervention assessment did not suggest dramatic changes across the measures mentioned above except for Race-Based Trauma Stress Symptom Burden and

sense of coherence. However, he was decisive in the view that the program has significantly and positively impacted his life and will do the same for others. He is a firm believer now that his peers can do anything they put their mind to it. They can achieve their goals, and they will if they put their mind to it and get serious with the program because TRIBE delivers on its end.

. <u>Vignette 4</u> Case Study of Mr. T04

Mr. T04, a 24-year-old enrolled in TRIBE in 2020 and has been with TRIBE 6-7 months as of May 2021.. He was depressed but not experiencing post-traumatic stress disorder (PTSD) at enrollment. His sense of coherence was average (a score of 114 out of a maximum of 203). Additionally, he had above-average resilience with a score of 34 out of a maximum of 46. He also had an above-average Race-Based Trauma Stress Symptom Burden (28 out of a maximum of 52). His initial goals were to get training and make a career in the music and film industry. He saw himself as a successful entrepreneur and was determined to achieve it.

He indicated that TRIBE had helped him in controlling his attitudes and emotions. He had completed all the workshops offered by TRIBE and completed some career-related classes such as fork-lifting courses. He also felt that the Self-awareness Workshop was beneficial in that it helped him become more aware of his attitudes and begin to take control of it. He referenced two examples of how impactful the TRIBE program had been. First, he has become more aware of removing himself from certain situations ahead of time because he could forecast the negative outcome if he didn't. Second, the TRIBE program has also made him more mature, and lastly, more open to new ideas.

On the subject of goal setting, Mr. T04 indicated that TRIBE has assisted him in setting goals and provided the support and means to achieve them. For example, one goal was to get a driver's license since the state had suspended the prior one. He also indicated that TRIBE has helped him gain additional training to support his career. His 5-year goal is to have the opportunity to set his schedule and possibly be the boss and not work nine to five or work late hours and still make a good amount of money.

If chosen as a TRIBE Ambassador, Mr. T04 plans to let his peers and eligible TRIBE participants know that the program was built for them. So, they should not sign up if they are not ready to change. Additionally, he will let his peers know that, unlike other programs he has experienced in the past, the TRIBE program cares about the person, creates a career path for the person if they don't have one, and follows up to ensure you succeed. He stated that the program offers many career options and the associated training. The program doesn't hurriedly get you trained, place you in a job, and never from them again.

Additionally, the program curriculum adequately addresses trauma through the workshop offering and the support system. Also, the TRIBE program focuses on what the participants want to do, then the program matches them to the career choice and gets them the needed training. Mr. T04 thought that the single word best describes the TRIBE program is "Rewarding." Lastly, he would share his testimony – his journey on how TRIBE has changed his

life. He will also let them the goods thing TRIBE made possible for him. For example, he is now stable and in a well-paid job that he has fun being there. Additionally, TRIBE can help them develop a career plan if they don't already have one. Teaching diversity and sensitivity to other preferences would be significant. Lack of such training and awareness could also promote additional trauma for some.

After matriculating through the TRIBE program in a few months, he was still depressed and was likely experiencing PTSD. However, his sense of coherence increased from 120 to 130, and his Race-Based Trauma Stress Symptom Burden decreased significantly from 28 to 20. His General Self-Efficacy score was 21 and based on his Rosenberg score of 16, it implied his self-esteem was average. The quantitative assessment did not suggest dramatic changes across the measures mentioned above except for Race-Based Trauma Stress Symptom Burden and sense of coherence. Yet, through an interview, he articulated how impactful the TRIBE program has positively and significantly transformed his life.

C. SYNTHESIS OF FINDINGS

Although both the youth and adult TRIBE participants rated their health as good or very good relative to their peers, having health insurance was extremely low among the adult participants. Only 2.6% of TRIBE adult participants indicated they had health insurance, and 92.6% refused to answer the question. Likely, a large percentage of those who refused to answer the health insurance question is uninsured. Hence, this might challenge adult participants who need mental health services. Therefore, the implication for CRDP is to find a way to get individuals uninsured and in need of mental health services.

<u>Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2</u> <u>activities being delivered?</u>"

We addressed this evaluation question primarily with qualitative data derived from the "One-Minute Anonymous Self-Assessment," key informant interviews, and observation and review of the delivery of the workshops both inperson and online. These three approaches of data collection were very informative. Moreover, they provided data that speaks to the program's effectiveness that would not have been gained from quantitative data collection methods such as surveys. Below are insights gained from the three qualitative methods.

Data derived from the one-word and sentence descriptor of TRIBE suggest that the participants find the program a place of belonging and provide the needed social and emotional support.

They equate the program to "family," a "network," and a life-changing experience. The "One-Minute Anonymous Self-Assessment" was a good tool for assessing the process measures for how well the TRIBE CEDP phase 2 activities were being delivered because we administered it after every workshop session. First, it provided data to the evaluation team to assess the fidelity of the conduct of the workshops. Second, it provided data to determine the incremental impact on the participants.

From the key informant interviews, the emerging themes were:

1. The program has strong accountability of participants and staff.

- 2. TRIBE addresses the psychosocial needs of the participants.
- 3. TRIBE creates a trusting and safe environment.
- 4. Empowers the participants to conduct outreach to their peers.

Additionally, the participants indicated the program characteristics: Genuine and Caring; the Program Director is the glue of the program, the Sense of Family; Effective Workshop; and the Program is Interactive and promotes Bi-directional Engagement.

Although the various workshop facilitators changed over time, the fidelity of the program content was maintained. Hence, it can be inferred that the TRIBE program effectively delivered the CEDP Phase 2 activities.

<u>Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the TRIBE</u> <u>CDEP activities?</u>" and <u>Evaluation Question #3 "To what extent does the strengths-based resiliency model</u> <u>mediate TRIBE CDEP outcomes?</u>"

The TRIBE participants indicated that culture played an essential role in its impact on various beliefs, values, or attitudes. The issue of culture is vital to this TRIBE participants. It appears to play a significant role in their lives. The participants at Baseline agreed or strongly agreed that it impacts their strength, it is essential to them, helps them feel good, and their spiritual and religious beliefs and values. However, we saw positive changes as they matriculated through the program in two areas. First, feeling connected to the spiritual/religious traditions of the culture you were raised in and balanced in mind, body, spirit, and soul. Second, the areas of significant changes in emotions interfering from Baseline to posttest based on the State-Wide Evaluation measures had their *lot, some, or not at all with your* social life.

The TRIBE participants at Baseline did not feel they needed professional help for potential mental health, emotions, nerves, or alcohol or drug use problems. This finding was unexpected. Additionally, their perceived need for various providers in the mental health services space was low. The majority of the participants (85.1% - 89.9%) at Baseline disagreed with the reasons enumerated in the survey instrument as to why they did not feel safe or welcome to get help from the different mental health services providers. Also, most of the participants indicated a little of the time to not all when asked whether feelings such as hopelessness, nervousness, or restlessness were the reason for not seeking professional mental health help.

This level of disagreement could be due to the low perceived for these providers in the first place. It could also be a trust issue since most of the participants have had negative encounters with the justice system. Trust and feeling safe in TRIBE was a significant theme that emerged. Additionally, some indicated that before enrolling in TRIBE, they view it as "prey and predictor." Therefore, this might explain why they have a low perceived need for mental health services even though 52% of the adult participants were considered depressed and 38.3% were likely to suffer from post-traumatic stress disorder (PTSD). This result, therefore, underscores the importance of having programs that participants trust and develop a sense of belonging. In such environments, they will open up and begin the journey of healing both physically and emotionally.

In examining the program's impact on depression, the change was unexpected. There was a significant increase, from 52.0% to 65.9%, among participants classified as depressed based on the CES-D instrument (p=0.0498). One would have expected the depression rate to decrease rather than increase. The program may allow the participants to open up and accept that they are depressed due to the level of trauma experienced by the target population. Further investigation is warranted best to understand the direction of change in this instance. There was a significant increase in the total resilience score, 38.9 to 41.7 (p=0.0184). This finding suggests that the TRIBE program supports the participants in becoming more resilient than when they enrolled. Thus, the TRIBE CEDP program increases the participants' resilience (one of the SWE outcome measures).

Some of the qualitative findings might share light on such results show that the program has brought some awareness to the problems they face and now own up to them. For example, this text from the vignette of Mr. T04 might provide context to the possible increase in depression from pretest to posttest assessments. "*He also felt that the Self-awareness Workshop was beneficial in that it helped him become more aware of his attitudes and begin to take control of it. He referenced two examples of how impactful the TRIBE program had been. First, he has become more aware of removing himself from certain situations ahead of time because he could forecast the negative outcome if he didn't. Second, the TRIBE program has also made him more mature, and lastly, more open to new ideas."*

The proportion of participants classified as having the likelihood of PTSD based on the traumatic symptoms Scale decreased from 38.3% to 11.8% (p=0.0009). This significant change is the right direction, which was quite significant. The proportion of participants with low self-esteem increased from 33.6% to 75.5% (p < 0.0001). This unexpected result is similar to the changes in depression and might have a similar explanation given earlier. Although this finding represented a large sample of participants, the greater proportion of the four key informants interviewed was likely experiencing at Baseline. Although the four participants showed some improvement, it was not significant to change from being likely to have PTSD to not to have PTSD. They make up a small proportion of the total sample matriculated through the program. However, the qualitative data gained from the discussions in the workshops, the "One-Minute Anonymous Self-Assessment," and key informant interviews provide the program with surrogate outcome measures that speak to the effectiveness. For more confirmatory evidence, this phenomenon warrants further investigation.

The assessment using the PYD was introduced later in the program implementation because preliminary analysis revealed that most of the preselected data collection instruments were not capturing the desired outcomes in the prescribed duration of 8 weeks for completing the workshops. Therefore, the Local Evaluator facilitated a series of about three focus group discussions to ascertain input from a group of participants who had matriculated through the program. The interactive and iterative feedback system resulted in the design and development of the PYD data collection instrument. The data presented was on the pretest since the sample size for the test was not adequate for any meaningful comparison or assessment of change. Additionally, we shall continue to conduct posttest assessments and findings published later. However, the process used was on the emerging theme from the key informant interviews. The theme was "the program is interactive and promotes bi-directional engagement."

<u>Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment</u> <u>related to variability in the quality of participants' living arrangements?</u>"

The four case studies presented as vignettes demonstrate the experiences of TRIBE participants and the program's positive impact on the lives of the participants who have experienced their fair share of trauma. The participants find workshops that build their self-image, provide the knowledge and tools to be a successful entrepreneur, and the HipHopHeals workshop very helpful. The participants identified the Know Thyself workshop as extremely beneficial might explain the increase in resilience from pretest to posttest (p=0.0184). In addition, the participants referred to how impactful learning about African history significantly impacted their way of thinking and the restoration of the pride and the understanding of their culture. This participants' feedback might explain some positive shifts in social and emotional lives.

Additionally, we observed a positive decline in the likelihood of PTSD from 38.3% to 11.8% (p=0.0009). Several of the participants indicated that the program assisted them in gaining additional skills in line with their career goals. They also learned different ways to generate multiple income streams to support themselves. They develop skillsets such as website development, which they could monetize, or podcasting, another income generator. Based on the findings, we can confidently infer that the TRIBE CEDP program positively affects the participants' life skills, entrepreneurship, and employability. Additionally, via the vignettes, the participants echoed how TRIBE assisted them in achieving the basic needs such as housing and transportation, to name a couple, and achieve short-term and long-term career goals.

DISCUSSION AND CONCLUSION

Based on the mixed-method approach employed to evaluate the TRIBE program, we infer that the program has effectively transformed the lives of participants, particularly those who committed, engaged, and matriculated through the program. Participants have articulated that the program is unlike most programs out there in that most the programs provide participants with job-related skillsets without consideration of "you" as a person. However, TRIBE's approach is holistic, addressing participants' physical, emotional, and mental needs. Below are the conclusions derived relative the four evaluation questions.

<u>Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2</u> <u>activities being delivered?</u>"

The TRIBE CEDP program, via the qualitative data collected, provided evidence to conclude that the program was successful in delivering and achieving the SWE Core Process Measures in delivering the CEDP Phase activities were successfully delivered. TRIBE achieved the fidelity of the program delivery. Additionally, the participants indicated that the program was accountable, addressed their psychosocial needs, created a safe environment, and was interactive, and promoted bi-directional engagement.

<u>Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the TRIBE</u> <u>CDEP activities?</u>" and <u>Evaluation Question #3 "To what extent does the strengths-based resiliency model</u> <u>mediate TRIBE CDEP outcomes?</u>"

Changes in the outcome measures of the program were mixed. There were no significant changes based on the quantitative data, although the change was in the right direction in most of these measures. However, we saw measures such as the likelihood of PTSD and resilience improved from baseline to post-test assessment. In addition, the proportion of depression and low self-esteem increased as opposed to decreased. However, the qualitative data collected via observations, the "One-Minute Anonymous Self-Assessment," and key informant interviews suggest that the participants are experiencing positive and transformative lives. Additionally, the qualitative data also provide context for some of the unexpected changes, such as increased depression. One plausible explanation is that because the participants trust now and feel a sense of belonging, they might be more open and accept that they have problems they did not want to own when they enrolled in the program.

Overall, though eight weeks is too short a duration to assess changes in the outcomes, some of the quantitative data and the qualitative data affirm that the program is positively impacting the SWE Core Outcome measures.

<u>Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment</u> <u>related to variability in the quality of participants' living arrangements?</u>"

The participants find workshops that build their self-image, provide the knowledge and tools to be a successful entrepreneur, and the HipHopHeals workshop very helpful. Furthermore, the participants identified the Know Thyself workshop as extremely beneficial might explain the increase in resilience from pretest to posttest. The TRIBE participant also indicated that the program addressed the participants' immediate transportation, housing, and employment needs when they enrolled. In addition, they match participants to career skill training based on their goals and offer workshops designed to prepare participants to be productive and constructive citizens. As a result, they gained skillsets that made them more marketable or monetized. Hence, we can confidently infer that the Life Skills instruction, entrepreneurship, and employment-related to variability in the quality of participants' living arrangements provided by the TRIBE CEDP program was successful.

Despite the program's success, some of the results were mixed; therefore, we propose the following next steps.

- 1. Since some participants take some time before committing to engage in the program entirely, all participants do not realize the program's effectiveness in 8 weeks. We might need additional assessments, say in 6-12 months.
- 2. Further work is needed to identify the predictors of those likely to succeed. Such information will inform the program's restructuring to optimize the effectiveness among participants who successfully matriculate through the program and those who do not. Furthermore, such a predictive model could inform the program of eligible persons targeted for recruitment.

Additionally, TRIBE could implement a long-term tracking system of participants irrespective of whether they matriculated will benefit ongoing quality improvement of the program. For a viable tracking system, the program should ascertain the contact information of close friends and relatives at the point of enrollment. Such information will facilitate tracking of a participant if he moves or his direct contact information such as phone number or email address are not accessible anymore. Finally, the program

REFERENCES & APPENDICES

Literature Cited

Alridge, D. P. (2005). From civil rights to hip hop: Toward a nexus of ideas. The Journal of African American History, 90(3), 226-252.

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders, DSM-5. Washington, DC: Author Astone NM, McLanahan SS. Family structure, parental practices and high school completion. *American Sociological Review*. 1991;56:309–320.

Blake, B. (2016). Hip Hop Rooted in African Culture. Cronkite News. Retrieved from https://cronkitenews.azpbs.org/2016/02/25/hip-hop-rooted-in-african-culture/

Blanchard, B. (1999). The social significance of rap & hip-hop culture. Ethics of Development in a Global Environment (EDGE).

Boykin, A. W., & Toms, F. D. (1985). Black child socialization: A conceptual framework. In H. McAdoo, H. Pipes, & J. L. McAdoo (Eds.), Black children: Social, educational, and parental environments (pp. 33-51). Thousand Oaks, CA: Sage.

Codrington, R. (2021). In the Beginning: Hip Hop's Early Influences. Featured Essay. Oxford African American Studies Center. Oxford University Press. Retrieved from https://oxfordaasc.com/page/featured-essay-hip-hops-early-influences

Coleman-Cowger, V.H., Green, B.A., & Clark, T.T. (2011). The impact of mental health issues, substance use, and exposure to victimization on pregnancy rates among a sample of youth with past-year foster care placement. Youth and Child Services Review, 33(11), 2207-2212.

Conn, A., Calais, C., Szilagyi, M., Baldwin, C., & Jee, S. H. (2014). Youth in out-of-home care: Relation of engagement in structured group activities with social and mental health measures. Child and Youth Services Review, 36(0), 201-205.

Crooke, A., & Travis, R. (2021). The Healing Power of Hip Hop. The Conversation. Retrieved from https://theconversation.com/the-healing-power-of-hip-hop-81556 Diallo, Y., & Hall, M. (1989). The healing drum: African wisdom teachings. Inner Traditions/Bear & Co.

Cross, W. E., Jr. (1991). Shades of Black: Diversity in African-American identity. Philadelphia: Temple University Press.

Cross, W. E. (1995). The psychology of nigrescence: Revising the Cross model. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), Handbook of multicultural counseling (pp. 93-122). Thousand Oaks, CA: Sage.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. Journal of Personality Assessment, 49, 71-75.

dosReis, S., Zito, J.M., Safer, D.J., & Soeken, K.L. (2001). Mental Health Services for Youths in Foster Care and Disabled Youths. American Journal of Public Health, 91(7), 1094-1099.

Dorsey, S., Briggs, E. C., & Woods, B. A. (2011). Cognitive-behavioral treatment for posttraumatic stress disorder in child and adolescents. *Child and adolescent psychiatric clinics of North America*, *20*(2), 255–269. <u>https://doi.org/10.1016/j.chc.2011.01.006</u>

Dubner, A. E., Motta, R.W. (1999). Sexually and physically abused foster care child and posttraumatic stress disorder. Journal of Consulting and Clinical Psychology, 67(3), 367-373.

Fong, R., Schwab, J., & Armour, M. (2006). Continuity of activities and child well-being for foster care youth. Child and Youth Services Review, 28(11), 1359-1374.

Fontaine, J. L. (2018). Initiation. In The International Encyclopedia of Anthropology (pp. 1-7). doi:https://doi.org/10.1002/9781118924396.wbiea2330

Garrido, E.F., Culhane, S.E., Petrenko, C.L.M., & Taussig, H.N. (2011). Psychosocial consequences of caregiver transitions for maltreated youth entering foster care: The moderating impact of community violence exposure. American Journal of Orthopsychiatry, 81(3), 382-389.

Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2013). A secure base? The adolescent-staff relationship in secure residential youth care. Child & Family Social Work, 18(3), 305-317. doi:10.1111/j.1365-2206.2012.00846.x

Jarrett, Robin. (1999). Successful Parenting in High-Risk Neighborhoods. The Future of child / Center for the Future of Child, the David and Lucile Packard Foundation. 9. 45-50. 10.2307/1602704.

Jarrett, R. L., & Burton, L. M. (1999). Dynamic dimensions of family structure in low-income African American families: Emergent themes in qualitative research. Journal of Comparative Family Studies. 30, 177-187.

Karenga, M. (1984). The Husia: Selections from sacred wisdom of ancient Egypt. Los Angeles: University of Sankore Press.

Karenga, M. (2014). Nommo, Kawaida, and communicative practice: Bringing good into the world. In Understanding African American Rhetoric (pp. 3-22). Routledge.

Kidd, I. J., Medina, J., & Pohlhaus, G. (2017). Introduction. In I. J. Kidd, J. Medina, & G. Pohlhaus, Routledge handbook of epistemic injustice (pp. 1-9). Routledge.

Kramer, T.L., Sigel, B.A., Conners-Burrow, N.A., Savary, P.E., & Tempel, A. (2013). A 107 statewide introduction of trauma-informed care in a child welfare system. Child and Youth Services Review, 35, 19-24.

Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021). Somatic experiencing–effectiveness and key factors of a body-oriented trauma therapy: a scoping literature review. European journal of psychotraumatology, 12(1), 1929023.

Laye, E. (2021). Staff Training on Brain-based Learning. Long Beach, California: Whole Systems Learning.

Markus, H. R., and Moya, P. (2010). *Doing race: 21 essays for the 21st century.* (New York, NY: W. W. Norton)

Mascaro, N., Arnette, N. C., Santana, M. C., Kaslow, N. J. (2007). Longitudinal relations between employment and depressive symptoms in low-income, suicidal African American women. Journal of Clinical Psychology, 63, 541-553.

Mbiti, J. S. (2015). Introduction to African religion. Long Grove, Illinois: Waveland Press.

Mose, C. (2013). Swag' and 'cred': Representing Hip-hop in the African City. Journal of Pan African Studies, 6(3).

McMillen JC, Zima BT, Scott LD Jr, Auslander WF, Munson MR, Ollie MT, Spitznagel EL. Prevalence of psychiatric disorders among older youths in the foster care system. J Am Acad Child Adolesc Psychiatry. 2005 Jan;44(1):88-95. doi: 10.1097/01.chi.0000145806.24274.d2. PMID: 15608548.

Mungwini, P. (2017). "African know thyself": Epistemic injustice and the quest for liberative knowledge. International Journal of African Renaissance Studies-Multi-, Inter-and Transdisciplinarity, 12(2), 5-18.

Pellechia, U. (n.d.). The Power Of Abundance. Local Meaning Of Authority Among Traditional And State Élites In Sefwi, Southern Ghana. Researchgate.net. Retrieved from Researchgate.net.

Pierre, C. L., Burnside, A., & Gaylord-Harden, N. K. (2020). A longitudinal examination of community violence exposure, school belongingness, and mental health among African-American adolescent males. School Mental Health, 1-12.

Pilcher, J. (2012). Growing dendrites and brain-based learning. Neonatal Network: NN, 31(3), 191-194.

Pilowsky DJ, Wu LT. Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *J Adolesc Health*. 2006;38(4):351-358. doi:10.1016/j.jadohealth.2005.06.014

Poussaint, A. F. (1990). Looking ahead: Problems and solutions. Journal of Health & Social Policy, 1, 129-139.

Rabaka, R. (2013). The Hip Hop Movement: from R&B and the civil rights movement to Rap and the Hip Hop generation. Lanham, Maryland: Lexington Books.

Rodríguez, L. F., & Brown, T. M. From voice to agency: Guiding principles for participatory action research with youth. New directions for youth development. 2009, 19-34.

Salazar, A. M., Keller, T.E., Gowen, L.K. & Courtney M.E. (2013). Social psychiatry and psychiatric epidemiology. Social Psychiatry and Psychiatric Epidemiology, 48(4), 545-551.

Spencer, M. B., Harpalani, V., Cassidy, E., Jacobs, C. Y., Donde, S., & Goss, T. N. (2006). Understanding vulnerability and resilience from a normative developmental perspective: Implications for racially and ethnically diverse youth. In D. Cicchetti & D. J. Cohen (Eds.), Developmental psychopathology: Vol. 1. Theory and method (2nd ed., pp. 627-672). Hoboken, NJ: Wiley.

Stevens, S.B., Brice, C.S., Ale. C.M., & Morris, T.L. (2011). Examining depression, anxiety, and foster care placement as predictors of substance use and sexual activity in adolescents. Journal of Social Service Research, 37(5), 539-554.

Stevenson, H. C. (1997). Managing anger: Protective, proactive, or adaptive racial socialization identity profiles and African American manhood development. Journal of Prevention and Intervention in the Community, 16, 35-61.

Taylor, R. D., & Casten, R. (1993). Influence of kinship social support on the parenting experiences and psychological adjustment of African American adolescents. Developmental Psychology, 29, 382-392.

Turner, R. A., Irwin, C. E. & Millstein, S. G. (1991) Family structure, family process, and experimenting with substances during adolescence. Journal of Research on Adolescence, 1, 93–106.

Turner, K. N., Hayes, N. V., & Way, K. (2013). Critical multimodal hip hop production: A social justice approach to African American language and literacy practices. Equity & Excellence in Education, 46(3), 342-354.

Umaña-Taylor, A. J. (2005). The Ethnic Identity Scale. In K. A. Moore & L. H. Lippman (Eds.), *What do children need to flourish: Conceptualizing and measuring indicators of positive development* (pp. 75–91). Springer Science + Business Media. <u>https://doi.org/10.1007/0-387-23823-9_6</u>

Vaden-Kiernan N, Ialongo N, Pearson J, Kellam S. Household family structure and children's aggressive behavior: A longitudinal study of urban elementary school children. *Journal of Abnormal Child Psychology*. 1995;23:553–568.

Vaughn, M.G., Ollie, M.T., M.S.W., McMillen, J.C., Scott, L., & Munson, M. (2006). Substance use and abuse among older youth in foster care. Addictive Behaviors, 32(9), 1929-1935.

Wallenstein, P. (Ed.). (2009). Higher education and the civil rights movement: White supremacy, Black southerners, and college campuses. Gainesville, Florida: University Press of Florida.

Ward, J. V. (2000). Raising resisters: The role of truth telling in the psychological development of African American girls. In L. Weis & M. Fine (Eds.), Construction sites: Excavating race, class, and gender among urban youth (pp. 85-99). New York: Teachers College Press.

14-29

West, C. M. (2018). Toward an ecological model of violence among African Americans. In The Routledge international handbook of violence studies (pp. 190-209). Routledge.

Weinstein, R. S. (2002). Reaching higher: The power of expectations in schooling. Cambridge, MA: Harvard University Press.

Wojciak, A. S., McWey, L.M., Helfrich, C.M. (2013). Sibling relationships and internalizing symptoms of youth in foster care. Child and Youth Services Review, 35(7), 1071-1077.

Zulu, I. M. (1993). The Ancient Kemetic Roots of Library and Information Science. Columbus: Proceedings of the First National Conference of African American Librarians.

Appendix A – Data Collection Instruments

KNOW THYSELF One-Minute Self-Assessment

ID: _____ Date: _____ Time: _____

Name of Activity _____

The purpose of this form is to give feedback on today's activities. It will be used by us only to understand and see if we can make our activities more interesting and rewarding to you.

- 1. What did you learn that you did not know before today's activity?
- 2. What did you learn from participating in the activity that you would like to know more about?
- 3. Would you recommend this activity for other youth? If so, please explain why so, and if not, please explain why not?
- 4. Did you develop your intellectual, social and/or emotional abilities and skills as a result of this workshop? Explain
- 5. On a scale of 1 to 10, how would you rate your achieving your goal of planning and goal setting?



HIPHOPHEALS One-Minute Self-Assessment

| ID: | Date: | Time: |
|-----|-------|-------|
| | | |

Name of Activity _____

The purpose of this form is to give feedback on today's activities. It will be used by us only to understand and see if we can make our activities more interesting and rewarding to you.

- 1. What did you learn that you did not know before today's activity?
- 2. What did you learn from participating in the activity that you would like to know more about?
- 3. Would you recommend this activity for other youth? If so, please explain why so, and if not, please explain why not?
- 4. Did this workshop or other activities help you self-regulate in any way? Explain

5. On a scale of 1 to 10, how would you rate your being able to self-regulate better?



Achievemen t of goal

KNOW THYSELF One-Minute Self-Assessment

| ID: | _ Date: | Time: |
|------------------|---------|-------|
| | | |
| Name of Activity | | |

The purpose of this form is to give feedback on today's activities. It will be used by us only to understand and see if we can make our activities more interesting and rewarding to you.

- 1. What did you learn that you did not know before today's activity?
- 2. What did you learn from participating in the activity that you would like to know more about?
- 3. Would you recommend this activity for other youth? If so, please explain why so, and if not, please explain why not?
- Did this workshop help you increase your sense of a positive identity or positive self-worth? Explain
 Achier ement to fgoal



5. On a scale of 1 to 10, how would you rate your achieving a more positive identity or sense of self-worth?

Pre- and Post-Survey Questionnaire

<u>Instructions</u>: The purpose of this survey is to examine how you have progress in the following areas: Purpose Seeking, Life Goals, and Activity Involvement since participating in the TRIBE Program.

Using the 10-runged ladder, where the bottom rung labelled 1, is the starting point, and 10, the top of the ladder, is where you want to be in the near future. To help determine your progress in the 3 areas mentioned above, circle a number between 1 and 10 that corresponds to where you are on the ladder displayed on the right-hand side for each of the survey questions listed below.



| | F | Ratin | ig: w | here | e yoi | u are | on | the l | add | er |
|--|---|-------|-------|------|-------|-------|----|-------|-----|----|
| Purpose Seeking: Comparing your current state to prior to | | | | | | | | | | |
| participating in TRIBE, using the ladder to the upper right- | | | | | | | | | | |
| hand corner, how would you rate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Where you are in finding your life's purpose? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Where you are in understanding that your life has meaning? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Where you are in seeking a purpose or mission for your life? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Life Goals: Comparing your current state to prior to | | | | | | | | | | |
| participating in TRIBE, using the ladder to the upper right- | | | | | | | | | | |
| hand corner, how would you rate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Having a high standard of living | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Having a steady job or career | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Helping others in need | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Having good and satisfying relationships with friends or family | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. Being actively involvement in the community | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. Nurturing my spiritual life | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Now, List The Top 3 Goals You Want To accomplish in This Program | | | | | | | | | | |

| Activity Involvement: Comparing your current state to prior to | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|--|
| participating in TRIBE, using the ladder to the upper right- | | | | | | | | | | | |
| | | | | | | | | | | | |
| hand corner, how would you rate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1. Engagement in education and academics or commitment to | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| challenging and engaging learning experiences | | | | | | | | | | | |
| 2. Improved communications and interaction with friends/family | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 3. Interpersonal skills with others: communication, conflict | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| resolution, negotiation | | | | | | | | | | | |
| 4. Actively engaged in Job training | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| , | | | | | | | | | | | |

| Hav curr | Planning and goal setting, taking action toward personal goals ing positive/caring relationships/connection: Comparing your ent state, using the ladder to the upper right-hand corner, would you rate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|-------------|---|---|---|---|---|---|---|---|---|---|----|--|
| 1. | Positive peer relationships | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 2. | Positive relationships with adults/role models | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 3. | Positive participation in programs that encourage emotional, attachment and commitment to family, peers, or community | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| ра | Positive Identity: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right- hand corner, how would you rate | | | | | | | | | | | |
| 1. | Sense of belongingness to your cultural group, and having a positive view of your culture | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 2. | Development of consciousness to counter mistruths and misinformation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 3. | Reinforcing positive attitudes, beliefs, and values about yourself or your future goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 4. | Sense of direction and coherence about your life choices | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | mpetence/Character: <i>Comparing your current state to prior</i> participating in TRIBE, using the ladder to the upper | | | | | | | | | | | |
| rig | ht-hand corner, how would you rate | | | | | | | | | | | |
| 1. | Your ability to self-regulate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 2. | Your awareness of your intellectual, social, and emotional abilities and skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 3. | Your cognitive (intellectual) competence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 4. | Positive and constructive risk-taking | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| pri | nfidence/Contribution: Comparing your current state to or to participating in TRIBE, using the ladder to the upper ht-hand corner, how would you rate | | | | | | | | | | | |
| | Having an internal sense of overall positive self-worth and belief that you have the capability to carry out your goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 2. | Positive belief about your future goals, options, choices, and plans | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 3. | Your positive contribution to self, family, community and civil society | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 4. | Your participation in services that explore opportunities for positive interactions and participation in family, peer or other group settings | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 5. | Restraint from use of drugs, tobacco, alcohol or violent behavior | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

General Self-Efficacy Scale (GSE)

| | Not at all true | Hardly true | Moderately true | Exactly true |
|--|--------------------|----------------|--------------------|-----------------|
| 1. I can always manage to solve difficult problems if I try hard enough | | | | |
| 2. If someone opposes me, I can find the means and ways to get what I want. | | | | |
| 3. It is easy for me to stick to my aims and accomplish my goals. | | | | |
| 4. I am confident that I could deal efficiently with unexpected events. | | | | |
| 5. Thanks to my resourcefulness, I know how to handle unforeseen situations. | | | | |
| 6. I can solve most problems if I invest the necessary effort. | | | | |
| 7. I can remain calm when facing difficulties because I can rely on my coping abilities. | | | | |
| 8. When I am confronted with a problem, I can usually find several solutions. | | | | |
| 9. If I am in trouble, I can usually think of a solution | | | | |
| 10. I can usually handle whatever comes my way. | | | | |

Ethnic Identity Scale (Umaña-Taylor, Yazedjian, & Bámaca-Gómez, 2004)

The U.S. is made up of people of various ethnicities. Ethnicity refers to cultural traditions, beliefs, and behaviors that are passed down through generations. Some examples of the ethnicities that people may identify with are Mexican, Cuban, Nicaraguan, Chinese, Taiwanese, Filipino, Jamaican, African American, Haitian, Italian, Irish, and German. In addition, some people may identify with more than one ethnicity. When you are answering the following questions, we'd like you to think about what YOU consider your ethnicity to be.

| Please write what you consider to be your ethnicity here | _ and refer to this |
|--|---------------------|
| ethnicity as you answer the questions below. | |

| | Does not describe me at all | Describes me a little | Describes me well | Describes me very well |
|--|-----------------------------------|--------------------------|----------------------|------------------------------|
| 1. My feelings about my ethnicity are mostly negative. | 1 | 2 | 3 | 4 |
| 2. I have not participated in any activities that would teach me about my ethnicity. | 1 | 2 | 3 | 4 |
| 3. I am clear about what my ethnicity means to me. | 1 | 2 | 3 | 4 |
| 4. I have experienced things that reflect my ethnicity, such as eating food, listening to music, and watching movies. | 1 | 2 | 3 | 4 |
| 5. I have attended events that have helped me learn more about my ethnicity | 1 | 2 | 3 | 4 |
| 6. I have read books/magazines/newspapers or other materials that have taught me about my ethnicity. | 1 | 2 | 3 | 4 |
| 7. I feel negatively about my ethnicity. | 1 | 2 | 3 | 4 |
| 8. I have participated in activities that have exposed me to my ethnicity | 1 | 2 | 3 | 4 |
| 9. I wish I were of a different ethnicity | 1 | 2 | 3 | 4 |
| 10. I am not happy with my ethnicity. | 1 | 2 | 3 | 4 |
| 11. I have learned about my ethnicity by doing things such as reading (books, magazines, newspapers), searching the internet, or keeping up with current events. | 1 | 2 | 3 | 4 |
| 12. I understand how I feel about my ethnicity. | 1 | 2 | 3 | 4 |
| 13. If I could choose, I would prefer to be of a different ethnicity. | 1 | 2 | 3 | 4 |
| 14. I know what my ethnicity means to me. | 1 | 2 | 3 | 4 |
| 15. I have participated in activities that have taught me about my ethnicity. | 1 | 2 | 3 | 4 |
| 16. I dislike my ethnicity. | 1 | 2 | 3 | 4 |
| 17. I have a clear sense of what my ethnicity means to me. | 1 | 2 | 3 | 4 |

Devereux Adult Resilience Survey (DARS) by Mary Mackrain

Take time to reflect and complete each item on the survey below. There are no right answers. Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For fun and practical ideas on how to strengthen your protective factors, use the chapters in this book. For a free copy of the DARS visit www.centerforresilientchildren.org.

| Items | Yes | Sometimes | Not Yet |
|---|-----|-----------|---------|
| Relationships | | | |
| 1. I have good friends who support me. | | | |
| 2. I have a mentor or someone who shows me the way. | | | |
| 3. I provide support to others. | | | |
| 4. I am empathetic to others. | | | |
| 5. I trust my close friends. | | | |
| Internal Beliefs | | | |
| 1. My role as a caregiver is important. | | | |
| 2. I have personal strengths. | | | |
| 3. I am creative. | | | |
| 4. I have strong beliefs. | | | |
| 5. I am hopeful about the future. | | | |
| 6. I am lovable. | | | |
| Initiative | | | |
| 1. I communicate effectively with those around me. | | | |
| 2. I try many different ways to solve a problem. | | | |
| 3. I have a hobby that I engage in. | | | |
| 4. I seek out new knowledge. | | | |
| 5. I am open to new ideas. | | | |
| 6. I laugh often. | | | |
| 7. I am able to say no. | | | |
| 8. I can ask for help. | | | |
| Self-Control | | · | |
| 1. Lexpress my emotions. | | | |
| 2. I set limits for myself. | | | |
| 3. I am flexible. | | | |
| 4. I can calm myself down. | | | |

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Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

| | During the Past Week | | | | |
|---|---|--|--|--|--|
| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) | |
| . I was bothered by things that usually on't bother me. | | | | | |
| . I did not feel like eating; my appetite | | | | | |
| vas poor. I felt that I could not shake off the lues even with help from my family or riends. | | | | | |
| . I felt I was just as good as other | | | | | |
| eople. 5. I had trouble keeping my mind on vhat I was doing. | | | | | |
| 6. I felt depressed. 7. I felt that everything I did was an | | | | | |
| a. I felt hopeful about the future. b. I thought my life had been a failure. c. I felt fearful. c. My sleep was restless. c. I was happy. c. I talked less than usual. c. I felt lonely. c. People were unfriendly. c. I enjoyed life. c. I had crying spells. c. I felt sad. | | | | | |

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

| TRAUMATIC STRESS SYMPTOM SCALE | Rarely | Some times | Often | Almost Always |
|--|--------|---------------|-------|------------------|
| I startle easy or jump at a small noise | | | | , |
| I find myself thinking about one or more traumatic events in | | | | |
| my life | | | | |
| I try to avoid thinking about events in my life | | | | |
| I often think I have no feelings | | | | |
| I feel depressed for no reason that I know of. | | | | |
| I think of hurting myself or do things that sabotage my goals | | | | |
| I have engaged in inappropriate sexual activities | | | | |
| I find myself exploding in a rage for little or no reason | | | | |
| I feel worthless | | | | |
| I easily attach to others, or never want to attach to others | | | | |
| I can lose track of time for hours or longer. | | | | |
| In some situations, I feel like an observer, and not a | | | | |
| participant | | | | |
| I experience discrimination because of my race. | | | | |
| Those who discriminate against me have power over me. | | | | |
| I do not trust any adult. | | | | |
| l do not trust my peers | | | | |
| I often search for a relationship that will rescue me. | | | | |
| I often find myself to be the victim in a relationship with my | | | | |
| peers or adults. | | | | |
| I feel helpless to protect myself. | | | | |
| I am ashamed of who I am. | | | | |
| I feel guilty because I have been told I am wrong. | | | | |
| I feel that I am different from everyone else. | | | | |
| I often feel hopeless, that my life is over. | | | | |
| I have difficulty focusing | | | | |
| I have difficulty planning | | | | |
| I have difficulty making good decisions. | | | | |

ROSENBERG SELF-ESTEEM SCALE

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA; if you agree with the statement, circle A; if you disagree, circle D; and, if you strongly disagree, circle SD.

| 1. On the whole, I am satisfied with myself. | S A | A | D | SD |
|--|------------|---|---|----|
| 2.* At times, I think I am no good at all. | SA | A | D | SD |
| 3. I feel that I have a number of good qualities | SA | A | D | SD |
| 4. I am able to do things as well as most other people | SA | A | D | SD |
| 5.* I feel I do not have much to be proud of | SA | A | D | SD |
| 6.* I certainly feel useless at times | SA | A | D | SD |
| 7. I feel that I'm a person of worth, at least equal to others | SA | A | D | SD |
| 8.* I wish I could have more respect for myself | S A | A | D | SD |
| 9.* All in all, I am inclined to feel that I'm a failure | S A | A | D | SD |
| 10. I take a positive attitude toward myself | SA | A | D | SD |
| | | | | |

Scoring:

-For questions 1, 3, 4, 7, and 10 score SA=3, A=2, D=1, and SD=0: Your Total______ -For questions 2, 5, 6, 8, and 9 score SA=0, A=1, D=2, and SD=3: Your Total______

Grand Total

Score between 15-25 are considered average

Students' Life Satisfaction Scale (Huebner, 1991)

<u>Directions</u>: We would like to know what thoughts about life you have had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Circle the words next to each statement that indicate the extent to which you agree or disagree with each statement. For example, if you Strongly Agree with the statement "Life is great," you would circle those words on the following sample item;

Life is great.

| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly |
|----------|------------|----------|--------|------------|----------|
| Disagree | Disagree | Disagree | Agree | Agree | Agree |

It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

| 1. My life is going well. | | | | | | |
|---|-------------------|----------|--------|------------|----------|--|
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |
| 2. My life is | i just right. | | | | | |
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |
| 3. I would like to change many things in my life. | | | | | | |
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |
| 4. I wish I had a different kind of life. | | | | | | |
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |
| 5. I have a g | good life. | | | | | |
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |
| 6. I have wh | at I want in life | • | | | | |
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |
| 7. My life is | s better than mo | st kids. | | | | |
| Strongly | Moderately | Mildly | Mildly | Moderately | Strongly | |
| Disagree | Disagree | Disagree | Agree | Agree | Agree | |

Huebner, E. S. (1991). Initial development of the Students' Life Satisfaction Scale. <u>School Psychology International</u>, 12, 231-243.

The 13-item Sense of Coherence Questionnaire

Here is a series of questions relating to various aspects of your lives. Each question has seven possible answers. Please mark the number, which expresses your answer, with number 1 and 7 being the extreme answers. If the words under 1 are right for you, circle 1: if the words under 7 are right for you, circle 7. If you feel differently, circle the number which best expresses your feeling. Please give only one answer to each question.

| 1. Do you have f | | - | are about | what goes on around | - | 7 |
|------------------------------------|-------------------------------------|--|-------------------|------------------------|-----------------|-------|
| l Very seldom | 2 | 3 | 4 very often o | 5 or never | 6 | 7 |
| 2. Has it happene thought you k | - | at you were s | urprised by | y the behaviour of pe | ople whom you | I |
| 1 Never happened | 2 | 3 | 4 always ha | 5 appened | 6 | 7 |
| 3. Has it happene | ed that people v | vhom you cou | inted on di | sappointed you? | | |
| 1 Never happened | 2 | 3 | 4 alway | 5 s happened | 6 | 7 |
| 4. Until now you | r life has had: | | | | | |
| l No clear goals or | 2 r purpose at all | 3 | 4 very | 5 clear goals and purp | 6 ose | 7 |
| 5. Do you have t | he feeling that | you're being t | reated unf | airly? | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very often | | | very seldor | n or never | | |
| | he feeling that | | unfamiliar | situation and don't k | | _ |
| l Very often | 2 | 3 ve | 4 ery seldom | 5 or never | 6 | 7 |
| 7. Doing the thir | ng vou do everv | | 2 | | | |
| 1 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| A source of deep | pleasure and s | atisfaction | | a source of pain and | boredom | |
| 8. Do you have v | very mixed-up f | eelings and ic | leas? | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very often | | `````````````````````````````````````` | very seldor | n or never | | |
| 9. Does it happen | n that you have | feelings insid | le you wou | ld rather not feel? | | |
| l Very often | 2 | 3 | 4 very seldor | 5 n or never | 6 | 7 |
| 10. Many people | e – even those w ions. How ofter | vith a strong c | haracter – | sometimes feel like s | ad sacks (loser | s) in |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Never | | | very often | | | |

| 1 | 2 | bened, have you 3 lerestimated its | 4 | 5 | 6 s in the right pro | 7 oportion |
|---------------|--------------|--|-------------------|------------------|-------------------------|---------------|
| | • | ve the feeling the | at there's little | meaning in the | things you do | in your |
| daily life? | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very often | | very seldom or never | | | | |
| 2 | | | 2 | | | |
| 13. How often | n do you hav | ve feelings that y | you're not sure | e you can keep u | under control? | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very often | | very seldom or never | | | | |

Key Informant Interview Questions

- 1. How long have you been with the TRIBE Program, and how would you describe your experience?
- 2. Have you completed all the classes/courses, and beneficial were the classes/courses?
- 3. As a TRIBE participant, you completed several forms or surveys. What do you think about the information requested, and do you think they effectively measure the changes you have been experiencing?
- 4. What changes have you experienced in your life that are due to becoming part of TRIBE? Give 3-5 examples.
- 5. If you were chosen to represent TRIBE and had to speak to your peers or a younger group, what would you say to convince them that TRIBE is an excellent program?
- 6. In what way does the TRIBE Program address trauma?
- 7. If there was one word that describes your experience in the TRIBE program, what would that one word be?
- 8. Did the TRIBE Program help you set goals for yourself, and how would you say you've done in striving to achieve those goals?
- 9. Where do you see yourself five years from now?
- 10. Do you have any questions for me or any take-home message you want to share with others about your life-changing experiences because of TRIBE?
- 11. What improvements to the TRIBE program would you recommend?

| ID: | | | |
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| Code | | | PRE |

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

| At j | present | Strongly Agree | Agree | l am Neutral | Disagree | Strongly Disagree |
|------|---|-------------------|-------|-----------------|----------|----------------------|
| 1. | Your culture gives you strength. | | | | | |
| 2. | Your culture is important to you. | | | | | |
| 3. | Your culture helps you to feel good about who you are. | | | | | |
| 4. | You feel connected to the spiritual/religious traditions of the culture you were raised in. | | | | | |

Instructions: The next questions are about how you have been feeling during the past 30 days

| Abo | out how often during | g the past 30 days did you feel | All of the | Most of the | Some of the | A little of | None of the |
|----------|---|---|----------------------------------|---------------------------------------|------------------------|-------------|--------------------------|
| | | | time | time | time | the time | time |
| 5. | connected to you | ır culture? | | | | | |
| 6. 7. | | , body, spirit and soul? excluded from society? | | | | | |
| 8. | your thoughts, feel | ade to feel unimportant, or like lings, or opinions don't matter.) nated from society? | | | | | |
| | | eling alone, separated from, cut beyond your family, school, and | | | | | |
| _ | | | | | | | |
| | Do you <u>currently</u> hav] Yes (GO to Q10) | ve health insurance coverage? (ch | ieck one) | | 🗆 Refuse | d 🗆 | Don't Know |
| | | | | the past 12 | □ Refuse (Go to Q1: | | Don't Know Go to Q11) |
| | | □ No (GO to Q11) → Did you have health insurance | e coverage in | the past 12 | | | |
| |] Yes (GO to Q10) | □ No (GO to Q11) → Did you have health insurance months? | e coverage in n't Know | the past 12 | | | |
| | Yes (GO to Q10) Does your insurance | □ No (GO to Q11) → Did you have health insurance months? □ Yes □ No □ Refused □ Dor | e coverage in n't Know Ith | · · · · · · · · · · · · · · · · · · · | (Go to Q1: | 1) ((| Go to Q11) |
| | Yes (GO to Q10) Does your insurance | No (GO to Q11) → Did you have health insurance months? Yes □ No □ Refused □ Dor ce cover treatment for mental heal | e coverage in n't Know Ith | · · · · · · · · · · · · · · · · · · · | (Go to Q1: | 1) ((| Go to Q11) |

NA

Don't

| | | Yes | No | Refused | Don't Know | NA |
|------------|--|-----|----|-----------|---------------|----|
| ner tim | cause of problems with your mental health, emotions, rves or your use of alcohol or drugs, was there ever a ne during the past 12 months when you <u>FELT LIKE YOU</u> <u>GHT NEED</u> to see a | | · | · · · · · | | |
| а. | Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor | | | | | |
| b. | Community helping professional such as a health worker, <i>promotor</i> , peer counselor, or case manager | | | | | |
| с. | Primary care physician or general practitioner | | | | | |
| d. | Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker | | | | | |

Yes

- 13. Because of problems with your mental health, emotions or your use of alcohol or drugs, <u>HAVE YOU SEEN</u> (or met with) any of the following helping professionals in the past 12 months?
 - Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor
 - b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager
 - c. Primary care physician or general practitioner
 - d. Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker

| | | Know | |
|----------|------|----------|--|
| or ר) | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Refused

If <u>YES</u> to Q13c OR 13d, **GO TO Q14** (otherwise **GO TO Q19**)

No

| 14. Did you seek help for your mental or emotional health or for an alcohol or drug problem? (<i>Circle</i> one) | <i>No</i> GO ТО Q19 | Yes Mental/Emotional Health Problem GO TO Q15 | Yes Alcohol- Drug Problem GO TO Q15 | Yes Both Mental AND Alcohol- Drug Problems GO TO Q15 | Refused GO TO Q19 | Don't Know GO TO Q19 | |
|--|---------------------------|---|--|--|----------------------|-------------------------------|--|
|--|---------------------------|---|--|--|----------------------|-------------------------------|--|

15. In the past 12 months, how many visits did you make to a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker) for problems with your _______ # of visits mental or emotional health, alcohol-drug problem, or both? Do not count overnight hospital stays.

16. Are you still receiving treatment for these problems from one or more of these providers?

| Yes | No | Refused | Don't Know |
|-----------|-----------|-----------|------------|
| □ | □ | □ | □ |
| GO TO Q19 | GO TO Q17 | GO TO Q19 | GO TO Q19 |
| □ | □ | □ | □ |
| GO TO Q19 | GO TO Q18 | GO TO Q19 | GO TO Q19 |

17. Did you complete the full course of treatment? In other words, you ended treatment when your counselor, therapist, psychologist, psychiatrist or social worker told you it was ok to end?

| 18. | What is the MAIN REASON you are no longer receiving treatment? -Got better/No longer needed -Not getting better | | (Circle ONE on | -Wanted to har | | m on own |
|-------|--|------------------------|----------------|------------------|----------------|---------------|
| | -Had bad experiences with treatment | -Lack of time/transp | ortation | -Too expensive | | |
| | -Insurance does not cover | | | | | |
| | -Other (Specify) | | | | | |
| | -Refused | -Don't Know | | | | |
| thera | ictions: Here are some reasons people have f pist, psychologist, psychiatrist or social work u agree or disagree with the following reaso | er, even when they thi | ink they might | need it. Even if | you are receiv | ing help now, |
| 19. | You were planning to or already getting help | from a | | | | |
| | a. Traditional helping professional such as a healer, religious/spiritual leader or advis | a culturally-based | | | | |
| | b. Community helping professional such as <i>promotor</i> , peer counselor, or case managed and the promotor of the second seco | | | | | |
| 20. | You didn't know these types of professionals | existed. | | | | |
| | | | GO TO Q34 | GO TO Q21 | GO TO Q34 | GO TO Q34 |
| 21. | You didn't feel comfortable talking with then personal problems. | n about your | Agree | Disagree | Refused | Don't Know |
| 22. | You didn't think you would feel safe and weld your | come because of | | | | |
| | a. limited English | | | | | |
| | b. race/ethnicity | | | | | |
| | c. age | | | | | |
| | d. religious or spiritual practice | | | | | |
| | e. gender identity | | | | | |
| | f. sexual orientation | | | | | |
| 23. | You were concerned about the cost of treatm | nent. | | | | |
| | You didn't have time (because of job, childca commitments). | | | | | |
| | You had no transportation, or the program w the hours were not convenient. | | | | | |
| 26. | You didn't think you needed mental health co treatment at the time. | ounseling or | | | | |
| 27. | You thought you could handle the problem o | n vour own. | | | | |
| | You didn't think mental health counseling or help. | | | | | |
| 29. | You were concerned that getting mental heat counseling might cause your neighbors or con negative opinion of you. | | | | | |
| 30. | You were concerned that getting mental heat counseling might have a negative effect on years. | | | | | |
| 31. | You were concerned that the information you might not be kept confidential. | | | | | |
| 32. | You were concerned that you might be admit hospital. | tted to a psychiatric | | | | |
| 33. | You were concerned that you might have to t | take medicine. | | | | |

Instructions: The next questions are about how you have been feeling during the past 30 days.

| About how often during the past 30 days did you feel | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|--------------------|---------------------|------------------|-------------------------|------------------|
| 34 nervous? | | | | | |
| 35 hopeless? | | | | | |
| 36 restless or fidgety? | | | | | |
| 37 so depressed that nothing could cheer you up? | | | | | |
| 38 feel that everything was an effort? | | | | | |
| 39 worthless? | | | | | |

40. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q34-Q39) match how you would describe those experiences? (Check one)

| □ A Lot | Somewh | at | | Not At All | | | | |
|---|--------|------|------------|------------|------------|--|--|--|
| NOW, think about the one month, within the past 12 months, when you were at your worst emotionally. | | | | | | | | |
| Did your emotions interfere a lot, some, or not at all | A Lot | Some | Not At All | Refused | Don't Know | | | |
| with your | | | | | | | | |
| 41performance at work or school? | | | | | | | | |

| Check here if not working or not in school during the past 12 months \Box | | | | | | | |
|--|--|--|--|--|--|--|--|
| 42household chores? | | | | | | | |
| 43social life? | | | | | | | |
| 44relationship with friends and family? | | | | | | | |
| 45. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41- | | | | | | | |

| Q44) match how you would describe the negative effect of emotions on your life? (Check one) | | | | |
|---|--------------------|--|--|--|
| 🗆 A Lot | 🗆 A Lot 🔅 Somewhat | | | |

| 46. | How old are you? | |
|-----|---------------------------------------|---------------------------------------|
| | \Box between 18 and 29 years of age | \Box between 45 and 49 years of age |
| | \Box between 30 and 39 years of age | \Box between 50 and 64 years of age |
| | \Box between 40 and 44 years of age | \Box 65 or older years of age |
| | | |

| 47. | What is your race and ethnic origin(s)? Select only one race category; select your ethnic origin(s) |
|-----|---|
| ΠA | merican Indian or Alaska Native |

| 🗆 Black or African Americ | an: | | |
|----------------------------|--------------------|-----------------|-----------------------------------|
| Check your ethnic orig | gin(s): | | |
| | 🗆 African American | 🗆 South African | 🗆 Refused |
| | 🗆 Caribbean | 🗆 Ghanaian | 🗆 Don't Know |
| | 🗆 Egyptian | 🗆 Nigerian | 🗆 Other Black or African American |
| | 🗆 Kenyan | 🗆 Ethiopian | (Please specify): |
| 🗆 Latino, Hispanic, or Spa | inish: | | |
| Check your ethnic orig | in(s): | | |
| | 🗆 Mexican/Chicano | 🗆 Puerto Rican | 🗆 Nicaraguan |
| | 🗆 Salvadoran | 🗆 Cuban | □ Refused |
| | 🗌 Guatemalan | 🗆 Peruvian | 🗆 Don't Know |
| | 🗆 Dominican | 🗆 Chilean | 🗆 Other Latino |
| | 🗆 Honduran | 🗆 Colombian | (Please specify): |

| | | | | ADULT VERSION P |
|--|---|--|--|-------------------------|
| 🗆 Asian: | | | | |
| Check your ethnic | origin(s): | | | |
| | Afghan | 🗆 Indonesian | 🗆 Thai | |
| | 🗆 Bangladeshi | □ Japanese | □ Vietnamese | |
| | Burmese | □ Korean | □ Refused | |
| | Cambodian | Laotian | Don't Know | |
| | Chinese | 🗆 Malaysian | Other Asian | |
| | 🗆 Filipino | , Pakistani | (Please specify): | |
| | Hmong | 🗆 Sri Lankan | | |
| | 🗆 Indian (India) | 🗆 Taiwanese | | |
| 🗆 Native Hawaiian or | Other Pacific Islander: | | | |
| Check your ethnic o | origin(s): | | | |
| · | Samoan | 🗆 Refused | | |
| | 🗆 Guamanian | 🗆 Don't Kno | w | |
| | 🗆 Tongan | 🗆 Other Hav | waiian or Pacific Islander | |
| | 🗆 Fijian | (Please spec | ify): | |
| 🗆 Multi-Racial: Check | all that apply and spec | | | |
| □ White: | | | Asian | |
| (Please specify): | | (Ple | ase specify): | |
| 🗆 Black/African | American | | Native Hawaiian or Other Pacific Islander | |
| (Please specify): | | (Ple | ase specify): | |
| 🗌 Latino, Hispa | | F | Refused | |
| (Please specify): | | | | |
| | ian or Alaska Native | | Don't Know | |
| (Please specify): | | | | |
| Refused Don't Know 48. How well can you Fluently Somewhat flu Not very well | ı speak the English lang ıently; can make mysel: | uage? f understood but hav nd phrases but have | ve some problems with it difficulties communicating | |
| 49. What is your pre | ferred language? | | | |
| 50. Were you born: | | | | |
| 51. What are the firs | t 3 digits of your ZIP Co | de? □Unsta | ble housing/ no ZIP code 🛛 🗆 Refused | 🗆 Don't Know |
| 52. Have you ever sp | ent time in a temporar | y settlement area fo | r refugees or displaced persons or been | held at ICE facilities? |
| ☐ Not Applicab ☐ Yes ☐ No ☐ Refused ☐ Don't Know | e | | | |

ſ

| 53. | About how many years have you | lived in the United States? [For less than a year, enter 1 year] |
|-----|-------------------------------|--|
| | Number of years | Not Applicable |

Gender Identity Instructions: We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a: Choose the one best answer.

| 🗆 Male/Boy | \Box I am not sure about my sex assigned at birth |
|--|---|
| 🗆 Female/Girl | □ My assigned sex at birth (please specify): |
| \Box Intersex (they were unsure about my sex at birth) | \Box I do not wish to answer this question |

55. When it comes to my gender identity, I think of myself as: Choose all that apply.

| 🗆 Man/Male |
|----------------|
| □ Woman/Female |

□ Transgender/Trans

□ Trans man/Trans male

 \Box Non-binary (not exclusively male or female) Two Spirit □ Intersex (between male and female) □ I am not sure about my gender identity

□ My gender identity is (please specify):_

- □ Trans woman/Trans female □ I do not have a gender/gender identity
- □ Genderqueer/Gender non-conforming
- □ I do not wish to answer this question

Sexual Orientation Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary "male or female" framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

56. What is your sexual orientation? Choose all that apply.

| 🗆 Straight/h | eterosexual |
|--------------|-------------|
|--------------|-------------|

- Gay Gay
- Lesbian
- Bisexual
- **Queer**

□ Pansexual/Non-monosexual (I am attracted to all genders)

| ۹t I | preser | nt |
|------|--------|----|

| Would vo | u sav voui | health is | Verv Good | . Good. Fa | ir, or Poor? |
|----------|------------|-----------|-----------|------------|--------------|

 \Box Asexual (I am not attracted to anyone sexually) □ I am not attracted to anyone romantically

- □ I am not sure who I am attracted to sexually
- □ I am not sure who I am attracted to romantically
- □ Something else: _
- \Box I do not wish to answer this question

| | Very Good | Good | Fair | Poor |
|--|-----------|------|------|------|
| uld you say your health is Very Good, Good, Fair, or Poor? | | | | |

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year, never?)

| | Almost everyday | At least once a | A few times a | A few times a | Less than once a | Never |
|--|--------------------|--------------------|------------------|------------------|---------------------|-------|
| | | week | month | year | year | |
| You are treated with less courtesy than other people. | | | | | | |
| You are treated with less respect than other people. | | | | | | |
| You receive poorer service than other people at restaurants or stores. | | | | | | |
| People act as if they think you are not smart. | | | | | | |
| People act as if they are afraid of you. | | | | | | |
| People act as if they think you are dishonest. | | | | | | |
| People act as if you are not as good as they are. | | | | | | |
| You are called names or insulted. | | | | | | |
| You are threatened or harassed. | | | | | | |

b. What do you think was the main reason for this/these experience(s)? Would you say...?

- □ Your race or ethnicity
- 🗆 Your gender
- □ Your skin color/tone
- □ Your sexual orientation
- □ Your language or accent

- □ Your religion
- \Box Your immigration status
- □ Other (Please specify)____
- 🗆 Don't know
- 🗆 Refused

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would <u>you</u> describe <u>your</u> appearance, style, dress, or mannerisms? (Choose all that apply.)

- Very feminine
- □ Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- \Box Somewhat masculine

- Mostly masculine
- Very masculine
- □ Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think <u>other people</u> would describe <u>your</u> appearance, style, dress, or mannerisms? (Choose all that apply.)

- Uvery feminine
- □ Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- \Box Mostly masculine
- Very masculine
- \Box Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

How much do the following people in your life accept or reject your gender? Choose the one best answer.

| | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | | | | | | |
| Siblings | | | | | | |
| Extended family | | | | | | |
| Children | | | | | | |
| Friends | | | | | | |
| Partner(s) | | | | | | |
| Coworkers | | | | | | |
| Neighbors | | | | | | |
| Medical providers | | | | | | |
| Mental health providers | | | | | | |
| Other: | | | | | | |

How much do the following people in your life accept or reject your sexual orientation? *Choose the one best answer.*

| | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | | | | | | |
| Siblings | | | | | | |
| Extended family | | | | | | |
| Children | | | | | | |
| Friends | | | | | | |
| Partner(s) | | | | | | |
| Coworkers | | | | | | |
| Neighbors | | | | | | |
| Medical providers | | | | | | |
| Mental health providers | | | | | | |
| Other: | | | | | | |

| ID: | | | |
|--------------|----------|-----------------------|---------------------|
| Priority Pop | IPP Code | CDEP Participant Code | ADULT VERSION (18+) |
| Code | | | POST |

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

| At | present | Strongly Agree | Agree | l am Neutral | Disagree | Strongly Disagree |
|----|---|-------------------|-------|-----------------|----------|----------------------|
| 1. | Your culture gives you strength. | | | | | |
| 2. | Your culture is important to you. | | | | | |
| 3. | Your culture helps you to feel good about who you are. | | | | | |
| 4. | You feel connected to the spiritual/religious traditions of the culture you were raised in. | | | | | |

Instructions: The next questions are about how you have been feeling during the past 3-4 months

| Abo fee | out how often during the past 3-4 months did you I | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|------------|---|--------------------|------------------|------------------|-------------------------|------------------|
| 5. | connected to your culture? | | | | | |
| 6. 7. | balanced in mind, body, spirit and soul? marginalized or excluded from society? | | | | | |
| | (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.) | | | | | |
| 8. | isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond of your family, school, and friends.) | | | | | |

Instructions: During the past 3-4 months how often did you feel...

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|-----------------|---------------------|---------------------|-------------------------|---------------------|
| 9 nervous? | | | | | |
| 10 hopeless? | | | | | |
| 11 restless or fidgety? | | | | | |
| 12 so depressed that nothing could cheer you up? | | | | | |
| 13 feel that everything was an effort? | | | | | |
| 14 worthless? | | | | | |

15. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q9-Q14) match how you would describe those experiences? (Check one)

| A Lot | □ Somewhat | 🗆 Not At All |
|-------|------------|--------------|
| | | |

Think about one day in the past 3-4 months when you were at your worst emotionally.

| Did your emotions interfere a lot, some, or not at all with your | A Lot | Some | Not At All | Refused | Don't Know |
|--|------------------|------|------------|---------|------------|
| 16performance at work or school? | | | | | |
| Check here if not working or in school during the past | 12 months \Box | | | | |
| 17household chores? | | | | | |
| 18social life? | | | | | |
| 19relationship with friends and family? | | | | | |

20. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q19) match how you would describe the negative effect of emotions on your life? (Check one)

| , | | |
|---------|----------|--------------|
| 🗆 A Lot | Somewhat | 🗆 Not At All |
| | | |

Instructions: Please answer the following questions based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you. <u>Please note: the word</u> <u>"service" stands for any program activities or events connected to the program.</u>

| | | Strongly Agree | Agree | l am Neutral | Disagree | Strongly Disagree | Not Applicable |
|-----|---|-------------------|-------|-----------------|----------|----------------------|-------------------|
| 21. | I like the services that I received here. | | | | | | |
| | If I had other choices, I would still get services from this agency. | | | | | | |
| 23. | I would recommend this agency to a friend or family member. | | | | | | |
| 24. | The location of services was convenient (parking, public transportation, distance, etc.). | | | | | | |
| | Staff were willing to see me as often as I felt it was necessary. | | | | | | |
| | Services were available at times that were good for me. | | | | | | |
| 27. | When I first called or came here, it was easy to talk to the staff. | | | | | | |
| | The staff here treat me with respect. | | | | | | |
| 29. | The staff here don't think less of me because of the way I talk. | | | | | | |
| 30. | The staff here respect my race and/or ethnicity. | | | | | | |
| 31. | The staff here respect my religious and/or spiritual beliefs. | | | | | | |
| 32. | The staff here respect my gender identity and/or sexual orientation. | | | | | | |
| 33. | Staff are willing to be flexible and provide alternative approaches or services to meet my needs. | | | | | | |
| 34. | The people who work here respect my cultural beliefs, remedies and healing practices. | | | | | | |
| 35. | Staff here understand that people of my racial and/or ethnic group are not all alike. | | | | | | |
| 36. | Staff here understand that people of my gender and/or sexual orientation group are not all alike. | | | | | | |
| 37. | Staff here understand that people of my religious and spiritual background are not all alike. | | | | | | |

As a direct result of my involvement in the program:

| | Strongly Agree | Agree | l am Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|-------------------|-------|-----------------|----------|----------------------|-------------------|
| 38. I deal more effectively with my daily problems. | | | | | | |
| 39. I do better in school and/or work. | | | | | | |
| 40. My symptoms/problems are not bothering me as much. | | | | | | |

ADULT VERSION POST

| | Yes | No | Refused | Don't Know |
|---|-----------|------|---------|------------|
| 41. Were the services you received here in the language you prefer? | | | | |
| 42. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer? | | | | |
| At present | Very Good | Good | Fair | Poor |
| Would you say your health is Very Good, Good, Fair, or Poor? | | | | |

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year, never?)

| | Almost everyday | At least once a week | A few times a month | A few times a year | Less than once a year | Never |
|--|--------------------|----------------------------|---------------------------|--------------------------|-----------------------------|-------|
| You are treated with less courtesy than other people. | | | | | | |
| You are treated with less respect than other people. | | | | | | |
| You receive poorer service than other people at restaurants or stores. | | | | | | |
| People act as if they think you are not smart. | | | | | | |
| People act as if they are afraid of you. | | | | | | |
| People act as if they think you are dishonest. | | | | | | |
| People act as if you are not as good as they are. | | | | | | |
| You are called names or insulted. | | | | | | |
| You are threatened or harassed. | | | | | | |

b. What do you think was the main reason for this/these experience(s)? Would you say...?

| ☐ Your race or ethnicity | | |
|--------------------------------|--|--|
| 🗆 Your gender | | |
| 🗌 Your skin color/tone | | |
| Your sexual orientation | | |
| \Box Your language or accent | | |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves.

- □ Very feminine
- □ Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- □ Your religion
- □ Your immigration status
- Other (Please specify)
- Don't know
- □ Refused

On average, how would you describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- □ Mostly masculine
 - □ Very masculine
 - □ Androgynous, non-binary, and/or gender nonconforming
 - □ Neither masculine nor feminine

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- □ Very feminine
- □ Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- □ Mostly masculine
- □ Very masculine
- □ Androgynous, non-binary, and/or gender nonconforming
- □ Neither masculine nor feminine

ADULT VERSION POST

| How much do the following people in your life accept or reject your gender? <i>Choose the one best answer.</i> | | | | | | | | |
|--|---------|----------|---------|----------|---------|------------|--|--|
| | Totally | Somewhat | Neutral | Somewhat | Totally | Not | | |
| | reject | reject | | accept | accept | applicable | | |
| Parents/Guardians | | | | | | | | |
| Siblings | | | | | | | | |
| Extended family | | | | | | | | |
| Children | | | | | | | | |
| Friends | | | | | | | | |
| Partner(s) | | | | | | | | |
| Coworkers | | | | | | | | |
| Neighbors | | | | | | | | |
| Medical providers | | | | | | | | |
| Mental health providers | | | | | | | | |
| Other: | | | | | | | | |

How much do the following people in your life accept or reject your gender? *Choose the one best answer.*

How much do the following people in your life accept or reject your sexual orientation? Choose the one best answer.

| | | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|---|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | - | | | | | | |
| Siblings | | | | | | | |
| Extended family | | | | | | | |
| Children | | | | | | | |
| Friends | | | | | | | |
| Partner(s) | | | | | | | |
| Coworkers | | | | | | | |
| Neighbors | | | | | | | |
| Medical providers | | | | | | | |
| Mental health providers | | | | | | | |
| Other: | - | | | | | | |

| ID: | | | |
|--------------|----------|-----------------------|----------------------------|
| Priority Pop | IPP Code | CDEP Participant Code | ADOLESCENT VERSION (12-17) |
| Code | | | PRE |

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

| | | Strongly | Agree | l am | Disagree | Strongly |
|--------------------|--|----------|-------|---------|----------|----------|
| At present | | Agree | | Neutral | | Disagree |
| 1. Your cu | Iture gives you strength. | | | | | |
| 2. Your cu | Ilture is important to you. | | | | | |
| 3. Your cu are. | Iture helps you to feel good about who you | | | | | |
| | el connected to the spiritual/religious ns of the culture you were raised in. | | | | | |

The next questions are about how you have been feeling during the past 30 days.

| About how often during the past 30 days did yo | <i>bu feel</i> All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---------------------|---------------------|-------------------------|---------------------|
| connected to your culture? balanced in mind, body, spirit and soul? marginalized or excluded from society? | | | | | |
| (In other words, made to feel unimportant, your thoughts, feelings, or opinions don't m isolated and alienated from society? | | | | | |
| (In other words, feeling alone, separated from off from the world beyond your family, scho friends.) | | | | | |
| | | Yes | No | Refused | Don't Know |
| | emotional or mental health problems, such as feeling sad, | | | | |
| | | Yes | No | Refused | Don't Know |
| In the past 12 months, have <u>YOU RECEIVED</u> emotional counseling from any of the follow <u>Traditional helping professional</u> such as | ving a culturally-based | | | | |
| healer, religious/spiritual leader or adv b. <u>Community helping professional</u> such a promotor, or peer counselor? | | | | | |
| | | Yes | No | Refused | Don't Know |
| 11. In the past 12 months, have <u>YOU RECEIVED</u> any psychological or emotional counseling from someone <u>AT SCHOOL</u> , such as a school counselor, school psychologist, school therapist, school social worker? | | □ GO TO Q12 | □ GO TO Q14 | □ GO TO Q14 | □ GO TO Q14 |
| Are you still receiving psychological or emot someone <u>AT SCHOOL</u>? | ional counseling from | □ GO TO Q14 | □ GO TO Q13 | □ GO TO Q14 | □ GO TO Q14 |

ADOLESCENT VERSION PRE

| | If not, what was the MAIN REASON you streason.) | topped psychological or emo | otional couns | eling <u>AT SCHOO</u> | <u>L</u> ? (Please seled | ct ONE main | |
|--|--|---|---|--|--------------------------|--------------------|--|
| | □The counselor, therapist, psychologist, psychiatrist or social worker said I finished and/or met my goals | Had bad experiences with counselor, therapist, psychologist, psychiatrist or social worker | | ☐The counselor, therapist, psychologist, psychiatrist or social worker did not understa my problem | | | |
| | □ I ended it because I got better/I no longer needed services | □Couldn't get appointmer | ent 🛛 I felt discriminated against | | | | |
| | □School ended | □Not getting better | □I did not want to go anymore | | | | |
| | □Hours not convenient | □Didn't have time | \Box Wanted to handle the problem on my own | | | | |
| | □I changed schools | □Other (Specify) | | | | | |
| | | | Yes | No | Refused | Don't Know | |
| | 14. In the past 12 months, have <u>YOU RECEIVE</u> | | | | | | |
| emotional counseling from someone <u>OUTSIDE OF SCHOOL</u> , like a counselor, therapist, psychologist, psychiatrist or social worker? | | | GO TO Q15 | GO TO Q17 | GO TO Q17 | GO TO Q17 | |
| | | _ | Yes | No | Refused | Don't Know | |
| | 15. Are you still receiving psychological or em | otional counseling from | | | | | |
| | someone OUTSIDE OF SCHOOL? | | GO TO Q17 | GO TO Q16 | GO TO Q17 | GO TO Q17 | |

 What was the MAIN REASON you stopped psychological or emotional counseling <u>OUTSIDE OF SCHOOL</u>? (Please select ONE main reason.)

| Had bad experiences with | □The counselor, therapist, psychologist, |
|-------------------------------------|---|
| counselor, therapist, psychologist, | psychiatrist or social worker did not understand |
| psychiatrist or social worker | my problem |
| □Couldn't get appointment | □Didn't have transportation |
| | |
| □Not getting better | □I felt discriminated against |
| □Didn't have time | □I did not want to go anymore |
| □I moved | \Box Wanted to handle the problem on my own |
| Other (Specify) | |
| | counselor, therapist, psychologist, psychiatrist or social worker Couldn't get appointment Not getting better Didn't have time I moved |

| | Yes | No | Refused | Don't Know |
|---|-----|----|---------|------------|
| 17. In the past 12 months, did you receive any professional help for your use of alcohol or drugs? | | | | |
| 18. During the past 12 months, have you take any medication because of difficulties with your emotions, concentration, or behavior? | | | | |

Instructions: Here are some reasons youth/teens have for NOT seeking help from a mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker, even when they think they might need it. Even if you are receiving help now, do you agree or disagree with the following reasons why you might not seek help from a mental health professional?

- 19. You were planning to or are already getting help from...
 a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor
 b. Community helping professional such as a health worker, promotor, peer counselor, or case manager
- 20. You didn't know these types of mental health professionals existed.

| A | gree | Disagree | Refused | Don't Know |
|----|-------------|----------------|----------------|----------------|
| | | | | |
| | | | | |
| GO | □ TO Q34 | □ GO TO Q21 | □ GO TO Q21 | □ GO TO Q21 |

| | | | AD | OLESCENT VE | ERSION PRE |
|-----|--|-------|----------|-------------|------------|
| | | Agree | Disagree | Refused | Don't Know |
| 21. | You didn't feel comfortable talking with them about your personal problems. | | | | |
| 22. | You didn't think you would feel safe and welcome because of | | | | |
| | your | | | | |
| | a. limited English | | | | |
| | b. race/ethnicity | | | | |
| | c. age | | | | |
| | d. religious or spiritual practice | | | | |
| | e. gender identity | | | | |
| | f. sexual orientation | | | | |
| 23. | You thought you could solve your issue on your own. | | | | |
| 24. | You thought your issue wasn't serious enough. | | | | |
| 25. | You thought your friends would find out. | | | | |
| 26. | You didn't want to talk to a stranger about your issue. | | | | |
| 27. | You were worried that your family and others in the community may think differently about you. | | | | |
| 28. | You didn't know where to go for help. | | | | |
| 29. | You felt embarrassed about what you were going through. | | | | |
| 30. | You were worried that your peers and others in school may think differently about you. | | | | |
| 31. | You didn't have time because of after-school activities and other commitments. | | | | |
| 32. | It was too expensive. | | | | |
| 33. | You didn't have transportation to get there. | | | | |

Instructions: The next questions are about how you have been feeling during the past 30 days.

| During the past 30 days, how often did you feel | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|--------------------|---------------------|---------------------|-------------------------|---------------------|
| 34 nervous? | | | | | |
| 35 hopeless? | | | | | |
| 36 restless or fidgety? | | | | | |
| 37 so depressed that nothing could cheer you up? | | | | | |
| 38 feel that everything was an effort? | | | | | |
| 39 worthless? | | | | | |

40. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q34-Q39) match how you would describe those experiences? (Check one)

| 🗆 A Lot | Somewhat | 🗆 Not At All |
|---------|----------|--------------|
|---------|----------|--------------|

Okay, you just told me about how you have been feeling the past 30 days. Now I want to know how much your fears and worries have messed things up for you. In other words, how much have they stopped you from doing things you want to do?

| How much have your fears and worries messed things | A Lot | Some | Not At All |
|---|-------|------|------------|
| up | | | |
| 41with school and homework?42with friends? | | | |
| 43at home? | | | |

44. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41-Q43) match how you would describe the negative effect of emotions on your life? (Check one)

| | 🗆 A Lot | Somewhat | 🗆 Not At All |
|--|---------|----------|--------------|
|--|---------|----------|--------------|

| | | | Yes | No | Refused | Don't Knov |
|--|--------------------------------|-----------------------------|-----------|--------------|---------|------------|
| 45. In the past 6 months, have community service that yo | | | | | | |
| 46. How old are you? Write in a | age: | | | | | · |
| 17. What is your race and ethni | ic origin(s)? Select on | v one race category: select | vour ethn | ic origin(s) | | |
| American Indian or Alaska Na | | y one ruce cutegory, screet | your cum | ie ongin(s) | | |
| 🗌 Black or African American | | | | | | |
| Check your ethnic origin(s): | | | | | | |
| 🗆 African American | 🗆 South African | Refused | | | | |
| 🗆 Caribbean | 🗆 Ghanaian | 🗆 Don't Know | | | | |
| 🗆 Egyptian | 🗆 Nigerian | 🗆 Other Black or African / | American | | | |
| 🗆 Kenyan | 🗆 Ethiopian | (Please specify): | | | | |
| 🗆 Latino, Hispanic, or Spanish | | | | | | |
| Check your ethnic origin(s): | | | | | | |
| 🗆 Mexican/Chicano | 🗆 Puerto Rican | 🗆 Nicaraguan | | | | |
| 🗆 Salvadoran | 🗆 Cuban | Refused | | | | |
| 🗆 Guatemalan | 🗆 Peruvian | 🗆 Don't Know | | | | |
| 🗆 Dominican | 🗆 Chilean | 🗆 Other Latino | | | | |
| 🗆 Honduran | 🗆 Colombian | (Please specify): | | | | |
| ☐ Asian | | | | | | |
| Check your ethnic origin(s): | | | | | | |
| 🗆 Afghan | 🗆 Indonesian | 🗆 Thai | | | | |
| 🗆 Bangladeshi | 🗆 Japanese | Vietnamese | | | | |
| 🗆 Burmese | 🗆 Korean | Refused | | | | |
| 🗆 Cambodian | 🗆 Laotian | 🗆 Don't Know | | | | |
| 🗆 Chinese | 🗆 Malaysian | Other Asian | | | | |
| 🗆 Filipino | 🗆 Pakistani | (Please specify): | | | | |
| Hmong | 🗆 Sri Lankan | | | | | |
| 🗌 Indian (India) | 🗆 Taiwanese | | | | | |
| □ Native Hawaiian or Other Pac | cific Islander | | | | | |
| Check your ethnic origin(s): | | | | | | |
| □ Samoan | Refused | | | | | |
| 🗆 Guamanian | Don't Know | an Daaifia talan dan | | | | |
| 🗆 Tongan | Other Hawaiian | or Pacific Islander | | | | |
| ☐ Fijian ☐ Multi-Racial: Check all that ap | (Please specify): | athraic arigin(a) | | | | |
| □ Multi-Racial: Check all that ap □ White: | oply and specify your | \Box Asian | | | | |
| (Please specify): | | | | | | |
| Black/African Americ | | □ Native Hawaiian | | | | |
| (Please specify): | an | (Please specify): | | | | |
| Latino, Hispanic, or S | nanish | \square Refused | | | | |
| (Please specify): | | | | | | |
| American Indian or A | | - Don't Know | | | | |
| (Please specify): | | | | | | |
| | | | | | | |
| □ White: Please specify your et | hnic origin(s): | | | | | |
| ☐ Other Race: Please specify yo | | | | | | |

🗆 Don't Know

- 48. How well can you speak the English language?
 - □ Fluently
 - □ Somewhat fluently; can make myself understood but have some problems with it
 - □ Not very well; know a lot of words and phrases but have difficulties communicating
 - □ Know some vocabulary, but can't speak in sentences
 - 🗆 Not at all

49. What is your preferred language?

- 50. Were you born:
 - □ Inside the U.S.
 - Outside the U.S.
 - Refused
 - Don't Know

51. What are the first 3 digits of your ZIP Code? ___ Unstable housing/ no ZIP code 🗆 Refused 🛛 Don't Know

- 52. Have you ever spent time in a temporary settlement area for refugees or displaced persons or been held at ICE facilities?
 - Not Applicable 🗆 Yes 🗆 No □ Refused Don't Know
- 53. About how many years have you lived in the United States? [For less than a year, enter 1 year] Number of years_____ □ Not Applicable

Gender Identity Instructions: We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

- 54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a: Choose the one best answer.
 - □ Male/Boy
 - Female/Girl
 - □ Intersex (they were unsure about my sex at birth) □ I do not wish to answer this question
- □ I am not sure about my sex assigned at birth
- \Box My assigned sex at birth (please specify):

55. When it comes to my gender identity, I think of myself as: Choose all that apply.

| 🗆 М | an/Male | 🗌 Non-bin | ary (not exclusively male or female) |
|-----|--------------|------------|--------------------------------------|
| ωw | 'oman/Female | 🗌 Two Spir | rit |

- □ Transgender/Trans □ Intersex (between male and female)
- □ Trans man/Trans male
 - □ I am not sure about my gender identity
- □ Trans woman/Trans female
- Genderqueer/Gender non-conforming
- □ I do not have a gender/ gender identity My gender identity is (please specify):_
- □ I do not wish to answer this question

ADOLESCENT VERSION PRE

Sexual Orientation Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary "male or female" framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

56. What is your sexual orientation? Choose all that apply.

| □ Straight/heterosexual | \Box Asexual (I am not attracted to anyone sexually) |
|---|---|
| 🗆 Gay | \Box I am not attracted to anyone romantically |
| 🗆 Lesbian | \Box I am not sure who I am attracted to sexually |
| Bisexual | \Box I am not sure who I am attracted to romantically |
| 🗆 Queer | Something else: |
| \Box Pansexual/Non-monosexual (I am attracted to all genders) | \Box I do not wish to answer this question |

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you? Please check one.

□ Yes □ No

If any of the above questions upset you and you want to talk to someone about it, here is a list of referrals for support services.

Do you <u>currently</u> have health insurance coverage? (check one)

Would you say your health is Very Good, Good, Fair, or Poor?

| 🗆 Yes | No → Did you have health insurance covered the past 12 months)? Yes □ No □ Refused □ Don't Know | age in | e in 🗌 Refused | | | 🗆 Don't Know | | |
|---------------------------------------|--|--------|----------------|---------|------|--------------|--|--|
| · · · · · · · · · · · · · · · · · · · | e cover treatment for mental health problems, sychologist or psychiatrist? | Yes | No | Refused | Doi | n't Know | | |
| At present | | Very G | iood | Good | Fair | Poor | | |

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?)

| | Almost everyday | At least once a week | A few times a month | A few times a year | Less than once a year | Never |
|--|--------------------|----------------------------|---------------------------|--------------------------|-----------------------------|-------|
| You are treated with less courtesy than other people. | | | | | | |
| You are treated with less respect than other people. | | | | | | |
| You receive poorer service than other people at restaurants or stores. | | | | | | |
| People act as if they think you are not smart. | | | | | | |
| People act as if they are afraid of you. | | | | | | |
| People act as if they think you are dishonest. | | | | | | |
| People act as if you are not as good as they are. | | | | | | |
| You are called names or insulted. | | | | | | |
| You are threatened or harassed. | | | | | | |

ADOLESCENT VERSION PRE

b. What do you think was the main reason for this/these experience(s)? Would you say...? Check one only.

- □ Your race or ethnicity
- □ Your gender
- Your skin color/tone
- □ Your sexual orientation
- □ Your language or accent

□ Your immigration status □ Other (Please specify)___

□ Your religion

- □ Don't know
- □ Refused

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- □ Very feminine
- Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- □ Mostly masculine
- Very masculine
- □ Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think <u>other people</u> would describe <u>your</u> appearance, style, dress, or mannerisms? (Choose all that apply.)

- 🗆 Very feminine
- □ Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- \Box Mostly masculine
- □ Very masculine
- □ Androgynous, non-binary, and/or gender nonconforming
- □ Neither masculine nor feminine

How much do the following people in your life accept or reject your gender? Choose the one best answer.

| | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | | | | | | |
| Siblings | | | | | | |
| Extended family | | | | | | |
| Children | | | | | | |
| Friends | | | | | | |
| Partner(s) | | | | | | |
| Coworkers | | | | | | |
| Neighbors | | | | | | |
| Medical providers | | | | | | |
| Mental health providers | | | | | | |
| Other: | | | | | | |

How much do the following people in your life accept or reject your sexual orientation? Choose the one best answer.

| | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | | | | | | |
| Siblings | | | | | | |
| Extended family | | | | | | |
| Children | | | | | | |
| Friends | | | | | | |
| Partner(s) | | | | | | |
| Coworkers | | | | | | |
| Neighbors | | | | | | |
| Medical providers | | | | | | |
| Mental health providers | | | | | | |
| Other: | | | | | | |

Instructions: How true do you feel the next statements are about your school and things you might do there?

| At my school | , there is a | teacher or | r some other adult | |
|--------------|--------------|------------|--------------------|--|
|--------------|--------------|------------|--------------------|--|

| ,, | Not at all | A little | Pretty | Very much | Refused | Don't |
|---|------------|----------|-----------|-----------|---------|-------|
| | true | true | much true | true | | Know |
| who really care about me. | | | | | | |
| who notices when I'm not there. | | | | | | |
| who listens to me when I have something to say. | | | | | | |
| who tells me when I do a good job. | | | | | | |
| who always wants me to do my best. | | | | | | |
| who notices when I'm in a bad mood. | | | | | | |
| | | | | | | |

Instructions: How true do you feel the next statement are about your home?

In my home, there is a parent or some other adult...

| in my nome, there is a parent or some other daut | | | | | | |
|--|------------|----------|-----------|-----------|---------|-------|
| | Not at all | A little | Pretty | Very much | Refused | Don't |
| | true | true | much true | true | | Know |
| who cares about my school work. | | | | | | |
| who listens to me when I have something to say. | | | | | | |
| who talks with me about my problems. | | | | | | |
| who notices when I'm in a bad mood. | | | | | | |
| who always wants me to do my best. | | | | | | |
| who believes that I will be a success. | | | | | | |
| who expects me to follow the rules. | | | | | | |
| | | | | | | |

| | | ID: |
|----------------------------|--------------|--------------|
| ADOLESCENT VERSION (12-17) | IPP Code | Priority Pop |
| POST | | Code |

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

Strongly

Agree

Agree

At present...

- 1. Your culture gives you strength.
- 2. Your culture is important to you.
- Your culture helps you to feel good about who you are.
- 4. You feel connected to the spiritual/religious traditions of the culture you were raised in.

During the past 3-4 months, how often did you feel...

- 5. ...connected to your culture?
- 6. ...balanced in mind, body, spirit and soul?
- ...marginalized or excluded from society? (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)
- ...isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond of your family, school, and friends.)

| I | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|-------------|--------------------|---------------------|---------------------|-------------------------|---------------------|
| ike er.) | | | | | |
| cut ol, | | | | | |

l am

Neutral

Disagree

Strongly

Disagree

A little of During the past 3-4 months, how often did you feel ... All of the Most of the Some of the None of the time the time time time time 9. ... nervous? 10. ... hopeless? 11. ... restless or fidgety? 12. ... so depressed that nothing could cheer you up? 13. ... feel that everything was an effort? 14. ... worthless?

15. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q9-Q14) match how you would describe those experiences? (Check one)

| | | 7 |
|---------|------------|--------------|
| 🗆 A Lot | □ Somewhat | 🗆 Not At All |
| | | |

Okay, you just told me about how you have been feeling during the past 3-4 months. Now I want to know how much your fears and worries have messed things up for you. In other words, how much have they stopped you from doing things you want to do? How much have your fears and worries messed things A Lot Some Not At All

| up | | |
|-----------------------------|--|--|
| 16with school and homework? | | |
| 17with friends? | | |
| 18at home? | | |
| | | |

19. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q18) match how you would describe the negative effect of emotions on your life? (Check one)

| 🗆 A Lot | □ Somewhat | 🗆 Not At All |
|---------|------------|--------------|
| | • | |

ADOLESCENT VERSION POST

Instructions: Please help our make our program better by answering some questions. Please answer the questions based on the services, program or activities connected to the Turning Resilience Into Brilliance for Eternity (TRIBE) Program. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the statement is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you. Please note: the word "service" stands for any program activities or events connected to the Turning Resilience Into Brilliance for Eternity (TRIBE) Program.

| | | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Not Applicable |
|--|--|----------------------|----------|-----------|-------|-------------------|-------------------|
| 20. | Overall, I am satisfied with the services I received. | | | | | | |
| 21. | The people helping me stuck with me no matter what | | | | | | |
| 22. | I felt I had someone to talk to when I was troubled | | | | | | |
| 23. | I received services that were right for me. | | | | | | |
| 24. | The location of services was convenient for me. | | | | | | |
| 25. | Services were available at times that were convenient for me. | | | | | | |
| 26. | I got the help I wanted. | | | | | | |
| | Staff treated me with respect. | | | | | | |
| 28. | Staff respected my religious / spiritual beliefs. | | | | | | |
| 29. | Staff spoke with me in a way that I understood. | | | | | | |
| 30. | Staff were sensitive to my cultural / ethnic background. | | | | | | |
| 31. | I am better at handling daily life. | | | | | | |
| 32. | I get along better with family members. | | | | | | |
| 33. | I get along better with friends and other people. | | | | | | |
| 34. | I am doing better in school and/or work. | | | | | | |
| 35. | I am better able to cope when things go wrong. | | | | | | |
| 36. | I am satisfied with my family life right now. | | | | | | |
| 37. | I am better able to do things I want to do. | | | | | | |
| 38. | I know people who will listen and understand me when I need to talk. | | | | | | |
| 39. | I have people that I am comfortable talking with about my problem(s). | | | | | | |
| 40. | In a crisis, I would have the support I need from family or friends. | | | | | | |
| 41. | I have people with whom I can do enjoyable things. | | | | | | |
| | | | Yes | Ν | lo | | |
| 42. | Were the services you received here provided in the you prefer? | ne language | | [|] | | |
| 43. | Was written information (e.g., brochures describin services, your rights as a consumer, and mental he materials) available in the language you prefer? | | | [| | | |
| Do yo | ou <u>currently</u> have health insurance coverage? (chec | | | | | | |
| | □ Yes □ No → Did you have health in the past 12 months)? □ Yes □ No □ Refused □ Do | | age in | 🗆 Refuse | d | 🗆 Don't K | now |
| Does your insurance cover treatment for mental health problems, Yes No Refused Don't Know such as visits to a psychologist or psychiatrist? | | | | | | | now |

At present... Would you say your health is Very Good, Good, Fair, or Poor? Image: Constraint of the poor is a constraint of

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?)

| | Almost everyday | At least once a week | A few times a month | A few times a year | Less than once a year | Never |
|--|--------------------|----------------------------|---------------------------|--------------------------|-----------------------------|-------|
| You are treated with less courtesy than other people. | | | | | | |
| You are treated with less respect than other people. | | | | | | |
| You receive poorer service than other people at restaurants or stores. | | | | | | |
| People act as if they think you are not smart. | | | | | | |
| People act as if they are afraid of you. | | | | | | |
| People act as if they think you are dishonest. | | | | | | |
| People act as if you are not as good as they are. | | | | | | |
| You are called names or insulted. | | | | | | |
| You are threatened or harassed. | | | | | | |

b. What do you think was the main reason for this/these experience(s)? Would you say ...? Check one only.

 Your race or ethnicity
 Your religion

 Your gender
 Your immigration status

 Your skin color/tone
 Other (Please specify)

 Your sexual orientation
 Don't know

 Your language or accent
 Refused

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would <u>you</u> describe <u>your</u> appearance, style, dress, or mannerisms? (Choose all that apply.)

- \Box Very feminine
- □ Mostly feminine
- \Box Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- □ Mostly masculine
- Uvery masculine
- □ Androgynous, non-binary, and/or gender nonconforming
- □ Neither masculine nor feminine

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think <u>other people</u> would describe <u>your</u> appearance, style, dress, or mannerisms? (Choose all that apply.)

- □ Very feminine
- □ Mostly feminine
- □ Somewhat feminine
- Equally masculine and feminine
- □ Somewhat masculine

- □ Mostly masculine
- □ Very masculine
- □ Androgynous, non-binary, and/or gender nonconforming
- □ Neither masculine nor feminine

ADOLESCENT VERSION POST

How much do the following people in your life accept or reject your gender? Choose the one best answer.

| | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | | | | | | |
| Siblings | | | | | | |
| Extended family | | | | | | |
| Children | | | | | | |
| Friends | | | | | | |
| Partner(s) | | | | | | |
| Coworkers | | | | | | |
| Neighbors | | | | | | |
| Medical providers | | | | | | |
| Mental health providers | | | | | | |
| Other: | | | | | | |

How much do the following people in your life accept or reject your sexual orientation? Choose the one best answer.

| | Totally reject | Somewhat reject | Neutral | Somewhat accept | Totally accept | Not applicable |
|-------------------------|-------------------|--------------------|---------|--------------------|-------------------|-------------------|
| Parents/Guardians | | | | | | |
| Siblings | | | | | | |
| Extended family | | | | | | |
| Children | | | | | | |
| Friends | | | | | | |
| Partner(s) | | | | | | |
| Coworkers | | | | | | |
| Neighbors | | | | | | |
| Medical providers | | | | | | |
| Mental health providers | | | | | | |
| Other: | | | | | | |

Instructions: How true do you feel the next statements are about your school and things you might do there?

At my school, there is a teacher or some other adult....

| | Not at all | A little | Pretty | Very much | Refused | Don't |
|---|------------|----------|-----------|-----------|---------|-------|
| | true | true | much true | true | | Know |
| who really care about me. | | | | | | |
| who notices when I'm not there. | | | | | | |
| who listens to me when I have something to say. | | | | | | |
| , who tells me when I do a good job. | | | | | | |
| who always wants me to do my best. | | | | | | |
| who notices when I'm in a bad mood. | | | | | | |

Instructions: How true do you feel the next statement are about your home?

In my home, there is a parent or some other adult...

| | Not at all | A little | Pretty | Very much | Refused | Don't |
|---|------------|----------|-----------|-----------|---------|-------|
| | true | true | much true | true | | Know |
| who cares about my school work. | | | | | | |
| who listens to me when I have something to say. | | | | | | |
| who talks with me about my problems. | | | | | | |
| who notices when I'm in a bad mood. | | | | | | |
| who always wants me to do my best. | | | | | | |
| who believes that I will be a success. | | | | | | |
| who expects me to follow the rules. | | | | | | |

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you? Please check one.

Yes No

Key Informant Interview questions

- 1. How long have you been with the TRIBE Program, and how would you describe your experience?
- 2. Have you completed all the classes/courses, and beneficial were the classes/courses?
- 3. As a TRIBE participant, you completed several forms or surveys. What do you think about the information requested, and do you think they effectively measure the changes you have been experiencing?
- 4. What changes have you experienced in your life that are due to becoming part of TRIBE? Give 3-5 examples.
- 5. If you were chosen to represent TRIBE and had to speak to your peers or a younger group, what would you say to convince them that TRIBE is an excellent program?
- 6. In what way does the TRIBE Program address trauma?
- 7. If there was one word that describes your experience in the TRIBE program, what would that one word be?
- 8. Did the TRIBE Program help you set goals for yourself, and how would you say you've done in striving to achieve those goals?
- 9. Where do you see yourself five years from now?
- 10. Do you have any questions for me or any take-home message you want to share with others about your life-changing experiences because of TRIBE?
- 11. What improvements to the TRIBE program would you recommend?